

## Hepatitis B, Pregnancy Event Supplemental Reporting Form

INTERVIEW			
EpiTrax # Inter	viewer Name:		
Number of Call Attempts: Follow	r-up Status: ☐ Interviewed ☐ Refused Interview ☐	Lost to Follow-Up*	
Date of Interview (must enter MM/DD/YYYY):		*At least three attempts at different time of the day should be made before the	
Respondent was: ☐ Self ☐ Parent ☐ Spot	use Other, Specify:	considered lost to follow-up.	
DEMOGRAPHICS			
County: Birth Gender: D	I Male ☐ Female Date of Birth:	Age:	
Hispanic/Latino Origin: □Yes □No □Unl	known		
Race: ☐ White ☐ Black/African American	☐ American Indian/Alaska Native ☐ Asian ☐	Native Hawaiian/Other Pacific Islander	
Other	_□ Unknown		
Insurance Type: ☐ Private ☐ Medicaid ☐	Uninsured □ Other, Specify:		
CLINICAL			
Are you pregnant?	□Yes □No □Unknown		
<ul> <li>If yes, expected delivery date</li> <li>Hospital Notified</li> </ul>			
Expected delivery facility			
Place type	☐ Hospital/ICP ☐ Clinic/Doctor's Office ☐ Other, specify:		
• Phone			
Actual delivery date			
o Actual delivery facility			
o Place type	☐ Hospital/ICP ☐ Clinic/Doctor's Office ☐ Other, specify:		
o Phone			

## CONTACTS

## All household members, including children, should be included as contacts.

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Contact 1 Name:	Disposition:  ☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:	Contact type:  ☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
Contact 1 Clinical			
Was screening performed?	□Yes □No □Unknown		
Time HBIG Given:		Time HepB1 Given:	
Was post-vaccination serological testing performed?	□Yes □No □Unknown	Pediatrician notified of mom's HBsAg status?	□Yes □No □Unknown
Contact 1 Laboratory			
Hepatitis B surface antigen:	□Positive □Negative □Not Tested	Hepatitis B Surface Antibody Total (anti-HBs)	☐Positive ☐Negative ☐Not Tested
Hepatitis B surface antigen	□Positive □Negative □Not Tested	Hepatitis B Surface Antibody Total (anti-HBs)	□Positive □Negative □Not Tested
Contact 2 Name:	Disposition:	Disposition date:	Contact type:
	Disposition:  ☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:	Contact type:  ☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
Contact 2 Clinical	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 2 Clinical Was screening performed?	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination		☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 2 Clinical Was screening performed? Time HBIG Given:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
Contact 2 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed?	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other		☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 2 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 2 Laboratory	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown
Contact 2 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed?	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other ☐ Yes ☐ No ☐ Unknown	Time HepB1 Given:  Pediatrician notified of mom's	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact

Contact 3 Name:	Disposition:	Disposition date:	Contact type:
	☐ Active Follow-up	•	☐ Infant
	☐ Completed		☐ Adult household
	☐ Provider refusal		☐ Child by case mother
	☐ Mother/family refusal		☐ Child by other mother
	☐ Moved		☐ Non-spouse sexual
	☐ Unable to locate		contact
	☐ Adopted		☐ Spouse sexual contact
	☐ Died		Bpouse sexual contact
	☐ False positive mother/case		
	<u> </u>		
	☐ Miscarriage/termination		
	☐ Other		
Contact 3 Clinical	I <del></del>		
Was screening performed?	□Yes □No □Unknown		
Time HBIG Given:		Time HepB1 Given:	
Was post-vaccination serological		Pediatrician notified of mom's	□Yes □No □Unknown
testing performed?	□Yes □No □Unknown	HBsAg status?	
Contact 3 Laboratory			
Hepatitis B surface antigen:	☐Positive ☐Negative	Hepatitis B Surface Antibody	☐Positive ☐Negative
	□Not Tested	Total (anti-HBs)	□Not Tested
Hepatitis B surface antigen	□Positive □Negative	Hepatitis B Surface Antibody	□Positive □Negative
	□Not Tested	Total (anti-HBs)	□Not Tested
Contact 4 Name:	<b>Disposition:</b>	Disposition date:	Contact type:
Contact 4 Name:	<b>Disposition:</b> ☐ Active Follow-up	Disposition date:	Contact type:   ☐ Infant
Contact 4 Name:		Disposition date:	
Contact 4 Name:	☐ Active Follow-up	Disposition date:	☐ Infant☐ Adult household
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal	Disposition date:	☐ Infant☐ Adult household☐ Child by case mother☐
Contact 4 Name:	☐ Active Follow-up ☐ Completed	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Name:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Clinical	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Clinical Was screening performed?	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other		☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Clinical	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:  Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Clinical Was screening performed? Time HBIG Given:	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other ☐ Yes ☐ No ☐ Unknown	Time HepB1 Given:  Pediatrician notified of mom's	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed?	☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 4 Laboratory	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed?	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 4 Laboratory	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 4 Laboratory Hepatitis B surface antigen:	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 4 Laboratory	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested □ Positive □ Negative	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)  Hepatitis B Surface Antibody	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested ☐ Positive ☐ Negative
Contact 4 Clinical Was screening performed? Time HBIG Given: Was post-vaccination serological testing performed? Contact 4 Laboratory Hepatitis B surface antigen:	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested

Disposition:	Disposition date:	Contact type:
☐ Active Follow-up	•	☐ Infant
		☐ Adult household
		☐ Child by case mother
		☐ Child by other mother
		☐ Non-spouse sexual
		contact
		☐ Spouse sexual contact
		Bpouse sexual contact
<u> </u>		
☐ Otner		
☐ Yes ☐No ☐Unknown		
	Time HepB1 Given:	
	Pediatrician notified of mom's	□Yes □No □Unknown
□Yes □No □Unknown	HBsAg status?	
□Positive □Negative	Hepatitis B Surface Antibody	□Positive □Negative
□Not Tested	Total (anti-HBs)	□Not Tested
	· · · · ·	
□Positive □Negative	Hepatitis B Surface Antibody	□Positive □Negative
□Not Tested		□Not Tested
	,	
Disposition:	Disposition date:	Contact type:
	Disposition date:	Contact type:  ☐ Infant
☐ Active Follow-up	Disposition date:	□ Infant
☐ Active Follow-up ☐ Completed	Disposition date:	☐ Infant☐ Adult household
☐ Active Follow-up ☐ Completed ☐ Provider refusal	Disposition date:	☐ Infant☐ Adult household☐ Child by case mother☐
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
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☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Disposition date:  Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other ☐ Yes ☐ No ☐ Unknown	Time HepB1 Given:  Pediatrician notified of mom's	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact
☐ Active Follow-up ☐ Completed ☐ Provider refusal ☐ Mother/family refusal ☐ Moved ☐ Unable to locate ☐ Adopted ☐ Died ☐ False positive mother/case ☐ Miscarriage/termination ☐ Other	Time HepB1 Given:	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested □ Positive □ Negative	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)  Hepatitis B Surface Antibody	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested ☐ Positive ☐ Negative
□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested	Time HepB1 Given:  Pediatrician notified of mom's HBsAg status?  Hepatitis B Surface Antibody Total (anti-HBs)	☐ Infant ☐ Adult household ☐ Child by case mother ☐ Child by other mother ☐ Non-spouse sexual contact ☐ Spouse sexual contact ☐ Unknown ☐ Positive ☐ Negative ☐ Not Tested
	□ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Positive □ Negative □ Not Tested □ Positive □ Negative	□ Active Follow-up □ Completed □ Provider refusal □ Mother/family refusal □ Moved □ Unable to locate □ Adopted □ Died □ False positive mother/case □ Miscarriage/termination □ Other □ Yes □ No □ Unknown □ Time HepB1 Given: □ Pediatrician notified of mom's HBsAg status? □ Positive □ Negative □ Not Tested □ Positive □ Negative □ Positive □ Negative □ Positive □ Negative □ Positive □ Negative □ Hepatitis B Surface Antibody □ Positive □ Negative □ Positive □ Negative □ Hepatitis B Surface Antibody