MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR WOMEN'S HEALTH

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

PREGNANCY STATUS (CHECK ONE)
☐ PRE-NATAL ☐ POST-NATAL

DEMOGRAPHICS FOR HBSAG-POSITIVE PREGNANT OR NEWLY POSTPARTUM WOMEN

NAME				DATE OF BIRTH (MM/DD/YYYY)	COUNTY
ADDRESS				CITY	
STATE	ZIP CODE	COUNTY	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	
COUNTRY OF BIRTH	RACE (CHECK ONE)			ETHNICITY (CHECK ONE)	LANGUAGE
	☐ NATIVE AMER/ALASKAN NATIVE ☐ ASIAN/PACIFIC ISLANDER ☐ AFRICAN AMERICAN	☐ WHITE ☐ VIETNAMESE ☐ BOSNIAN	☐ PHILIPPINE ☐ OTHER ☐ UNKNOWN	☐ HISPANIC ☐ NON-HISPANIC ☐ UNKNOWN	

CLINICAL INFORMATION

EXPECTED DELIVERY HOSPITAL NAME	EXPECTED DELIVERY DATE	ACTUAL DELIVERY DATE	WAS THIS THE ACTUAL DELIVERY HOSPITAL? ☐ YES ☐ NO (IF NO, WRITE IN NAME OF ACTUAL HOSPITAL BELOW)
ADDRESS			HOSPITAL
PHYSICIAN'S NAME	PROVIDER'S TELEPHONE NUMBER		CLINIC NAME
ADDRESS			DID SHE RECEIVE PRENATAL CARE? (CHECK ONE) ☐ YES ☐ NO
CITY/STATE/ZIP			INSURANCE (CHECK ONE) ☐ PRIVATE ☐ CHIP ☐ UNKNOWN ☐ MEDICAID ☐ TRI-CARE ☐ OTHER: ☐ MEDICARE ☐ UNINSURED

HEPATITIS B LABORATORY RESULTS

DATE					
DATE	HBsAg (MARKER OF INFECTIVITITY)*	POSITIVE/ REACTIVE ☐	NEGATIVE/ NONREACTIVE ☐	NOT DONE ☐	IF POSITIVE OR REACTIVE – CAPABLE OF TRANSMITTING VIRUS TO OTHERS ***SPHL WILL CONDUCT HBsAg TESTING FREE FOR PREGNANT WOMEN WITHOUT MEANS OF PAYMENT.**
DATE	Anti-HBc IgM (BEST MARKER OF ACUTE HBV INFECTION)	POSITIVE/ REACTIVE ☐	NEGATIVE/ NONREACTIVE ☐	NOT DONE ☐	IF POSITIVE INDICATES RECENT HBV INFECTION. BEST SEROLOGIC MARKER OF ACUTE INFECTION. NEGATIVE WITH A POSITIVE HBsAg, USUALLY MEANS CHRONIC INFECTION.
DATE	Anti-HBc (Total) (NOT A MARKER FOR ACUTE INFECTION)	POSITIVE/ REACTIVE ☐	NEGATIVE/ NONREACTIVE ☐	NOT DONE ☐	IF POSITIVE INDICATES HBV INFECTION AT SOME UNDEFINED TIME – PAST OR PRESENT. IS NOT POSITIVE IN PERSON WHOSE IMMUNITY IS FROM VACCINATION.
DATE	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 DEPARTMENT OF HEALTH AND SENIOR SERVICES, SECTION FOR WOMEN'S HEALTH, P.O. BOX 570, JEFFERSON CITY, MO 65102-0570. TELEPHONE: 573-526-1465 OR FAX 573-526-5348.

INFANT BORN TO HBSAG-POSITIVE WOMAN

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

INFANT'S DEMOGRAPHICS

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, WRITE IN 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 ☐ TRI-CARE ☐ MEDICAID ☐ UNINSURED ☐ MEDICARE ☐ UNKNOWN ☐ CHIP ☐ OTHER:
CITY, STATE, AND ZIP CODE	RESPONSIBLE PARTY'S TELEPHONE NUMBER	

INFANT'S CHEMOPROPHYLAXIS/VACCINATIONS RECORD

DATE & TIME	PRODUCT	BRAND, MANUFACTURER AND LOT NUMBER	PROVIDER NAME AND ADDRESS	TELEPHONE NUMBER
	HBIG			
	HEP B VACCINE DOSE #1	☐ RECOMBIVAX ☐ ENGERIX		
	HEP B VACCINE DOSE #2	☐ RECOMBIVAX ☐ ENGERIX ☐ PEDIARIX		
	HEP B VACCINE DOSE #3	☐ RECOMBIVAX ☐ ENGERIX ☐ PEDIARIX		
	HEP B VACCINE **DOSE OTHER**	☐ RECOMBIVAX ☐ ENGERIX ☐ PEDIARIX		

GUIDELINES

CONSULT MOST RECENT EDITION OF THE PINK BOOK AT https://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html

FOLLOW-UP SEROLOGY (3-6 MONTHS AFTER FINAL DOSE OF HEPATITIS B VACCINE. USUALLY AT 9-12 MONTHS OF AGE)

DATE					
	Anti-HBs*	☐ POSITIVE/REACTIVE ≥ 10M IU/mL	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE
DATE					
	HBsAg	☐ POSITIVE/REACTIVE	☐ NEGATIVE/NON-REACTIVE	☐ UNKNOWN	☐ NOT DONE

TESTS	RESULTS	INTERPRETATION
HBsAg Anti-HBs	NEGATIVE NEGATIVE	SUSCEPTIBLE TO HBV (START 2ND SERIES)
HBsAg Anti-HBs	NEGATIVE POSITIVE WITH ≥ 10 mIU/mL*	IMMUNE DUE TO VACCINATION
HBsAg Anti-HBs	POSITIVE NEGATIVE	INFECTED

ADDITIONAL VACCINE INFORMATION (IF APPLICABLE)

NOTES (USE ADDITIONAL NOTES PAGE AS NEEDED)