PUBLIC HEALTH-SEATTLE & KING COUNTY
PERINATAL HEPATITIS B PREVENTION PROGRAM
CONFIDENTIAL CASE REPORT—MOTHER/ INFANT
FAX # (206) 296-4803

SECTION I: MOTHER'S INFORMATION

LAST FIRST MIDDLE	DATE OF BIRTH
ADDRESS / PO BOX	HOME PHONE
CITY ZIP	WORK / MSG PHONE

RACE: ❑ Asian Pacific Islander ❑ White ❑ Black ❑ Asian ❑ Native American ❑ Hispanic ❑ Unknown ❑Other (specify)

ETHNICITY ❑ Hispanic / Latino ❑ Non-Hispanic / Latino

PRIMARY LANGUAGE

COUNTRY OF BIRTH: ❑ US ❑ Cambodia ❑ China ❑Laos ❑ Pacific Island ❑ Philippines ❑ Russia ❑ Somalia ❑ Vietnam ❑Other (specify):

DATE of HBsAg TEST

ADMINISTERED BY HEALTH DEPT ❑ YES ❑ NO

PAYMENT SOURCE: ❑ Insurance ❑ Medicaid ❑ None ❑ Unknown

HBsAg RESULTS: ❑ Positive ❑ Negative ❑ Unknown/Not tested

Anti-HBs RESULTS: ❑ Positive ❑ Negative ❑ Unknown/Not Tested

MATERNAL RISK FACTORS: ❑ Refugee/Immigrant ❑ HX High Risk Partner ❑ No Prenatal Care ❑Other (specify):

GRAVIDA / PARA:

EDC:	HEALTH CARE PROVIDER:	DELIVERY HOSPITAL
PROVIDER'S ADDRESS: STREET CITY STATE ZIP		PROVIDER PHONE: ( )

PLEASE FAX COMPLETED FORM TO OUR CONFIDENTIAL FAX LINE, (206) 296-4803

SECTION II: INFANT'S INFORMATION

LAST FIRST MIDDLE	SEX: ❑ Male ❑ Female	DATE OF BIRTH / /
GUARDIAN'S NAME (IF OTHER THAN MOTHER) LAST FIRST		PHONE ( )
GUARDIAN'S ADDRESS CITY STATE ZIP COUNTY		
PROVIDER'S NAME:		PHONE ( )
PROVIDER'S ADDRESS CITY STATE ZIP COUNTY		

SECTION III: INFANT'S VACCINATION AND FOLLOW UP SEROLOGY (9-15 MONTHS OF AGE)

VACCINE	DATE	TYPE OF VACCINE/ DOSAGE		TEST	RESULTS	DATE
HBIG	/ /		**HEP B LOT #**			
DOSE # 1	/ /	❑ Recombivax or Engerix-B ❑ Pediarix		**HBsAg**	❑ Positive ❑ Negative	/ /
DOSE # 2	/ /	❑ Recombivax or Engerix-B ❑ Pediarix		**Anti-HBs**	❑ Positive ❑Negative	/ /
DOSE # 3	/ /	❑ Recombivax or Engerix-B ❑ Pediarix				

HEPATITIS B-ACUTE, CHRONIC, and PERINATAL –IS LEGALLY NOTIFIABLE PER WAC 246-101
LEARN MORE ONLINE @ http://www.kingcounty.gov/PHBPP

Washington State Department of Health

Public Health
Seattle & King County

Perinatal Hepatitis B Prevention Program

Instructions for completing a Confidential Case Report

Mother/Infant

If you are the Prenatal Care Provider AND/OR the delivery Hospital

1. Complete a case report form for the following situations

   - Women who are HBsAg positive and pregnant (complete a new case report form for **EACH** pregnancy),
   - Infants born to HBsAg positive women,
   - Women who have an unknown HBsAg status at time of delivery.

2. Complete the mother's information (section I) **as soon as the HBsAg positive test result is known** and fax a copy of this report **and** lab results to Public Health at (206) 296-4803.

3. As soon as the infant is born, complete the infants information (section II), including the information on **HBIG and Hepatitis B vaccine dose #1** and fax a copy of this report to Public Health at (206) 296-4803.

If you are the infant's Health Care Provider

1. Complete the information on Hepatitis B vaccine Dose #2 and fax or mail to Public Health—Seattle & King County

2. Complete the information on Hepatitis B vaccine Dose #3 and fax or mail to Public Health—Seattle & King County

3. Complete the follow up serology information (HBsAg & anti-Hbs) as soon as results are known, and fax or mail form along with a copy of the lab results to Public Heath—Seattle & King County

PLEASE FAX ALL INFORMATION TO OUR CONFIDENTIAL FAX AT (206) 296-4803 or mail to:

Communicable Disease Epidemiology & Immunization Section
Public Health—Seattle & King County
401 5th Ave., Suite 1250
Seattle, WA 98104

If you have questions or concerns, please contact Public Health at:
(206) 296-4774
Ask to speak to the perinatal hep B prevention team