

## Hepatitis B (HBV) Reporting Form

<b>Patient's name:</b> _____  <b>Phone number:</b> _____ (Please confirm)		<b>Date of Birth:</b> _____	<b>Lab collection date:</b> _____
Is client aware of their HBV serology test result?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Reason for Testing/Screening</b>			
<input type="checkbox"/> Unprotected sex (vaginal/anal) <input type="checkbox"/> High-risk drug use <input type="checkbox"/> Born in an endemic country <input type="checkbox"/> Contact tracing <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Symptoms, please specify:		<input type="checkbox"/> Sexual assault (The Health Unit is not required to contact the client if the health teaching below has been provided) <input type="checkbox"/> Other, please specify:	
<b>Previous Testing</b>			
Does the client have a previous negative HBsAg test? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of previous negative: _____	
<b>Further HBV Testing:</b>			
If recent known or suspected exposure, immediately order the following markers if not tested initially: HBsAg, anti-HBs and anti-HBc IgM		<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify why: _____
A care plan is in place to repeat HBsAg serology in 6 months to confirm if infection has resolved or is a chronic carrier.		<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify why: _____
<b>Please ensure a complete screen for blood borne infections is done.</b>			
HIV test ordered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify why: _____
Hepatitis C test ordered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify why: _____
<b>Complete an STI screen (chlamydia, gonorrhea, syphilis) as appropriate.</b>			
Tests ordered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Medical Risk Factors</b> <input type="checkbox"/> None			
<input type="checkbox"/> Dialysis recipient <input type="checkbox"/> Pregnant <input type="checkbox"/> HIV co-infected <input type="checkbox"/> Born to a known HBV case/carrier <input type="checkbox"/> Born/lived in an endemic country, specify country:		<input type="checkbox"/> Received invasive medical/surgical procedures abroad <input type="checkbox"/> Received invasive dental procedures abroad <input type="checkbox"/> Received invasive medical/surgical procedures in Canada <input type="checkbox"/> Received invasive dental procedures in Canada <input type="checkbox"/> Other, <b>specify:</b>	
<b>Behavioural Risk Factors</b> <input type="checkbox"/> None			

<b>Drug Use:</b> <input type="checkbox"/> Injection drug use <input type="checkbox"/> Intranasal drug use (snorting) <input type="checkbox"/> Inhalation drug use (does not include marijuana) <input type="checkbox"/> Shared drug equipment (needles, syringes, crack pipes, cookers filters)	<b>High-risk sexual activity:</b> <input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Sex worker <input type="checkbox"/> Sex with sex worker <input type="checkbox"/> Sex for shelter/food/survival <input type="checkbox"/> Other, <b>specify:</b>	<b>Other:</b> <input type="checkbox"/> Known contact of HBV <input type="checkbox"/> Homeless/under housed <input type="checkbox"/> Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Acupuncture <input type="checkbox"/> Electrolysis <input type="checkbox"/> Other personal services (foot care, spa)	<input type="checkbox"/> Occupational exposure (e.g. needle stick injury), <b>specify:</b>  <input type="checkbox"/> Other, <b>specify:</b>
Is the client licensed by a regulatory college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, advise the client to inquire into whether their college requires reporting their HBV status</b>			
<b>Health Teaching Provided</b>			
<input type="checkbox"/> Informed of the difference between acute and chronic HBV infection and significance of repeating HBsAg, anti-HBs serology in 6 months to confirm if acute infection resolved or if chronic infection. <input type="checkbox"/> HBV transmission (sexual fluids, blood, mother-to-child) and reducing the risk of spread to others, including: <input type="checkbox"/> Notify sexual partner(s), household members, and drug use partner(s) to get tested and immunized if susceptible. Hepatitis B vaccine is free for susceptible contacts. Public Health can provide anonymous notification to contacts. <input type="checkbox"/> If someone is accidentally exposed to your blood/sexual bodily fluids, notify them of your HBV status so they are followed up appropriately. <input type="checkbox"/> Advise to use condoms with all sexual partners until testing shows their partner(s) is immune and until they have completed the 6 month serology to confirm whether or not they are a HBV carrier or if the infection has resolved. <input type="checkbox"/> Do not share any equipment used to prepare, inject, or inhale drugs (e.g., syringes/needles, spoons, drug solutions, water, wash filters, cookers, pipes, straws, devices for snorting drugs). <input type="checkbox"/> Do not donate blood, organs, semen, or tissues. <input type="checkbox"/> Do not share personal hygiene materials/sharp instruments (e.g., razors, nail clippers, toothbrushes, glucometers). <input type="checkbox"/> Safely dispose of articles contaminated with blood (e.g., feminine hygiene products, dental floss, bandages, needles). <input type="checkbox"/> Cover all cuts and sores. <input type="checkbox"/> Clean up blood spills with diluted household bleach (9 parts water to 1 part bleach); surface remains wet for 10 minutes before wiping it away. Others cleaning up the spill should wear protective gloves and wash their hands after. <input type="checkbox"/> <b>Pregnancy or considering pregnancy:</b> consult their HCP on how to reduce the risk of mother-to-child transmission. Pregnant women in their third trimester must be assessed to determine if HBV treatment is indicated to transmission. <input type="checkbox"/> <b>Infants born to HBV-positive women</b> must follow a strict protocol to prevent transmission. <b>Notify the Brant County Health Unit when your HBV patient becomes pregnant and when the baby is born.</b> Infants are tracked to document the protocol was completed and to confirm transmission was or was not prevented. <input type="checkbox"/> <b>Chronic HBV carrier:</b> <input type="checkbox"/> Remain infectious; reinforce preventing HBV transmission as noted above. <input type="checkbox"/> Importance of on-going medical care to reduce the risk of liver damage. Consider referring to a specialist. <input type="checkbox"/> Medications and substances (e.g. alcohol and supplements) to avoid if they have cirrhosis or to prevent cirrhosis <input type="checkbox"/> Symptoms to monitor for that require immediate medical attention (e.g. black stools) <input type="checkbox"/> Living well with HBV: accessing credible information (Canadian Liver Foundation) <input type="checkbox"/> HBV is reportable to Public Health and a public health nurse will follow up with them.			
<b>Date:</b>	<b>Physician office completing form:</b>	<b>Contact information:</b>	

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