INFECTIOUS DISEASE: PERINATAL HEPATITIS B CASE REPORT FORM

MOTHER/PATIENT INFORMATION *Required*

NAME (Last, First) _____ DATE OF BIRTH _____ AGE _____ SEX Select

ADDRESS (No. & Street) _____ CITY/TOWN _____

COUNTY _____ STATE _____ ZIP _____ PHONE _____ ETHNICITY Select

RACE: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Other
☐ Native Hawaiian or other Pacific Islander ☐ Caucasian or White ☐ Unknown

Pregnant/EDC _____ Hospitalized? Select Admin Date _____ Facility _____

Insurance Select Private: _____

Risk Factors: Pregnancy Status ☐ Yes ☐ No ☐ Unknown History of IV drug use? ☐ Yes ☐ No ☐ Unknown

DISEASE INFORMATION *Required* PLEASE ATTACH ALL RELEVANT LAB WORK (Mother /Infant)

Date of Illness Onset _____ ☐ Asymptomatic

Signs/Symptoms _____

Disease-Specific Immunizations (Name & Date) Treatment

_____ _____ Dose _____ Duration _____

_____ _____ Dose _____ Duration _____

Comments: _____

PERINATAL HEPATITIS B INFANT/CHILD INFORMATION

Infant Name _____ DOB _____

Planned Pediatrician _____ Infant Sex Select

Delivery Hospital _____ Date/Time HBIG _____

HEPTITIS B LAB RESULTS (Leave blank ONLY if not done)

MOTHER	Result of Test	Collection Date	Test	Result of Test	Collection Date
HBsAg	Select		anti-HBs	Select	
HBeAg	Select		IgM (anti-HBc)	Select	
HBV NAT (quant) ui/mL					
INFANT PVST	Result of Test	Collection Date	Test	Result of Test	Collection Date
HBsAg	Select		anti-HBs	Select	

Infant Labs: Do not conduct before 9 months of age. If testing is completed before 9 months of age, both labs must be repeated. Do not conduct until 1 month after completion of vaccine series. Anti-HBc is not recommend as passively acquired maternal anti-HBs may be detected in children up to 24 months of age.

HEALTHCARE PROVIDER REPORTING INFORMATION *Required*

Reported by: _____ Report Date _____ Ordering Provider: _____

Facility Name _____ Address _____

City/Town _____ State ____ Zip _____ Phone _____ Fax _____

Fax completed form to 907-562-7802

DOH/DPH/Division of Epidemiology, Immunization Program, Perinatal Hepatitis B Prevention Program
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