

Perinatal Hepatitis B

Department of Health & Human Resources

Name: (last, first);	PATIENT DENACCOADUNCS	
Address (nysical): City/State/Zip: Phone (bme): Alternate contact: Parent/Guardian Spouse Other Name: Phone: Phone Spouse Other Name: Phone: Phone Spouse Other Name: Phone: Phone Spouse Other Name: Phone: Investigator Investi	PATIENT DEMOGRAPHICS	Dinth data: / / Acc.
Address (physical):	Address (mailing):	
City/State/Zip:	Address (physical):	
Phone Come Parent/Guardian Spouse Other Name: Parent/Guardian Spouse Other Name: Phone Spouse Other Name: Spouse Other Other Spouse Other Spouse Other Spouse Other Spouse Other Stock Other Stoc		
Alternate contact: Porent/Guardian Spouse Other Marks		·
Investigation Start Date:		Race: Liwnite Librack/Afr. Amer.
Investigation Start Date:	Name: Phone:	
Investigation Start Date:		
Investigator Start Date:		□ □Asian □ Unk
REPORT SOURCE/HEALTHCARE PROVIDER (ICP) Report Source: Laboratory Hospital Private Provider Public Health Agency Other – Specify Reporter Phone: Reporter Phone: Reporter Phone: Reporter Phone: Reporter Phone: Reporter Phone: Reporter Name: Reporter Phone: Reporter Phone:	INVESTIGATION SUMMARY	
Reporter Nource: Laboratory Hospital Private Provider Public Health Agency Other - Specify Reporter Name: Repor	Investigation Start Date:// Investigator:	Investigator phone:
Reporter Name:		
Earliest date reported to LHD: _ / _ Earliest date reported to State: _ / _ _ CLINICAL Primary HCP Name: _		
Primary HCP Name:	Reporter Name:	Reporter Phone:
Primary HCP Name:	Earliest date reported to LHD:// Earliest	date reported to State://
Clinical Findings Patient hospitalized for this illness	CLINICAL	
Patient hospitalized for this illness		
If yes, hospital name:		Clinical Findings
Patient Chart #	☐ ☐ Patient hospitalized for this illness	Y N U
Admin Date:// Discharge Date:/	If yes, hospital name:	□ □ Is patient symptomatic?
Place of Birth:	Patient Chart #(if available)	Illness Onset date: / /
Place of Birth:	Admin Date: / / Discharge Date: / /	□ □ □ Jaundice
Place of Birth: _		
Reason for testing (check all that apply)	Place of Rirth:	·
Symptoms of acute hepatitis		
Screening of asymptomatic patient with reported risk factors		C
Screening of asymptomatic patient with no risk factor, e.g. patient request Evaluation of elevated liver enzymes Follow-up testing for previous marker of viral hepatitis Blood/Organ donor screening Unknown Other, specify I b patient pregnant? If yes, Due Date Diagnosis date:/_/ LABORATORY (Please submit copies of ALL Labs associated with this illness to state health department) ALT Result Upper Limits Date: Y N U Gradiantibody to hepatitis A virus (total anti-HAV) Gradiantibody to hepatitis A virus (total anti-HAV) Gradiantibody to hepatitis B surface antigen (HBsAg) Gradiantibody to hepatitis B core antigen (Total anti-HBc) Gradiantibody to hepatitis D virus (anti-HDV) Gradiantibody to hepatitis B core antigen (IgM anti-HBc) Gradiantibody to hepatitis E virus (anti-HEV) Gradiantibody to hepatitis B core antigen (IgM anti-HBc) Gradiantibody to hepatitis E virus (anti-HEV) Gradiantibody to hepatitis B core antigen (IgM anti-HBc) Gradiantibody to hepatitis E virus (anti-HEV) Gradiantibody to hepatitis E virus (anti-HEV) Gradiantibody to hepatitis B core antigen (IgM anti-HBc) Gradiantibody to hepatitis E virus (anti-HEV) Gradiantibody to hepatitis E virus (anti-HEV)		
Evaluation of elevated liver enzymes	☐ Screening of asymptomatic patient with reported risk factors	□ □ Dark Urine
Follow-up testing for previous marker of viral hepatitis Malaise Headache Unknown Headache Headache Unknown Headache	☐ Screening of asymptomatic patient with no risk factor, e.g. patient reque	est 🔲 🗎 Clay colored stool
Blood/Organ donor screening	☐ Evaluation of elevated liver enzymes	□ □ □ Anorexia
Unknown Fever Fever Other, specify	☐ Follow-up testing for previous marker of viral hepatitis	□ □ Malaise
Other, specify	☐ Blood/Organ donor screening	□ □ Headache
Y N U	□ Unknown	□ □ □ Fever
Y N U	☐ Other, specify	
Diagnosis date:// LABORATORY (Please submit copies of ALL Labs associated with this illness to state health department) ALT Result Upper Limits Date: AST Result Upper Limits Date: Y N U		
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ALT Result Upper Limits Date: AST Result Upper Limits Date: AST Result Upper Limits Date: AST Result Upper Limits Date:		
Y N U Total antibody to hepatitis A virus (total anti-HAV) Antibody to hepatitis C virus (anti-HCV) Antibody to degration Antibody to hepatitis C virus (anti-HCV) Antibody to hepatitis C virus (anti-HCV) Antibody to hepatitis C virus (anti-HCV) Antibody to hepatitis D virus (anti-HDV) Antibody to hepatitis E virus (anti-HEV) Antibody to hepatitis E		health department)
□ □ Total antibody to hepatitis A virus (total anti-HAV) □ □ □ Antibody to hepatitis C virus (anti-HCV) □ □ IgM antibody to hepatitis A virus (IgM anti-HAV) □ □ anti-HVC signal to cut-off ratio □ Supplemental anti-HCV assay (e.g. RIBA) □ Hepatitis B 'e' antigen (HBeAg) □ HCV RNA (e.g. PCR) □ Total antibody to hepatitis B core antigen (Total anti-HBc) □ IgM antibody to hepatitis B core antigen (IgM anti-HBc) □ Antibody to hepatitis E virus (anti-HEV) □ HBV DNA □ □ HBV DNA	ALT Result Upper Limits Date: A	ST Result Upper Limits Date:
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□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
□ □ Hepatitis B surface antigen (HBsAg) □ □ Supplemental anti-HCV assay (e.g. RIBA) □ □ Hepatitis B 'e' antigen (HBeAg) □ □ HCV RNA (e.g. PCR) □ □ Total antibody to hepatitis B core antigen (Total anti-HBc) □ □ Antibody to hepatitis D virus (anti-HDV) □ □ □ HBV DNA □ □ □ HBV DNA		
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□ □ Total antibody to hepatitis B core antigen (Total anti-HBc) □ □ Antibody to hepatitis D virus (anti-HDV) □ □ □ IgM antibody to hepatitis B core antigen (IgM anti-HBc) □ □ Antibody to hepatitis E virus (anti-HEV) □ □ □ HBV DNA		· · · · · · · · · · · · · · · · · · ·
□ □ HBV DNA □ □ □		
EPIDEMIOLOGIC] 🗆 🗆
Case Status: Confirmed Probable Suspect Not a Case Unknown		
Diagnosis: ☐ Hepatitis A, Acute ☐ Hepatitis B, Acute ☐ Hepatitis B, Chronic X Perinatal Hepatitis B infection ☐ Hepatitis C, Acute ☐ Hepatitis C, Chronic (past or present) ☐ Hepatitis Delta ☐ Hepatitis E, Acute		