**Case Investigation Form: Hepatitis C**

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| **Legend** | **♦ iPHIS system mandatory ❖ Required** |

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| **Case Information** (add dates as YYYY-MM-DD) | | | | | | |
| **♦Case’s Last Name:**  **♦Case’s First Name:**  **Middle Name:**  **♦Birth Date:**  □ Male  **♦Gender:** □ Female  □ Transgender  □ Unknown  □ Other  **Alias :**  **Street Address:**  **♦City:**  **❖ Postal Code:**  **Home phone number: ( )**  ☐ **Consent to leave voicemail messages Initials\_\_\_\_\_\_**  **Cell number: ( )**  ☐**Consent to send text message Initials\_\_\_\_\_\_**  ☐**Consent to leave voicemail messages Initials\_\_\_\_\_\_**  **Email:**  ☐**Consent to communicate via e-mail Initials\_\_\_\_\_\_**  **Alternate Address:**  **Alternate City:**  **Alternate Postal Code:** | | | | **♦Reported Date:**  **Reporting Source:**  **♦Diagnosing Health Unit:**  **♦Branch Office:**  **♦Outbreak Number: 0000-20\_\_-\_\_\_**  (Sporadic Case Outbreak Number 0000-2005-021)  **Ordering Provider:**  **Contact number: ( )**  **Fax number: ( )**  **Hepatitis C Treating Physician:**  **Contact number: ( )**  **Fax number: ( )**  **Primary Care Physician:**  **Contact number: ( )**  **Fax number: ( )**  **Comments:** | | |
| **Record of File** | | | | | | |
| **♦Health Unit Responsible:** | **Date** | **♦Investigator** | **Investigator’s Signature** | | **Investigator’s Initials** | **Designation** |
|  | **❖Investigation Start Date:** |  |  | |  | ☐ PHI  ☐ PHN  ☐ Other |
|  | **Assignment Date:** |  |  | |  | ☐ PHI  ☐ PHN  ☐ Other |
|  | **Assignment Date:** |  |  | |  | ☐ PHI  ☐ PHN  ☐ Other |

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| **Attempts to contact client** | | | | | | | |
|  | **Date** | **Start Time** | **Type of communication** | **To/From** | | **Outcome** | **Investigator’s initials** |
| Attempt 1 |  |  | ☐ Outgoing  ☐ Incoming |  |  |  |  |
| Attempt 2 |  |  | ☐ Outgoing  ☐ Incoming |  |  |  |  |
| Attempt 3 |  |  | ☐ Outgoing  ☐ Incoming |  |  |  |  |
| Attempt 4 |  |  | ☐ Outgoing  ☐ Incoming |  |  |  |  |
| Date letter sent:  Comments: | | | | | | | |
| **Verification of Case’s Identity & Notice of Collection** | | | | | | | |
| Case’s identity verified? ☐ Yes, *specify*: ☐ Date of Birth ☐ Postal Code ☐ Physician  ☐ No | | | | | | | |
| **Notice of Collection**  **Notice of collection Complete** ☐ **Date:**  *Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under*  ***PHIPA s. 16***. ***Insert Notice of Collection, as necessary*** | | | | | | | |

**Hepatitis C – Case Investigation Form**

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| **Legend** | **♦ iPHIS system mandatory ❖ Required** |

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| **Laboratory and Diagnostic Testing** (add dates as YYYY-MM-DD) | | | | | |
| **Approved/Validated Tests** | **♦ Results** | | | **Comments** | |
| **Anti-HCV antibody**  Date of Collection:  Date of Reporting: | □ Evidence of antibody  □ No evidence of antibody  □ Inconclusive  □ Maternal antibody | | |  | |
| **HCV RNA**  Date of Collection:  Date of Reporting: | □ Detected > 15 IU/ml  □ Detected < 15 IU/ml  □ Not detected □ Inconclusive | | |  | |
| **Genotyping Results**  Date of Collection:  Date of Reporting: | Genotype(s):  □1 □1a □1b □2 □3 □4 □5 □6  □ Indeterminate  □ Multiple genotypes  □ Cross reactivity □ Referred out  □ Not detected | | |  | |
| **HCV Point of Care testing**  Date of Collection:  Date of Reporting: | □ Reactive □ Inconclusive  □ Non-reactive | | |  | |
| **Dried Blood Spots**  Date of Collection:  Date of Reporting: | □ Detected, >1000IU/ml  □ Detected, < 1000 IU/ml  □ Not detected □ Inconclusive | | |  | |
| ♦**Clinical Information** (add dates as YYYY-MM-DD) | | | | | |
| **Asymptomatic** □  ❖**Earliest Onset Date (except in an asymptomatic case):** | | | | | |
| **Symptoms** |  | ♦**Response** | **Symptoms** | | ♦**Response** |
| Abdominal pain  Onset date: | □ Yes □ No □Unknown | | Arthralgia/joint pain  Onset date: | | □ Yes □ No □Unknown |
| Jaundice  Onset date: | □ Yes □ No □Unknown | | Dark urine  Onset date: | | □ Yes □ No □Unknown |
| Loss of appetite/weight  Onset date: | □ Yes □ No □Unknown | | Malaise/fatigue  Onset date: | | □ Yes □ No □Unknown |
| Nausea/vomiting  Onset date: | □ Yes □ No □Unknown | | Fever:  Onset date: | | □ Yes □ No □Unknown |
| Pale stool  Onset date: | □ Yes □ No □Unknown | | Other:  Onset date: | | Other:  Onset date: |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Reasons for Testing** | | | | | |
| □ Symptoms □ Immigration screening □ Blood donation notification  □ Prenatal screening □ Contact tracing □ Maternal exposure    □ Post-exposure testing □ Elevated liver function □ Routine screening    □ Client request □ Insurance medical screening □ Screening based on risk | | | | | |

**Hepatitis C – Case Investigation Form**

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| ❖**Risk Factor Information[[1]](#footnote-1)** (add dates as YYYY-MM-DD)  **(Indicate response for each risk factor)** | |
| □ Unknown | |
| **Medical Risk Factors:**  Born in an endemic country[[2]](#endnote-1)  □Yes □No □Unknown  Specify where: | **Medical Risk Factors:**  Organ/tissue transplant in Canada[[3]](#endnote-2)  □Yes □No □Unknown  Specify date:  Specify where: |
| Client born to a case  □Yes □No □Unknown | Organ/tissue transplant abroad[[4]](#endnote-3)  □Yes □No □Unknown  Specify date:  Specify where: |
| Dialysis recipient  □Yes □No □Unknown  Specify where: | Received blood or blood products in Canada[[5]](#endnote-4)  □Yes □No □Unknown  Specify date: |
| Invasive medical/surgical procedures in Canada[[6]](#endnote-5)  □Yes □No □Unknown  Specify date:  Specify where: | Received blood or blood products abroad[[7]](#endnote-6)  □Yes □No □Unknown  Specify date:  Specify where: |
| Invasive medical/surgical procedures abroad[[8]](#endnote-7)  □Yes □No □Unknown  Specify date:  Specify where: | Pregnant  □Yes □No □Unknown |
| **Medical Risk Factors continued:**  Invasive dental procedures in Canada[[9]](#endnote-8)  □Yes □No □Unknown  Specify date:  Specify where: | **Medical Risk Factors continued:**  HIV co-infected  □Yes □No □Unknown |
| Invasive dental procedures abroad[[10]](#endnote-9)  □Yes □No □Unknown  Specify date:  Specify where: | Other  □Yes □No □Unknown  If Yes, Specify: |
| Other  □Yes □No □Unknown  If Yes, Specify: |

**Hepatitis C – Case Investigation Form**

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| **Legend** | **♦ iPHIS system mandatory ❖ Required** |

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| * ❖**Risk Factor Information** (add dates as YYYY-MM-DD)   **(Indicate response for each risk factor)** | |
| **Unknown □** | |
| * **Behavioural Social Factors:**   High risk sexual activity**[[11]](#endnote-10)**  □Yes □No □Unknown | **Behavioural Social Factors:**  Acupuncture[[12]](#endnote-11)  □Yes □No □Unknown |
| Sex with same sex**[[13]](#endnote-12)**  □Yes □No □Unknown | Electrolysis[[14]](#endnote-13)  □Yes □No □Unknown |
| Sex with opposite sex [[15]](#endnote-14)  □Yes □No □Unknown | Tattoo[[16]](#endnote-15)  □Yes □No □Unknown |
| * Contact is hepatitis C positive[[17]](#endnote-16) * □Yes □No □Unknown | Piercing[[18]](#endnote-17)  □Yes □No □Unknown |
| * Contact is HIV positive[[19]](#endnote-18) * □Yes □No □Unknown | Other personal services[[20]](#endnote-19)  □Yes □No □Unknown |
| Sex worker[[21]](#endnote-20)  □Yes □No □Unknown | Homeless/underhoused[[22]](#endnote-21)  □Yes □No □Unknown |
| * **Behavioural Social Factors Continued:**   Injection drug use[[23]](#endnote-22)  □Yes □No □Unknown | * **Behavioural Social Factors Continued:**   Correctional facility[[24]](#endnote-23)  □Yes □No □Unknown |
| Inhalation drug use[[25]](#endnote-24)  □Yes □No □Unknown | Fighting, biting, blood brother[[26]](#endnote-25)  □Yes □No □Unknown |
| Intranasal drug use[[27]](#endnote-26)  □Yes □No □Unknown | Occupational exposure to potentially  Hepatitis C contaminated body fluids[[28]](#endnote-27)  □Yes □No □Unknown |
| Shared drug equipment[[29]](#endnote-28)  □Yes □No □Unknown | Shared personal items [[30]](#endnote-29)  (e.g. toothbrush, razor blades)  □Yes □No □Unknown |
| Other: | Other: |

**Hepatitis C – Case Investigation Form**

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| **Legend** | **♦ iPHIS system mandatory ❖ Required** |

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| **♦ Acquisition Exposure** (add dates as YYYY-MM-DD)  for transmission exposure please enter directly into iPHIS | | | |
| Exposure ID: **Unknown** □ Exposure ID: 5333  **♦**Exposure Name: **♦**Exposure Type:  ❖Category/Transmission:  ❖Source:  ❖Source Details:  ❖Exposure Setting:  ❖Exposure Setting type:  Exposure Location Name:  **♦**Earliest Exposure Date/Time:  Most Recent Exposure Date/Time: | | | |
| ❖**Follow-Up Laboratory Testing** (add dates as YYYY-MM-DD) | | | |
| □ HCV RNA  □ on-treatment  Date: | Result | □ HCV RNA  □ on-treatment  Date: | Result |
| □ HCV RNA  □ on-treatment  Date: | Result | □ HCV RNA  □ on-treatment  Date: | Result |
| □ HIV  Date of Collection: | Result | □ HBV  Date of Collection: | Result |
| □ Liver Enzymes  Date of Collection: | Result  ALT  AST  ALP | □ Other (e.g. STI, HAV)  Specify:  Date of Collection: | Result |
| □ Other (e.g. STI, HAV)  Specify:  Date of Collection: | Result | □ Other (e.g. STI, HAV)  Specify:  Date of Collection: | Result |

**Hepatitis C – Case Investigation Form**

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| **Legend** | **♦ iPHIS system mandatory ❖ Required** |

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| |  |  | | --- | --- | | **OUTCOME[[31]](#footnote-2)** | | | **♦**□ Fatal ❖Outcome Date: | | | **Public Health Follow up (required follow up depends on disease classification)** | | | Counselling/testing recommendations:  □ HCV RNA  □ HIV  □ HBV  □ STIs  Discuss:  □ Contact follow-up  **□** HBV, HAV and Pneumococcal Polysaccharide 23 immunization  **Comments:** | Education/counselling:  □ Harm reduction services  □ Risk of transmission to others (including during  pregnancy) and how to mitigate  □ Discuss treatment  □ Referral to specialist  Specialist name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Healthy living with HCV  **Comments:** | |
| **Case Details** | |
| **♦Aetiologic Agent**  □Newly acquired, RNA positive □ Newly acquired, RNA negative  □ Newly acquired, RNA unknown  □Previously acquired/unspecified, RNA positive □Previously acquired/unspecified, RNA negative  □ Previously acquired/unspecified, RNA unknown | |
| **♦Case Classification ♦Classification Date:** | |
| □ Person Under Investigation □ Confirmed □ Does Not Meet | |
| **♦Case Disposition ♦Disposition Date:** | |
| □ Complete □ Closed – Duplicate – Do not use □ Pending  □ Untraceable □ Lost to follow-up □ Referred to FNIHB[[32]](#footnote-3)  □ Does not meet definition □ Entered in error | |

**Hepatitis C – Case Investigation Form for Contacts**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | |
| Contact Notification □ Public Health Unit  □ Case  □ Provider  Contact’s Last Name:  First Name:  Middle Name:  Alias:  Street Address: City: Postal Code:  Home phone number: ( )  Cell number: ( )  Email:  Alternate Address: Alternate City: Alternate Postal Code:  Contact Type: □ Shared drug equipment  □ Sexual exposure  □ Blood exposure specify:  Comments: | | | | | | | |
| **Contact Demographics** | | | | | | | |
| Date of birth: YYYY-MM-DD  OR  Age: | | | | Sex: |  | □ Male  □ Female  □ Transgender  □ Unknown | |
| **Attempts to notify contacts** | | | | | | | |
|  | **Date** | **To/From** | **Outcome** | | | | **Investigator’s Initials** |
| 1 |  |  |  | | | |  |
| 2 |  |  |  | | | |  |
| 3 |  |  |  | | | |  |
| 4 |  |  |  | | | |  |
| Date letter sent: | | | | | | | |
| Comments: | | | | | | | |
| Outcome | | | | | | | |
| □ Notification complete  □ Testing recommended  □ Testing completed  Results: | | | | | | | |

**Hepatitis C – Case Investigation Form for Contacts**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | |
| Contact Notification □ Public Health Unit  □ Case  □ Provider  Contact’s Last Name:  First Name:  Middle Name:  Alias:  Street Address: City: Postal Code:  Home phone number: ( )  Cell number: ( )  Email:  Alternate Address: Alternate City: Alternate Postal Code:  Contact Type: □ Shared drug equipment  □ Sexual exposure  □ Blood exposure specify:  Comments: | | | | | | | |
| Contact Demographics | | | | | | | |
| Date of birth:  OR  Age: | | | | Sex: |  | □ Male  □ Female  □ Transgender  □ Unknown | |
| Attempts to notify contacts | | | | | | | |
| Attempt | Date | To/From | Outcome | | | | Investigator’s Initials |
| 1 |  |  |  | | | |  |
| 2 |  |  |  | | | |  |
| 3 |  |  |  | | | |  |
| 4 |  |  |  | | | |  |
| Date letter sent: | | | | | | | |
| Comments: | | | | | | | |
| Outcome | | | | | | | |
| □ Notification complete  □ testing recommended  □ testing completed  Results: | | | | | | | |

1. The “risk factor information” required below are consistent with the risk factors described in iPHIS Disease Specific User Guides as noted in s. 2 (c)(iii) of the Infectious Diseases Protocol, 2018. The Infectious Diseases Protocol is a protocol incorporated under the Ontario Public Health Standards. The Ontario Public Health Standards are “guidelines” within the meaning of s. 7 (1) of the *Health Protection and Promotion Act R.S.O. 1990, Chapter H.7.*  [↑](#footnote-ref-1)
2. **Born in an endemic country:** See the current [Recommendations on hepatitis C screening for adults](http://www.cmaj.ca/content/189/16/E594) for information on regions with intermediate and high hepatitis C virus prevalence [↑](#endnote-ref-1)
3. **Organ/tissue transplant:** An individual receiving either organ or tissue from another individual.

   Examples: Donor insemination, skin graft, blood vessel graft, organ recipient (e.g., liver, lungs, skin, cornea). [↑](#endnote-ref-2)
4. **Organ/tissue transplant abroad:** An individual receiving either organ or tissue from another individual outside of Canada.

   Examples: Donor insemination, skin graft, blood vessel graft, organ recipient (e.g., liver, lungs, skin, cornea). [↑](#endnote-ref-3)
5. **Received blood or blood products:** The individual received blood or blood products.

   Examples: Blood transfusion, clotting factors, plasma, platelets etc. [↑](#endnote-ref-4)
6. **Invasive medical/surgical procedures in Canada:** Individual underwent a procedure in which the skin or mucous membrane was pierced or penetrated by a medical instrument in Canada.

   Examples: Medical injection, surgery. [↑](#endnote-ref-5)
7. **Received blood or blood products abroad:** The individual received blood or blood products while abroad.

   Examples: Blood transfusion, clotting factors, plasma, platelets etc. [↑](#endnote-ref-6)
8. **Invasive medical/surgical procedures abroad:** Individual underwent a procedure in which the skin or mucous membrane was pierced or penetrated by a medical/surgical instrument while abroad.

   Examples: Medical injection, surgery. [↑](#endnote-ref-7)
9. **Invasive dental procedures in Canada:** Individual underwent a procedure in which the skin or mucous membrane was pierced or penetrated by a dental instrument in Canada.

   Examples: Dental cleaning, dental surgery including wisdom teeth extraction [↑](#endnote-ref-8)
10. **Invasive dental procedures abroad:** Individual underwent a procedure in which the skin or mucous membrane was pierced or penetrated by a dental instrument abroad.

    Examples: Dental cleaning, dental surgery including wisdom teeth extraction [↑](#endnote-ref-9)
11. **High risk sexual activity:** individual engaged in sexual activity with an increased risk for hepatitis C acquisition

    Examples: condom-less sex, sex with sex worker, multiple partners, sex for drugs/shelter/food/survival, other sexual practices that may induce mucosal trauma that facilitate viral transmission (e.g. fisting), sex under the influence of drugs or alcohol [↑](#endnote-ref-10)
12. **Acupuncture:** Individual received acupuncture. [↑](#endnote-ref-11)
13. **Sex with same sex:** The individual engaged in sexual activities with a member of the same sex. [↑](#endnote-ref-12)
14. **Electrolysis:** Individual received electrolysis [↑](#endnote-ref-13)
15. **Sex with opposite sex:** The individual engaged in sexual activities with a member of the opposite sex.

    Examples: A biological male and biological female engage in sexual activity. [↑](#endnote-ref-14)
16. **Tattoo:** Individual received a tattoo. [↑](#endnote-ref-15)
17. **Contact is hepatitis C positive:** Sexual contact or sharing of drug equipment with a confirmed case or carrier of hepatitis C. [↑](#endnote-ref-16)
18. **Piercing:** Individual received a piercing. [↑](#endnote-ref-17)
19. **Contact is HIV positive:** sexual contact or sharing of drug equipment with a confirmed case of Acquired Immunodeficiency Syndrome or carrier of Human Immunodeficiency Virus. [↑](#endnote-ref-18)
20. **Other personal services:** Any personal service setting with the potential for equipment breaking the skin. Excluding tattoo/piercing parlours, acupuncture, electrolysis.

    Examples: Spa services, barber shops, nail salon. [↑](#endnote-ref-19)
21. **Sex worker:** The individual engages in sexual activities for money. [↑](#endnote-ref-20)
22. **Homeless/underhoused:** Lacks a fixed, regular and adequate night-time residence and has a night-time residence that is:

    * A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
    * A public or private place not designed for, or not ordinarily used as, a regular sleeping accommodation for people.

    [↑](#endnote-ref-21)
23. **Injection drug use:** Recreational/illicit drug use or steroids administered using a needle or syringe pierced through the skin into the body.

    Examples: Heroin, steroids. [↑](#endnote-ref-22)
24. **Correctional facility:** Individual was previously admitted to or currently resides within a correctional facility which is a possible site of disease acquisition.

    Examples: Federal penitentiary, prison, provincial jail, detention centre. [↑](#endnote-ref-23)
25. **Inhalation drug use:** The individual inhales or smokes recreational/illicit drugs that may cause burned or cracked lips.

    Examples: Crack cocaine, cocaine, crystal meth; Does not include marijuana. [↑](#endnote-ref-24)
26. **Fighting, biting, blood brother:** Individual engaged in an activity resulting in blood to blood contact as a result of fighting/violence or rituals involving blood. [↑](#endnote-ref-25)
27. **Intranasal drug use:** The individual snorts recreational/illicit drugs.

    Example: Cocaine [↑](#endnote-ref-26)
28. **Occupational exposure to potentially Hepatitis C contaminated body fluids:** Individual was potentially exposed to blood, blood products or other bodily fluids that may contain blood that may be infected with hepatitis C at their place of work.

    Examples: Needle stick injury [↑](#endnote-ref-27)
29. **Shared drug equipment:** Individual shared drug equipment with another individual.

    Examples: Needles, syringes, crack pipes, shared cookers, shared filters etc. [↑](#endnote-ref-28)
30. **Shared personal items**: Individual shared personal items with another individual.

    Examples: Toothbrush, razor blades. [↑](#endnote-ref-29)
31. This tab becomes **required** if the client dies while the case is still open and under investigation in iPHIS, whether the death was related to the disease or not. A case should be re-opened and updated if you later find out that the case has died and the death was related to the disease. [↑](#footnote-ref-2)
32. First Nations and Inuit Health Branch [↑](#footnote-ref-3)