



EPID 394  
Revised 7/2024

## Kentucky Reportable Disease Form

**Department for Public Health, Division of Epidemiology and Health Planning**  
275 East Main St., Mailstop HS2E-A

**Hepatitis Infection in Pregnant Women or Child (HBV- aged two years or less & HCV- aged three years or less)**  
**Report HBV/HCV electronically or by fax using EPID394.**

**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 ≤ 2 for HBV and ≤ 3 for HCV									
Infant/ Child: Last Name	First	M.I.	Date of Birth:	Gender:	Neonatal Abstinence Syndrome:	HBV Vaccine Given at Birth:			
			/ /	Male Female	Yes No Unknown	Yes No Unknown			
Address:		City:	State:	Zip:	County of Residence:		Infant/Child lives with:		
							Mother Foster Parent Adopted Other: _____		
Infant/ Child Medical Record #:	Ethnic Origin:	Race:		Birth Weight:		Mother's Current Legal Last Name: First: M.I.			
	Hisp. Non-Hisp.	* W B A AI PI		lbs. oz.					
Insurance Status:			Is the Department Community Based Services Involved:			Guardian's Name/ Telephone Number:			
Private Medicaid Uninsured Unknown			Yes No If Yes, Case Number: _____						
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: Yes No If yes, Date of Delivery: / /		Date of Birth: / /	
Address:		City:	State:	Zip:	County of Residence:		Ethnic Origin:	Race:	Telephone Number:
							Hisp. Non-Hisp.	* W B A AI PI	
Mother's Medical Record #:	Social Security #:		History of Incarceration:			Name of Physician / Hospital for Delivery:			
	- -		Yes No Unknown			Address: _____			
WOMAN/ POST PARTUM OR CHILD LABORATORY INFORMATION									
Hepatitis Markers	Results			Date of Test	Viral Load (if applicable)	Name of Laboratory	Mother or Child:		
HBsAg	Pos	Neg	Unknown	/ /					
HB Surface anti-HBs	Pos	Neg	Unknown	/ /					
IgM anti-HBc	Pos	Neg	Unknown	/ /					
HBeAg	Pos	Neg	Unknown	/ /					
IgM anti-HAV	Pos	Neg	Unknown	/ /					
HCV Antibody ** See Below	Pos	Neg	Unknown	/ /					
HCV RNA Confirmation ** See Below	Pos	Neg	Unknown	/ /					
SERUM CAINOTRANSFERASE LEVELS									
Mother or Child:		Reference:			Date of Test:		Name of Laboratory:		
AST (SGOT) U/L		U/L			/ /				
ALT (SGPT) U/L		U/L			/ /				
<b>Mother Hepatitis C Risk Factors:</b>									
IV Drug Use		Yes No Unknown		Internasal Drug Use		Yes No Unknown		Tattoos Yes No Unknown	
STI History		Yes No Unknown		HIV		Yes No Unknown		Foreign Born? Country: _____	
Multiple Sex Partners		Yes No Unknown		HCV Contact Exposure		Yes No Unknown			
<b>Child Hepatitis B or C Risk Factors:</b>									
Mother HBV Positive		Yes No Unknown		HBV Contact Exposure		Yes No Unknown			
Mother HCV Positive		Yes No Unknown		HCV Contact Exposure		Yes No Unknown			
<b>Mother Vaccination History:</b>									
Hepatitis A Vaccination History: Yes No Unknown Refused									
Hepatitis B Vaccination History: Yes No Unknown Refused									
If Yes, how many doses 1 2 3 Dates Completed: Dose 1: / / Dose 2: / / Dose 3: / /									
<b>Child Vaccination History:</b>									
Hepatitis A Vaccination History: Yes No Unknown Refused									
Hepatitis B Vaccination History: Yes No Unknown Refused									
If Yes, how many doses 1 2 3 Dates Completed: Dose 1: / / Dose 2: / / Dose 3: / /									
Infants born to mothers with HBV, was HBIG given: Yes No Unknown If Yes, Date Given: / /									
* Race: W – White B – Black A – Asian AI – American Indian or Alaska Native PI – Pacific Islander									
** HCV Antibody should not be performed at birth for infant, due to presence of maternal antibodies. HCV antibody testing with reflex RNA testing at ≥ 18 months.									
*** HCV RNA confirmation is recommended for infants born to mothers with an active HCV infection. KY DPH and CDC recommends NAT for HCV RNA at 2-6 months.									
If interested in reporting electronically, please reach out to KHIESupport@ky.gov on how to enroll in the direct data entry for hepatitis reporting.									