

PERINATAL HEPATITIS B SURVEILLANCE FORM

SECTION I: PRENATAL CARE

Part A: Mother Information

1. Last Name _____ 2. First Name _____
3. Address _____ Address #2 _____
4. City _____ 5. Zip _____ 6. Parish _____
7. Phone _____ Alternate Phone _____
8. Age _____ 9. Date of Birth ____/____/____
mo day yr 10. Primary language _____
11. Race (check): White Black Asian/Pacific Islander Other _____ 12. Ethnicity: Hispanic Non-Hispanic

Part B: Medical Information (Mother)

1. Prenatal care received? Yes No 2. Health Insurance Status: Medicaid Private Insurance Other _____
3. Name of prenatal care provider/clinic name _____ 4. Clinic Phone # _____
Clinic Fax # _____
5. Date hepatitis B labs collected ____/____/____
mo day yr

HBsAg test result (during this pregnancy) Pos Neg

PLEASE ATTACH A COPY OF THE PATIENT'S HEPATITIS B LAB RESULTS

6. Expected delivery date ____/____/____
mo day yr
7. Expected hospital of delivery _____

SECTION II: DELIVERY HOSPITAL CARE

Part A: Mother

1. Pregnancy outcome live birth stillborn miscarriage pregnancy terminated
2. Hospital of delivery _____

Part B: Infant

1. Last Name _____ 2. First Name _____
3. Date of Birth ____/____/____ 4. Birth time ____:____ am/pm 5. Birth weight _____
mo day yr hr mn
6. Sex Female Male 7. Health Insurance Status at Birth: Medicaid Private Insurance Other _____
8. HBIG date ____/____/____ HBIG time ____:____ am/pm
mo day yr hr mn
9. 1st dose HepB vaccine date ____/____/____ 1st dose HepB vaccine time ____:____ am/pm
mo day yr hr mn
10. Name of pediatrician/clinic name _____ 11. Clinic Phone # _____
Clinic Fax # _____

Please fax or mail form to: Louisiana Department of Health and Hospitals
Office of Public Health-Immunization Program
Attn: Hepatitis Program Manager
(504) 838-5300
(504) 838-5206 fax

INSTRUCTIONS FOR COMPLETING
LOUISIANA PERINATAL HEPATITIS B SURVEILLANCE AND FOLLOW-UP FORM

SECTION I: Prenatal Care

Part A: Identifying Information – Mother

- 1-7. Enter the patient's name, mailing address, city, zip code and parish of residence, and primary telephone number.
- 8-9. Enter the patient's age and date of birth.
- 10-12. Enter patient's primary language if other than English.
Check the race and ethnicity of the patient. If the patient is neither Black, White, nor Asian/Pacific Islander, enter the race of the patient in the space provided.

Part B: Medical Information – Mother

1. Check whether or not the patient received prenatal medical care during current or most recent pregnancy.
2. Indicate the patient's health insurance type.
3. If the patient received prenatal care, enter the name of the physician and/ or clinic where the prenatal care is/ was received.
4. Enter the ten-digit prenatal clinic phone number and fax number.
5. Enter the date in which hepatitis B labs were collected from the patient *during the current pregnancy*. Indicate the HBsAg lab result (Positive or Negative).
Please fax a copy of the patient's hepatitis B labs (including the lab results for HBsAg/ hepatitis B surface antigen) to the Immunization Program at (504) 838-5206, Attn: Hepatitis B Program Manager
6. Enter the date that the patient is expected to deliver.
7. Enter the name of the hospital where the patient is expected to deliver.

SECTION II: Delivery Hospital Care

Part A: Mother

1. Check the outcome of the patient's pregnancy.
2. Enter the name of the hospital where the mother delivered her infant.

Part B: Infant

- 1-2. Enter the infant's first and last name (and middle name if available).
- 3-4. Enter the date and time that the infant was born.
5. Enter the infant's birth weight, either grams or pounds.
- 6-7. Check the sex of the infant and the insurance type at the time of delivery.
8. Enter the date and time that the infant received the HBIG (hepatitis B immune globulin).
9. Enter the date and time that the infant received the first dose of hepatitis B vaccine.
- 10-11. Enter the name, phone number, and fax number of the clinic where the infant is expected to receive pediatric medical care.

SECTION III & SECTION IV: Infant's Vaccine Record & Case Disposition

For office use only.