



chart forms:

some basic recommendations for effective hepatitis risk assessment with adult clients

- ☉ You do not need separate hepatitis risk list--these risk factors overlap with many other communicable diseases!*
- ☉ If you are mentioning other diseases, *do* mention hepatitis (for example, if you list HIV or other STIs, list hepatitis B as well).
- ☉  Nurse or medical assistant can look over history/risk assessment to see if client has completed or has questions, and  flag concerns for clinician to save clinician time.
- ☉ ***The sample questions below are examples of clear, efficient wording to obtain basic information needed for assessing hepatitis risk.***

*This form was developed to help assess risk for hepatitis A, B, and C. The risk factors for these diseases are common to many other diseases transmitted via sexual contact, drug and needle use, inadequate hygiene and water safety. Communicable diseases not addressed in this handout include airborne diseases such as tuberculosis, influenza, etc.



hygiene

- Ask about washing food and clean food preparation.
- Ask about access to clean drinking water.
- Ask about handwashing.

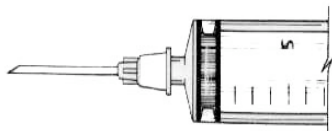
Sample questions:

Are you always able to wash fruit and vegetables before eating? Yes No

Are you able to wash hands often during the day (after using the rest room, after changing a diaper, before eating, before and after sexual contact)? Yes No

Do you have clean water to drink and use for cooking? Yes No

If lack of clean water or hygiene practices put client and family at risk of hepatitis A and other communicable diseases, follow up with education.



drug/alcohol/needle use

- Ask about IV drugs, even one time use.
- Ask about number of drinks of alcohol per week.
- Ask about other types of injections outside a clinic—vitamins, antibiotics, etc.?

Sample questions:

Have you ever used injection (IV) drugs (even one time)? Yes No

If yes, are you using IV drugs now? Yes No

How many drinks of alcohol (beer, wine, liquor) do you drink a week? _____

Do you use needles for any kind of injection at all outside a clinic—vitamins, antibiotics, or anything else? Yes No

If client has EVER used injection drugs or might have shared needles for any other reason, follow up with education and encourage hepatitis C testing and hepatitis B vaccination.



sexual risk

- Ask about number of partners lifetime/past six months.
- Ask if partner has other partners.
- Ask about partner's IV drug use.
- Ask about condom use—including how often.
- Ask if client has sex with men/women/both?
- **Ask if client has had a diagnosis of an STD**

Sample questions:

How many people have you had sex with in your life? _____

How many sexual partners have you had in the last six months? _____

Do you have sex with Men Women Both men and women? I have never had sex.

Are you sexually active now? Yes No

If yes, does your partner have other partners? Yes No

Does your partner use injection (IV) drugs? Yes No

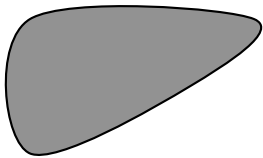
Do you use condoms? Yes No

If yes, how often? Every time I have sex. Sometimes Never

Have you ever had a sexually transmitted disease? Yes No If yes, how long ago? _____

If client has more than one sexual partner in the last six months, **has had a diagnosis of an STD**, if they have multiple partners and do not use condoms, or if they are unsure of whether partner has other partners or uses IV drugs, follow up with education and encourage hepatitis B immunization. If client has more than 50 lifetime partners, encourage hepatitis C testing.

medical history



- Include history of hepatitis and liver disease in standard list/checklist. (Family history is not crucial.)
- Ask about immunization history for hepatitis B.
- Ask about blood transfusion and organ transplants.
- Ask country of origin and migration history.

Sample questions:

Have you ever had hepatitis or liver disease? Yes No

If yes, when? _____

If yes, do you know what type of liver disease? _____

Have you received immunization (3 shots) for hepatitis B? Yes No

Have you ever had a blood transfusion or received blood? Yes No

If yes, when? _____

Were you born in the United States? Yes No

If no, where were you born? _____

How old were you when you moved to the U.S.? _____

How long have you been here (in this town)? _____

If client received blood clotting factor before 1987 or blood transfusion before July 1992 in the U.S. (or anytime in another country, if you are uncertain about the safety of the blood supply), encourage hepatitis C testing. If client was born in a country with high or intermediate rates of hepatitis B (including Asia, Africa, Amazon Basin, Eastern Europe, Middle East, as well as Haiti, Dominican Republic, El Salvador, Honduras, and Guatemala), encourage hepatitis B testing.

