EPID 394 Revised April 2018

Kentucky Reportable Disease Form

Department for Public Health, Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001

Hepatitis Infection in Pregnant Women or Child (aged five years or less)

Report HBV electronically in NEDSS or by fax using EPID 394. Report HCV electronically or by fax using EPID 394.

Fax reports to 502-564-4760

Date Report Submitted: Agency Report Submitted by: Agency Contact Phone Number:

NEWBORN INFANT BORN TO MOTHER WITH HBV/HCV or CHILD AGED 5 AND UNDER WITH HBV/HCV

Infant/ Child: Last Name First M.I.	Date of Birth	Gender ☐Male ☐Female	Neonatal Abstinence Syndrome ☐Yes ☐No ☐Not known	HBV vaccination given at birth: ☐Yes ☐No ☐Not known
Address City State Zip County of Residence			Infant/Child lives with: Mother ☐ Foster Parent ☐ Adopted ☐ Other:_____	
Infant/Child Medical Record #	Ethnic Origin ☐Hisp. ☐Non-Hisp.	Race:	Birth weight: lbs. oz.	Mother's Current Legal Last Name: First M.I.

PREGNANT/ POST PARTUM MOTHER INFORMATION

Current Legal Last Name: First M.I. Maiden	Is Patient Pregnant? ☐Yes ☐No Expected Date of Delivery:	Is Patient Post-Partum? If yes, date of delivery:	Mother's Medical Record #
Address City State Zip	Ethnic Origin: ☐Hisp. ☐Non-Hisp. Race:	Social Security #	Name of Physician/ Hospital for Delivery:
County: History of Incarceration ☐Yes ☐No ☐Not known			Address:

WOMEN/ POST PARTUM OR CHILD LABORATORY INFORMATION

Hepatitis Markers	Results	Date of test	Viral Load (If applicable)	Name of Laboratory
HBsAg				
IgM anti-HBc				
HBeAg				
IgM anti-HAV				
HCV Antibody ** See below				
HCV RNA Confirmation *** See below				

SERUM AMINOTRANSFERASE LEVELS

Mother or Child	Reference	Date of test	Name of Laboratory
AST (SGOT) U/L	U/L		
ALT (SGPT) U/L	U/L		

Mother: Hepatitis Risk Factors:

IV Drug Use
STI History
Multiple Sex Partners
Intranasal Drug Use
HIV
HCV Contact Exposure
Tattoos
Foreign Born? Country: _____

Child: Hepatitis Risk Factors:

Mother HBV Pos
Mother HCV Pos
HBV Contact Exposure
HCV Contact Exposure
Foreign Born? Country: _____

Mother Or Child Vaccination History:

Hepatitis A vaccination history: Date Given:
Hepatitis B Vaccination history: If yes, how many doses Dates completed:
For Infants born to mothers with HBV, was HBIG given: Date Given:

** HCV Antibody should not be performed at birth, due to presence of maternal antibodies. Wait until at least 18 months of age

*** HCV RNA Confirmation is recommended for infants born to mothers with HCV infection. KY DPH recommends HCV RNA Confirmation at 2 month or 4 month well child visit.

Note: If exhibiting signs and symptoms of HCV, report using the EPID 200

Kentucky UNBRIDLED SPIRIT