



Mother Summary Report for Perinatal Hepatitis B Prevention

Infectious Disease Intervention and Control Branch
 Texas Department of Health State Services
 1100 West 49th Street/ Mail code 1939
 Austin, Texas 78756
 FAX: (512) 458-7787 PHONE: (512) 458-7447

Mother's Information:

Enrollment Date: ____/____/____ ID#: ____/____/____/____
mm dd yyyy yr /county/ mother/ hh#

Has mother been in program before? Y N

Last Name:		First Name:		DOB:	
Address:		City:		Zip: County:	
Home Phone:		Work Phone:		Medicaid #: SS#	
Race/Ethnicity:		Country of Birth:			
Language Spoken:		Language Written:			
Estimated Due Date (EDD):		Planned Delivery Hospital:			
Referred By:		Gravida:		Para:	
Infant DOB:		Pregnancy Outcome:			

Mother's Provider Information:

Doctor's Name:		Phone:		Fax:	
Address:		City:		Zip:	

Mother's Hepatitis B Serology and Vaccine History:

Prior hepatitis B serology test? Yes No

Prior report HBsAg: Pos Neg Date: _____

Prior report anti-HBs: Pos Neg Date: _____

Prior report anti-HBc: Pos Neg Date: _____

Prior Hepatitis B vaccine? Yes No Dates: _____, _____, _____

Mother's Results of Serology Tests:

Type of Screen	Type of Test	Test Date	Result	Reporter (Lab)	Provider (Doctor/Clinic)
1 st Prenatal	HBsAg				
2 nd Prenatal	HBsAg				
Test at Delivery	HBsAg				
Carrier Status	HBsAg				
	Anti-HBs				
	Anti-HBc				

Mother's Closure Information:

Date Case Closed: _____ Reason Closed: _____ Status: _____

Other Information:

- A. Name of case manager: _____
 Name of organization: _____
 Address of organization: _____
 Telephone number of organization: _____
- B. Copies of initial summary reports should be sent by **FAX or MAIL within:** 1) **15 days** following identification of the HBsAg-positive pregnant woman 2) **15 days** following the infant's birth; 3) **15 days** following identification of each contact. Updated summary reports should be **FAXED or MAILED AFTER:** 1) the mother completes any serology testing 2) the infant completes vaccine series and after post-vaccine serology testing; 3) contact's initial serology testing and when vaccine series is complete.
- C. Vaccine serology for the infant: Collect specimen from infant 1 to 3 months after vaccine series is completed.
- D. If the mother, infant, or any contacts move from your jurisdiction before they have completed all prevention activities, forward the summary reports with new addresses and other patient information to the address above. If you have questions, please contact the Perinatal Hepatitis B Coordinator at the Department of State Health Services, Infectious Disease Intervention and Control Branch at (512) 458-7447.