

HEPATITIS A

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If hepatitis A is suspected or diagnosed, completion of this form is required and faxed by the SAME day as the initial patient visit, to the Windsor-Essex County Health Unit (fax: 226-783-2132), after-hours (fax: 226-783-2113)

It is essential to complete the following test to confirm diagnosis:

SPECIMEN COLLECTION*			
√	Specimen Type / Date Collected	Collection Kit	Collection Requisition on PHO Lab Requisition Form
<input type="checkbox"/>	Blood specimen 5mL Date Collected (YY/MM/DD): / /	Blood, clotted – vacutainer tubes (SST)	Request “Hepatitis Serology – Acute Infection”, including symptoms and onset date

*The Public Health Lab Service Desk (1-877-604-4567) is available for questions regarding general specimen collection.

PATIENT INFORMATION			
Date (YY/MM/DD):	Name and contact number of reporting health care provider:		
	() -		ext.
Name of Client:			
	(First)	(Middle)	(Current last)
Date of Birth: (YY/MM/DD)	Age:	Sex:	
Address:			
	(Street)	(City)	(Postal Code)
Home Phone: ()		Alternate Phone: ()	
School/Daycare/Workplace (if applicable):			
Name of Parent/Guardian (if applicable):			

CASE INDEX OF SUSPICION					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client been vaccinated against hepatitis A?				
	Vaccine #	Name	Date Received (YY/MM/DD)	Lot #	Expiry Date (YY/MM/DD)
	1				
	2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 50 days?		Where:		
			When:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had exposure to someone with hepatitis A?		Who:		
			Where:		

PATIENT EDUCATION	
<input type="checkbox"/>	Advise client with confirmed hepatitis A not to donate blood for six months or as required by Canadian Blood Services.
<input type="checkbox"/>	Advise client/parent to inform exposed contacts of the need to follow up with a health care provider. It is up to the client/parent to decide if they want to inform contacts.
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

This form may be out of date. The most current form can be accessed on our website:
<https://www.wechu.org/forms>.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed **disease of public health significance** to the Medical Officer of Health.