John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health

HIV/SYPHILIS DURING PREGNANCY REPORTING FORM

The Louisiana Public Health Sanitary Code mandates the reporting of pregnancy status for women diagnosed with HIV and/or syphilis, which allows Louisiana programs to target high-risk pregnancies for follow-up.

REPORT DATE:_____ **REPORTING FACILITY**: _____

Patient Information

Full Name			
	First	Last	Maiden
Address			
	Street Address		Apartment/Unit #
	City and Zip code	Phone Number	
Emergency Contact Name and Phone No.		**DOB (mm/dd/yyyy)**	
Date of Pregnancy Diagnosis (mm/dd/yyyy)			
Estimated Delivery Date (mm/dd/yyyy)			

Linkage to Care

The patient is currently diagnosed with:		☐ HIV ☐ Syphilis ☐ Both ☐ Other	
Is the patient engaged in OB and/or prenatal care?	☐ Y ☐ N ☐ UNK	**If the patient is currently infected with syphilis, what is the clinical stage of diagnosis?**	☐ Primary ☐ Secondary ☐ Early Latent ☐ Late Latent
Is the patient currently on antiretroviral therapy (ARVs) for HIV?	☐ Y ☐ N ☐ UNK ☐ N/A	**Has the patient been treated for the most recent infection of syphilis?**	☐ Y ☐ N ☐ UNK ☐ N/A
Is the patient currently engaged in HIV Care?	☐ Y ☐ N ☐ UNK ☐ N/A	**If the patient was treated for a current syphilis infection, please record treatment and dosage:**	☐ 2.4 MU benzathine penicillin ☐ 4.8 MU benzathine penicillin ☐ 7.2 MU benzathine penicillin ☐ Other ☐ N/A
		Date of Syphilis Treatment:	
Are you concerned about any of the following with your patient? Check all that apply.		☐ Housing ☐ Transportation ☐ Nutrition/Food Assistance ☐ Med Adherence ☐ Substance Abuse ☐ Mental Health ☐ None ☐ Other (please specify):	

Provider Information

Patient's Provider/Person Completing Form	
Phone Number	

Report diagnosis of HIV/syphilis during pregnancy within one business day.

Completed forms should be sent to the Perinatal STD/HIV Surveillance Supervisor at the Office of Public Health STD/HIV Program.

Report by Phone: (504) 568-3384

Confidential Fax: (504) 568-8384

Mail (completed forms must be mailed in a sealed enveloped marked "Confidential"):

STD/HIV PROGRAM ▪ 1450 Poydras St., Suite 2136▪ New Orleans, Louisiana 70112
Phone #: 504/568-7474 ▪ Fax #: 504/568-7044 ▪ www.ldh.la.gov
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