Enhanced Hepatitis B and C – Case Investigation Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the NWT *Public Health Act* (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the *Disease Surveillance Regulations* (2009, R-096- 2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

What and when to report:
Report a confirmed case (see below) with.

Heath Care Professionals:	Confirmed and probable cases are to be reported to the Office of the Chief Public Health Office (OCPHO) within **48 hours** after diagnosis is made or opinion is formed.
Laboratories	Report all positive results to the OCPHO by fax (867) 873-0442 within **48 hours.**

How to Report:
Please send completed report forms to the OCPHO by:

Report Method	**How-to**
Medical Confidential Fax	867-873-0442
Secure File Transfer	CDCU@gov.nt.ca

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SECTION 1: CASE INFORMATION

Affix patient

Last Name:	**First Name:**
HCN:	**Date of Birth:**
Home Community:	**Province/Territory:** **Other:**
Sex assigned at birth: ☐Male ☐Female ☐Intersex ☐Unknown	
Gender Identity: ☐Male ☐Female ☐Other: ☐Unknown	

SECTION 2: REFERRAL TO INTERNAL MEDICINE

Referral to Internal Medicine: ☐ Yes ☐ No

Reason for Testing:

☐Symptomatic ☐ High Risk Exposure ☐ Sexual Exposure ☐ Illicit Drug Use ☐ Maternal

Have contacts been followed (see contacts section): ☐ Yes ☐ No

Has this person donated blood? ☐ No ☐ Yes, if yes, where and when was the last donation?

Where: When:

SECTION 3: SOCIOECONOMIC FACTORS

Marital Status:

☐ Life-Partner (Married/Common Law/Same Sex)

☐ Single (Widowed/separated/Divorced)

Education:

☐ Some/All Elementary

☐ Some/All High School

☐ Some/All College/University

Employment:

☐ Employed ☐Unemployed ☐Retired

☐ Disability ☐EI/Social Assistance

Type of Housing:

☐ Rents ☐ Social Housing ☐ Institutionalized

☐ Emergency ☐ Homeowner ☐ Unknown

☐ Shelter ☐ Homeless

Has this person been referred to:

Addiction Services	Medical Social Worker	Mental Health
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Date:	Date:	Date:

Comments:

SECTION 4: POSSIBLE RISK BEHAVIOUR

1. Men who have sex with men	☐Yes	☐No	7. Received transfusion of whole blood or blood components*	☐Yes	☐No
2. Heterosexual sex with injection drug user	☐Yes	☐No	8. Occupational exposure to hepatitis contaminated blood or body fluids or concentrated virus	☐Yes	☐No
3. Heterosexual sex with confirmed or suspected hepatitis case	☐Yes	☐No	9. Perinatal transmission	☐Yes	☐No
4. Injected non-prescription drugs (at any time in the past including steroids)	☐Yes	☐No	10. Contact with a person who lived in an area where these diseases are prevalent	☐Yes	☐No
5. Received pooled concentrates for treatment of hemophilia or coagulation disorder*	☐Yes	☐No	11. Household contact with confirmed or suspected case of hepatitis	☐Yes	☐No
6. Body piercing or tattoo	☐Yes	☐No	12. Acupuncture, dialysis, EEG, dental, other (specify)	☐Yes	☐No

*If yes to questions 5 and 7, please note the institution where this was and the given year:

	HCN:

Other Medical Issues: Present treatment: (type, list drugs, date):
Hospitalized: ☐ No ☐ Yes, Name of Hospital

SECTION 5: REPORTING

Office of the Chief Public Health Officer
Phone: (867) 920-8646 | Medical Confidential Fax: (867) 873-0442 | SFT: CDCU@gov.nt.ca

Clinic Site or Hospital Unit:	
Completed by:	**Signature:**
Phone:	**Date:**
Comments:	

How to submit: By Medical Confidential Fax: 867-873-0442 OR **Secure File Transfer:** to CDCU@gov.nt.ca

Reset Form | Print Form | Submit Via SFT