

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR DISEASE PREVENTION PERINATAL HEPATITIS B PREVENTION AND CASE MANAGEMENT PROGRAM

## CASE CONTACT REPORT FOR CONTACTS OF PREGNANT HBSAG – POSITIVE WOMEN

DATE OF REPORT (TO BE	ORIGINAL PREGNANT FEMALE
FILLED OUT BY	NAME
SUBMITTER)	

										WEBSURV CID:		
CONTACT #1 AN	ND HOUS	SEHOLD C	ASE DEM	OGRAPI	HIC				DATE OF BIRTH	RELATIONSHIP TO	ORIGINAL CASE	
NUMBER OF ADULTS IN HOUSEHOLD:		NUMBER (	NUMBER OF CHILDREN IN HOUSEHOLD				DATE OF BIRTH	KED (HONS) III 10	OMONVIE GISE			
NAME												
NAIVIL												
ADDRESS STATE	ZIP CODE	1	COUNTY						СІТУ			
STATE	ZIP CODE							WORK TELEPHONE NUMBER	HOINE TELEPHO	HOME TELEPHONE NUMBER		
COUNTRY OF BIRTH		RACE (CHE	CK ONE)				ETHNICITY (CHECK O	NE)	LANGUAGE (WRITE IN)		GENDER	
☐ NATIVE AMER/ALAS			KAN NATIVE WHITE HISPANIC									
			N AMERICAN	□ UNKOWN □ UNKOWN					□м			
TEST RESULTS												
DATE		HBsAg		☐ POS	ITIVE/RE	ACTIVE			NEGATIVE/NON-REACTIVE NOT DONE			
DATE	DATE Anti-HBc IgM		c IgM	□ POS	ITIVE/RE	ACTIVE			NEGATIVE/NON-REACTIVE			
DATE	DATE Anti-HBc (total)		c (total)	□ POSITIVE/REACTIVE					NEGATIVE/NON-REACTIVE			
DATE		Anti-HBs	5	☐ POS	ITIVE/RE	ACTIVE	≥ 10 IU/mL		NEGATIVE/NON-REACTIV	ONE		
PROPHYLAXIS	•				PROVI	IDER						
		HBIG										
HB Dose #1 Hep		#1 Hen F	3 Vac									
DATE												
DATE	HB Dose #2 Hep											
HB Dose #3 Hep E												
HB Dose #4 Hep B (if needed, see Pink Book)												
						1						
CASE RESOLUTION DA	TE	REASON  IMMUN	ITY DUE TO V	DATE RECEIVED BY DHSS ACCINATION					DATE ENTERED INTO WEBSURV	WEBSURV CON	WEBSURV CONDITION ID	
☐ IMMUNITY DUE TO NAT				ATURAL IN	ATURAL INFECTION							
CONTACT #2 AN	ND HOUS	EHOLD C	ASE DEM	OGRAPI	HIC							
								DATE OF BIRTH	RELATIONSHIP TO ORIGINAL CASE			
NUMBER OF ADULTS IN HOUSEHOLD NUMBER OF CHILDREN IN HOU					SEHOLD			0.102				
NAME												
ADDRESS							CITY					
STATE	ZIP CODE	COUNTY							WORK TELEPHONE NUMBER	TELEPHONE NUMBER HOME TELEPHONE NUMBER		
COUNTRY OF BIRTH		RACE (CHE	CK ONE)				ETHNICITY (CHECK O	NE)	LANGUAGE (WRITE IN)		GENDER	
☐ NATIVE AMER/ALASKAN N. ☐ ASIAN/PACIFIC ISLANDER								,	, ,			
			N AMERICAN		=	NKOWN	UNKOWN				□ M □ F	
TEST RESULTS				1								
DATE			□ POSITIVE/REACTIVE □					NEGATIVE/NON-REACTIVE NOT DONE				
DATE		Anti-HB	: IgM	□ POSITIVE/REACTIVE					NEGATIVE/NON-REACTIVE  NOT DONE			
DATE		Anti-HB	(total)	□ POSITIVE/REACTIVE □					NEGATIVE/NON-REACTIVE NOT DONE			
Anti-HBs		5	☐ POSITIVE/REACTIVE ≥ 10 IU/mL					NEGATIVE/NON-REACTIVE NOT DONE				

MO 580-1637 (3-12)

PROPHYLAX	(IS			PROVI	DER						
DATE		HBIG									
DATE		HB Dose #1 Hep	B Vac								
DATE		HB Dose #2 Hep	B Vac								
DATE		HB Dose #3 Hep	B Vac								
DATE		HB Dose #4 Hep									
CASE RESOLUTIO		REASON	NATURAL IN I				DATE ENTERED INTO WEBSURV	WEBSURV CONDITION ID			
CONTACT #	3 AND HOUS	SEHOLD CASE DEM	10GRAP	HIC							
NUMBER OF ADU	JLTS IN HOUSEHO	ID	NUMBER (	OF CHILDRE	N IN HOU	ISEHOLD		DATE OF BIRTH RELATIONSHIP TO ORIGIN CASE		TO ORIGINAL	
	JETS IN TIOUSETIO		NOWIDER	or emedica	14 114 1100	3511015					
NAME											
ADDRESS STATE	ZIP CODE	COUNTY						CITY WORK TELEPHONE NUMBER HOME TELEPHONE NUMBER			
5	2 0022										
COUNTRY OF BIR	TH	RACE (CHECK ONE)  NATIVE AMER/ALA	SKAN NATIV	KAN NATIVE WHITE ETHNICITY (CHECK ONE)				LANGUAGE (WRITE IN)		GENDER	
		ASIAN/PACIFIC ISLA	NDER OTHER NON HISPANIC					   _ M [			
TEST RESUL	TS					_					
DATE	-	HBsAg	□ POS	□ POSITIVE/REACTIVE			NEGATIVE/NON-REACTIVE NOT DONE				
Anti-HRc IgM			□ POSITIVE/REACTIVE □					NEGATIVE/NON-REACTIVE  NOT DONE			
DATE		Anti-HBc (total)	□ POS				NEGATIVE/NON-REACTIVE  NOT DONE				
DATE		Anti-HBs						NEGATIVE/NON-REACTIVE  NOT DONE			
DATE				PROVIDER							
PROPHYLAXIS				PROVI	DEK						
DATE											
DATE	DATE HB Dose #1 Hep										
DATE		HB Dose #2 Hep	B Vac								
DATE	HB Dose #3 Hep										
HB Dose #4 Hep DATE (if needed, see Pink Boo											
DATE		(II riceded, see i iiik boo	K)								
CASE RESOLUTIO	RESOLUTION DATE  REASON  IMMUNITY DUE TO VACCINATIC  IMMUNITY DUE TO NATURAL IN  CHRONIC INFECTION							DATE ENTERED INTO WEBSURV	WEBSURV CONDITION ID		
NOTES:											
Please submi				uri Depar	tment	of Health and Ser	nior	Services; P.O. Box 570; Jeffe	erson City, MC	0 65102-	
0070 Tala	ana. F72 754	C420 Form F72 7F1	C 4 4 7								

0570. Telephone: 573-751-6439 Fax: 573-751-6417
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