

**“Demonstration Project of HCV Rapid Tests in HIV Testing
Settings”**

**Attachment 5a. Denver Public Health/Alert Health, Inc. Screening
and Contact Form**

CDPHE Hepatitis C Client Demographic Form

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (OMB 0920-0840)

Denver Public Health 605 Bannock, Denver, CO 80204

DEMOGRAPHICS 1: COMPLETE FOR HCV+ CLIENTS ONLY

Last Name _____ First Name _____ MI _____
Client Street Address _____ Telephone (____) _____ - _____

DEMOGRAPHICS 2: COMPLETE FOR ALL CLIENTS

City of Residence _____ State of Residence _____ ZIP _____ County of Residence _____
Birth date: ____/____/____ MM DD YY Age _____
Sex: Male Female Client ethnicity (mark only one):
 Hispanic or Latino Not Hispanic or Latino Refused to answer
Client race (mark all that apply):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Refused to answer


TESTING RISK FACTORS

Injection drug use? Yes No
Recipient of blood, blood products, or tissue prior to 1992? Yes No
If yes, year _____
Recipient of any of the above at anytime outside US? Yes No
If Yes, Country, Year _____
Have ever been on hemodialysis? Yes No
Sexual partner of an HCV positive person? Yes No
Needle sharing partner of an HCV positive person? Yes No
Did any of these risks occur in the last 6 months? Yes No
If yes, please discuss retesting with client*
Comments (other risks, concerns, etc): _____

FEMALE CLIENTS ONLY

Is the client Pregnant?
 Yes No
If yes, is the client in prenatal care?
 Yes No
If pregnant, please discuss perinatal transmission†

HCV TESTING HISTORY:

Self-reported testing history:
 Never tested before
 Yes, tested previously
 Client refused to answer
Date last HCV test ____/____/____
Self-reported HCV status at time of visit:
 Positive
 —if positive client is NOT a candidate for testing under this program†. Provide information packet)
 Negative Client refused to answer
 Unknown Indeterminate

CURRENT HCV TEST:

Collection Date: ____/____/____ Test Type:
MM DD YY Finger stick Blood draw
Results:
HCV EIA: Reactive S/Co: _____
 Non-Reactive Indeterminate
RIBA: Positive Negative
 Inadequate/indeterminate
CLIENT INFORMED OF RESULTS? Yes
If no, reason? Unable to locate
 Client refused
Other: _____

TO BE COMPLETED BY CDPHE: New Diagnosis? Yes No

* HCV antibodies can be detected in >97% of persons by 6 months after the exposure; the average time from exposure to seroconversion is 8 to 9 weeks (CDC).

† Perinatal transmission occurs in <5% of live births, in HIV/HCV coinfecting mothers perinatal transmission of HCV may be as high as 19% (CDC). Infants may be tested for HCV antibodies at 18 months or later. If desired, HCV RNA testing may be performed at first well child visit. There is a high rate of viral clearance in the first year of life (AASLD).

‡ HCV antibodies persist even in clients who clear the virus. If the client has a previous positive antibody response additional antibody testing will not yield any new information. Clients should be referred for medical follow up and more advanced testing.