**Hepatitis C Case Determination Tool**

Date: \_\_\_\_\_\_\_\_\_\_\_ Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider name and phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Lab Test Results Checklist** |
| **Laboratory factors for case determination** | **Laboratory test** | **Qualitative results and Date of lab** | **Quantitative results and Date of lab** |
| Hepatitis C | anti-HCV (HCV Ab) |  |  |
|  | HCV RNA |  |  |
| Jaundice | Present/not present |  |  |
| Liver Enzymes  | ALT |  |  |
| Bilirubin levels | Peak elevated level |  |  |

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| **Healthcare Provider Question Checklist** |
| **Reason for Testing**1. **Routine screening (please list all that apply):** i.e., baseline screening, needed for treatment starting on a liver toxic medication, cancer treatment, known chronic case to the physician.
2. **At risk (please list all that apply):** i.e., IDU, MSM, STI, co-morbidity such as HIV, recent exposure to blood or blood product, contact to an HCV case, etc.
3. **Symptoms:**
* Jaundice: **yes/no/unknown**
* Peak Elevated total bilirubin levels > 3.0 mg/dL: **If yes, date:** \_­­\_\_\_\_\_\_\_ **Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_

ALT > 200 IU/L for Hep C: **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. **Was there a previous negative HCV Ab, Ag or RNA test in past 12 months?** **yes/no/unknown**
2. **Other likely diagnosis?** (e.g., liver disease due to alcohol exposure, other viral hepatitis, drug over use, etc.)? **yes/no/ unknown. If yes, please specify: ­­­­­­­­­­­­­­­­­­­­­­­**

**Other Information*** Race? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic / Non-Hispanic? (Circle one)
* Hospitalization? **yes/no If yes, please specify facility:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has the patient been notified of test results: **yes/no**
* Has the patient been counseled by the provider: **yes/no**
* **Referred for treatment? yes/no**
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| **Determination: refer to CDC case definition (circle one)** |
| **Disease** | **Case Status** | **Case Status** | **Case Status** | **Action** |
| **Hepatitis C** | **Acute**Probable Confirmed | **Chronic**Probable Confirmed | Not a Case | Date for control measures: \_\_\_\_\_\_\_\_\_\_Lost to follow-up? **yes/no** |

Notes:

**Patient Interview: For acute cases, please gather the information needed for the hepatitis extended tab in MIDIS**

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| **For 2 Weeks to 6 Months Prior to Onset of Clinical Signs or Symptoms** | **Yes/No/Unknown** |
| Was the patient a contact to an HCV case?  |  |
| **Sexual Exposures in the Prior 6 Months** |  |
| What is the sexual preference of the patient (bisexual, heterosexual, homosexual, unknown)? |  |
| How many male sex partners? |  |
| How many female sex partners? |  |
| Was the patient ever treated for an STI? |  |
| **For 2 Weeks to 6 Months Prior to Onset of Clinical Signs** | **Yes/No/Unknown** |
| Did the patient undergo hemodialysis? |  |
| Have an accidental stick/puncture with a needle or other object contaminated with blood? |  |
| Receive blood or blood products (transfusion)? |  |
| Receive any IV infusions and/or injections in the outpatient setting? |  |
| Have other exposure to another person’s blood? |  |
| Was the patient employed in a medical or dental field involving contact with human blood? |  |
| Was patient employed as a public safety worker having direct contact with human blood? |  |
| **In the Time Period Prior to Onset** | **Yes/No/Unknown** |
| Did the patient receive a tattoo? |  |
| Where was the tattooing performed? List all that apply: commercial parlor/shop; correctional facility; other (specify); unknown |  |
| Inject drugs not prescribed by a doctor |  |
| Use street drugs but not inject |  |
| Have any part of their body pierced (other than ear)? |  |
| **Other Healthcare Exposures Prior to Onset** | **Yes/No/Unknown** |
| Did patient have any dental work or oral surgery? |  |
| Have other surgery (other than oral surgery)? |  |
| Was the patient hospitalized? |  |
| Was the patient a resident of a long-term care facility? |  |
| Was the patient incarcerated for longer than 24 hours? |  |
| **Incarceration Prior to Onset** | **Yes/No/Unknown** |
| Was the patient in prison? |  |
| Was the patient in jail? |  |
| Was the patient in a juvenile facility? |  |
| **Incarceration More than 6 Months** | **Yes/No/Unknown** |
| Was patient incarcerated for longer than 6 months |  |
| If yes, what year was the most recent incarceration? | Year =  |
| If yes, for how long (answer in months)? | Months =  |
| **Treatment Information** | **Yes/No/Unknown** |
| Has the patient received medication for the type of hepatitis being reported? |  |