

Hepatitis C (HCV) Reporting Form

Patient's name: Phone number: _____ (Please confirm)	Date of Birth: 	Lab collection date: 			
Is client aware of their HCV antibody test result? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for Testing/Screening					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> High-risk behaviour (drug use, high-risk sex) <input type="checkbox"/> Born in an endemic country <input type="checkbox"/> Contact tracing <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Symptoms, please specify: </td> <td style="width: 50%; border: none; vertical-align: top;"> <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: </td> </tr> </table>			<input type="checkbox"/> High-risk behaviour (drug use, high-risk sex) <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:	
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Previous Testing					
Does the client have a previous negative HCV test? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of previous negative:			
Further HCV Testing (to confirm the infectious state of the patient, you must test for the HCV RNA viral load)					
Has HCV RNA test been ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify why:					
If applicable, is client aware of their HCV RNA result? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please ensure a complete screen for blood borne infections is done.					
HIV test ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify why:					
Hepatitis B (HBsAg, anti-HBs and anti-HBc IgM) test ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify why:					
Complete an STI screen (chlamydia, gonorrhea, syphilis) as appropriate.					
Test ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Medical Risk Factors <input type="checkbox"/> None					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Dialysis recipient <input type="checkbox"/> Pregnant <input type="checkbox"/> HIV co-infected <input type="checkbox"/> Born/lived in an endemic country, specify country: </td> <td style="width: 33%; border: none; vertical-align: top;"> <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 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Received invasive dental procedures in Canada <input type="checkbox"/> Other, specify: </td> </tr> </table>			<input type="checkbox"/> Dialysis recipient <input type="checkbox"/> Pregnant <input type="checkbox"/> HIV co-infected <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, specify:
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Behavioural Risk Factors <input type="checkbox"/> None		
Drug Use: <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)	High-risk sexual activity: <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, specify:	Other: <input type="checkbox"/> Known contact of HCV <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), specify: <input type="checkbox"/> Other, specify:		
Is the client licensed by a regulatory college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise the client to inquire into whether their college requires reporting their HCV status		
Health Teaching Provided:		
<input type="checkbox"/> HCV transmission and reducing the risk of spread to others, including harm reduction services if appropriate. <input type="checkbox"/> Difference between HCV anti-body test and the HCV RNA viral load test <input type="checkbox"/> If HCV RNA test is positive: advise treatment is effective, free and arrange referral <input type="checkbox"/> HCV RNA test is negative: advise infection is cleared but can be re-infected if exposed again <input type="checkbox"/> Advise not to donate blood or blood products but may be able to consider organ donation <input type="checkbox"/> Discuss eligibility for HBV, HAV, and pneumococcal polysaccharide 23 immunization and how to access. Vaccine can be ordered from the Health Unit at 519-753-4937 ext. 452 <input type="checkbox"/> Notify contacts (household, shared drug equipment, high-risk sexual exposure and/or long-term sexual partner, blood exposure). Outer limit is onset of risk behaviour or previous negative HCV antibody result, whichever is more recent. If onset of risk behaviour is more than 24 months, focus on the most recent contacts. Public Health can provide anonymous notification to contacts. <input type="checkbox"/> Pregnancy/childbirth: transmission uncommon. Canadian Pediatric Society recommends testing the baby for HCV (anti-HCV and HCV RNA) at 18 months of age when maternal antibodies have likely cleared. If follow-up between 12-18 months is not assured, HCV RNA PCR testing in early infancy is indicated between 2 to 6 months of age. <input type="checkbox"/> HCV is reportable to Public Health and a public health nurse will follow up with them <input type="checkbox"/> CATIE pamphlet: Hepatitis C Basics available for download online: https://www.catie.ca/essentials/hepatitis-c-basics		
Notes		
Date:	Physician office completing form:	Contact information:

Revised August 2022

This information is collected under the authority of the Health Protection and Promotion Act, Section 5, and in accordance with the Personal Health Information Protection Act and the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Coordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519-753-4937, Ext 222.