

County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY

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Perinatal Hepatitis B Prevention Program REPORTING HBsAg POSITIVE RESULTS IN PREGNANCY

The Perinatal Hepatitis B Prevention Program (PHBPP) conducts case management for HBsAgpositive women who are pregnant.

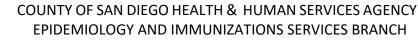
If your office has identified that a pregnant woman you are taking care of is Hepatitis B positive, please fill out the information on page 2 and send it to us as soon as possible.

Please fax the requested information to (619) 692-5677 or send us an encrypted email to PHS-PerinatalHepB.HHSA@sdcounty.ca.gov.

Note:

Health care providers are required to report HBsAg positive pregnant women to the LHD where the case resides [Title 17, CCR § 2500 (b)]. Providers are mandated to test pregnant women for HBsAg (California Health and Safety Code, Section 125085). The HBsAg test should be ordered at an early prenatal visit during each pregnancy.





Perinatal Hepatitis B Prevention Program 3255 Camino del Rio South, San Diego, CA 92108 Main: 866-358-2966 | Fax: 619-692-5677 Email: PHS-PerinatalHepB.HHSA@sdcounty.ca.gov

PATIENT INFORMATION

Name:	Date of Birth <u>:</u>	
HBsAg Positive Lab Collection Date	::	-
Preferred Language:	Race:	Ethnicity:
Patient Address		
Patient Phone: (Home)	(Work):	(Other):
PATIENT PREGNANCY STATUS		
Is the patient PREGNANT?		
YES, patient is pregnant. Number of Pregnancies (G)Number of living children (P)		
NO, Last Menstrual Period (LMP):		
DON'T KNOW, Last Menstrual Period (LMP):		
If Last Menstrual Period (LMP) is UNKNOWN , please indicate date of and reason for last visit:		
Date of last visit:		
Reason for last visit:		
If patient IS pregnant, please completely fill out the following information. If unknown, please indicate "UNKNOWN" in the appropriate field.		
Delivery Hospital:		Expected Date of Delivery (EDD):
Delivery Physician Name & Addres	s:	
Delivery Physician Phone#:	Delivery Physician's Fax#:	
Patient's Preferred Language:Patient's Country of Birth:		
Will patient be returning to their country of birth (If not U.S.) after delivery? Yes No Unknown		
Type of Health Insurance: Medi Cal Unknown Cash		
Private Insurance Uninsured / Low Income		
HBV DNA Result*:Result Date:		
*The American Association for the Study of Liver Diseases (AASLD) recommends maternal antiviral therapy when HBV DNA is >200,000 IU/mL; screening all HBsAg-positive women for HBV DNA guides the use of maternal antiviral therapy during pregnancy. Please include HBV DNA test report with this document upon return of fax.		

Please Note:

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2/23/23