MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR DISEASE PREVENTION
BUREAU OF HIV, STD, AND HEPATITIS

PERINATAL HEPATITIS B CASE MANAGEMENT FORM FOR HBSAG-POSITIVE PREGNANT OR NEWLY POSTPARTUM WOMEN

DATE OF REPORT (MM/DD/YYYY) (TO BE FILLED OUT BY SUBMITTER)	PREGNANCY STATUS (CHECK ONE) ☐ PRENATAL ☐ POSTNATAL

DEMOGRAPHICS FOR HBSAG-POSITIVE PREGNANT OR NEWLY POSTPARTUM WOMEN

NAME			DATE OF BIRTH (MM/DD/YYYY)	COUNTY
ADDRESS			CITY	
STATE	ZIP CODE	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	

COUNTRY OF BIRTH	RACE (CHECK ONE)			ETHNICTY (CHECK ONE)	LANGUAGE
	☐ NATIVE AMER/ALASKAN NATIVE	☐ WHITE	☐ PHILIPPINE	☐ HISPANIC	
	☐ ASIAN/PACIFIC ISLANDER	☐ VIETNAMESE	☐ OTHER	☐ NON-HISPANIC	
	☐ AFRICAN AMERICAN	☐ BOSNIAN	☐ UNKOWN	☐ UNKOWN	

CLINICAL INFORMATION

EXPECTED DELIVERY HOSPITAL NAME	EXPECTED DELIVERY DATE	ACTUAL DELIVERY DATE	WAS THIS THE ACTUAL DELIVERY HOSPITAL? ☐ Y ☐ N (IF NO, PLEASE TYPE IN ACUTAL HOSPITAL BELOW)
ADDRESS			HOSPITAL
PHYSICIAN'S NAME	PROVIDER'S TELEPHONE NUMBER		CLINIC NAME

ADDRESS	PROVIDER TYPE (CHECK ONE) ☐ PRIVATE ☐ PUBLIC	DID SHE RECEIVE PRENTAL CARE? (CHECK ONE) ☐ YES ☐ NO
CITY/STATE/ZIP	INSURANCE (CHECK ONE) ☐ PRIVATE ☐ MEDICAID ☐ MEDICARE ☐ CHIP ☐ TRI-CARE ☐ OTHER ☐ UNINSURED ☐ UNKNOWN	

HEPATITIS B LABORATORY RESULTS

DATE (MM/DD/YYY)					
DATE (MM/DD/YYY)	HBsAg (EARLY MARKER OF INFECTIVITY)	POSITIVE/REACTIVE ☐	NEGATIVE/NONREACTIVE ☐	NOT DONE ☐	POSITIVE OR REACTIVE – CAPABLE OF TRANSMITTING VIRUS TO OTHERS ***SPHL WILL CONDUCT HBsAg TESTING FREE FOR PREGNANT WOMEN WITHOUT MEANS OF PAYMENT**
DATE (MM/DD/YYY)	Anti-HBc IgM (BEST MARKER OF ACUTE HBV INFECTION)	POSITIVE/REACTIVE ☐	NEGATIVE/NONREACTIVE ☐	NOT DONE ☐	POSITIVE INDICATES RECENT HBV INFECTION. BEST SEROLOGIC MARKER OF ACUTE INFECTION. NEGATIVE WITH A POSITIVE HBsAg, USUALLY MEANS CHRONIC INFECTION.
DATE (MM/DD/YYY)	Anti-HBc (Total) (NOT A MARKER FOR ACUTE INFECTION)	POSITIVE/REACTIVE ☐	NEGATIVE/NONREACTIVE ☐	NOT DONE ☐	POSITIVE INDICATES HBV INFECTION AT SOME UNDEFINED TIME – PAST OR PRESENT. IS NOT POSITIVE IN PERSON WHOSE IMMUNITY IS FROM VACCINATION.
DATE (MM/DD/YYY)	OTHER (TYPE IN)	POSITIVE/REACTIVE ☐	NEGATIVE/NONREACTIVE ☐	NOT DONE ☐	(TYPE IN)

COMPLETED BY

NAME		LPHA	
ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	COUNTY
DATE ENTERED INTO WEBSURV		WEBSURV CONDITION ID	

PLEASE SUBMIT COMPLETE FORM TO THE MISSOURI DEPARMENT OF HEALTH AND SENIOR SERVICES REGIONAL OFFICE OR TO PO BOX 570, JEFFERSON CITY, MO 65102-0570. TELEPHONE: 573-751-6439 OR FAX 573-751-6417	**DATE RECEIVED BY DHSS**

INFANT BORN TO HBSAG-POSITIVE WOMAN

INFANT'S DATE AND TIME OF BIRTH:	MOTHER'S NAME:
WEBSURV CONDITION ID:	WEBSURV CONDITION ID:

INFANT'S DEMOGRAPHCIS

INFANT'S NAME (LAST, FIRST, MI)	Birth Weight (in grams)	SEX (CHECK ONE)
		☐ MALE ☐ FEMALE

MOTHER'S NAME (LAST, FIRST, MI) IF THE INFANT DOES NOT LIVE WITH OR MOTHER IS NOT THE LEGAL GUARDIAN/RESPONSIBLE PARTY, TYPE IN THE NAME OF WHO IS.

IS INFANT'S ADDRESS THE SAME AS MOTHER'S? (CHECK ONE) ☐ YES ☐ NO	IF NO, TYPE IN INFANT'S ADDRESS	INFANT'S INSURANCE ☐ PRIVATE ☐ MEDICAID ☐ MEDICARE ☐ CHIP ☐ TRI-CARE ☐ OTHER ☐ UNINSURED ☐ UNKNOWN
CITY, STATE, AND ZIP CODE	RESPONSIBLE PARTY'S TELEPHONE NUMBER:	

INFAN'TS CHEMOPROPHYLAXIS/VACCINATIONS RECORD (PLEASE INDICATE IF SINGLE ANTIGEN, COMBINATION VACCINE OR COMVAX)

DATE & TIME	PRODUCT	BRAND, MANUFACTURER AND LOT #	PROVIDER NAME & ADDRESS	TELEPHONE NUMBER
	HBIG			
	HEP B VACCINE DOSE #1	☐ Recombivax ☐ Engerix		
	HEP B VACCINE DOSE #2	☐ Recombivax ☐ Engerix ☐ Pediarix ☐ Comvax		
	HEP B VACCINE DOSE #3			
	HEP B VACCINE **DOSE OTHER**			

GUIDELINES

CONSULT MOST RECENT EDITION OF THE PINK BOOK AT HTTP://WWW.CDC.GOV/NIP/PUBLICATIONS/PINK/DEFAULT.HTM

FOLLOW-UP SEROLOGY (3-9 MONTHS AFTER FINAL DOSE OF HEPATITIS B VACCINE. USUALLY AT 9-15 MONTHS OF AGE)

DATE	Anti-HBs*	☐ POSITIVE/REACTIVE ≥10 mIU/mL	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE
DATE	HbsAg	☐ POSITIVE/REACTIVE	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE
DATE	Anti-HBc (TOTAL)	☐ POSITIVE/REACTIVE	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE
DATE	Anti-HBc IgM	☐ POSITIVE/REACTIVE	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE

TESTS	RESULTS	INTERPRETATION
HBsAg Anti-HBc Anti-HBs	NEGATIVE NEGATIVE NEGATIVE	SUSCEPTIBLE TO HBV
HBsAg Anti-HBc Anti-HBs	NEGATIVE NEGATIVE POSITIVE WITH ≥ 10 mIU/mL	IMMUNE DUE TO VACCINATION
HBsAg Anti-HBc Anti-HBs	NEGATIVE POSITIVE POSITIVE	IMMUNE DUE TO NATURAL INFECTION
HBsAg Anti-HBc IgM Anti-HBc Anti-HBs	POSITIVE POSITIVE POSITIVE NEGATIVE	ACTUELY INFECTED
HBsAg Anti-HBc IgM Anti-HBc Anti-HBs	POSITIVE POSITIVE NEGATIVE NEGATIVE	CHRONICALLY INFECTED
HBsAg Anti-HBc Anti-HBs	NEGATIVE POSITIVE NEGATIVE	THERE ARE INTERPRETATIONS POSSIBLE – SEE PINK BOOK

NOTES (USE ADDITIONAL NOTES PAGE AS NEEDED)