

**INSTRUCTIONS FOR COMPLETING THE
CONFIDENTIAL PERINATAL HEPATITIS-B CASE AND CONTACT REPORT
(IMM-20)**

The Confidential Perinatal Hepatitis-B Case and Contact Report, IMM-20, is to be completed on all hepatitis-B surface antigen (HBsAg) positive pregnant women, the infants born to these women and their household and sexual contacts. The report is divided into three Sections: Section I - "Data on Prenatal Woman", Section II - "Data on Contact(s)" and Section III - "Data on Newborn."

Prenatal Providers

Complete all entries of Section I. If possible also obtain and record the information required on Section II. Within 5 working days after the woman has been counseled about the diagnosis, a copy of the form must be mailed to the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program, and a copy maintained for your records. Mail a copy to the local health department in your municipality.

Local Health Department

Obtain and record the information required on Sections II and III and attach additional sheets if there are multiple births or if more space is needed for the contact data. After Sections II and III are completed, mail a copy to the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program. Maintain a copy for your records.

Hospital

Women with unknown or undocumented HBsAg status should be tested upon admission to the hospital for delivery. A positive HBsAg test result is to be reported by the hospital, to the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program, using the toll-free 800 number available 24 hours per day, 7 days per week: 800-792-8831.

Definitions

<u>EDC:</u>	Expected date of confinement (delivery date or due date).
<u>Pregnancy Terminated:</u>	Pregnancy results in abortion, miscarriage, or stillbirth.
<u>Relationship:</u>	Relationship to HBsAg positive woman, e.g. husband, sexual partner, son, daughter, mother, sibling, friend, etc.

Outcome Codes

Infant - If an infant does not complete the 3 dose series, use the following codes to indicate the **primary** reason that applies:

- 1) Died
- 2) Infant diagnosed with acute hepatitis-B, before series completed
- 3) Infant located, but later lost to follow-up
- 4) Infant never located
- 5) Exemption (religious/medical)
- 6) Other

Household/Sexual Contacts - If a susceptible household/sexual contact does not complete the 3 dose series use the following codes to indicate the **primary** reason that applies:

- 1) Non-compliant, refused vaccination
- 2) Died
- 3) Contact never located
- 4) Contact located, but later lost to follow-up
- 5) Positive antibody to the hepatitis-B core antigen (Anti-HBc)
- 6) Non-compliant, refused testing
- 7) Positive antibody to the hepatitis-B surface antigen (Anti-HBs)
- 8) Other