**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 painOnset 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/vomitingOnset date: | □ Yes □ No □Unknown | Fever: Onset date: | □ Yes □ No □Unknown |
| Pale stoolOnset 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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| **Legend** |  **♦ iPHIS system mandatory ❖ Required**  |

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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 □UnknownIf Yes, Specify:  |
| Other  □Yes □No □UnknownIf 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-treatmentDate:  | Result | □ HCV RNA  □ on-treatmentDate:  | Result |
| □ HCV RNA  □ on-treatmentDate:   | Result  | □ HCV RNA  □ on-treatment Date:  | Result |
| □ HIV Date of Collection:  | Result | □ HBVDate of Collection:  | Result  |
| □ Liver EnzymesDate 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 □ STIsDiscuss: □ 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-DDORAge: | 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: ORAge: | 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)