Jeff Landry
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

HIV/SYPHILIS/HEP B/HEP C DURING PREGNANCY REPORTING FORM

The Louisiana Public Health Sanitary Code mandates the reporting of pregnancy status for women diagnosed with HIV, syphilis, hepatitis B, and hepatitis C 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 (Check all that apply):		☐ HIV ☐ Syphilis ☐ Hep B ☐ Hep C ☐ 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, Non-Primary/Secondary ☐ Unknown/Late
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

☐ Intimate Partner Violence (IPV) ☐ Other (please specify):

_____

Provider Information

Patient's Provider/Person Completing Form	
Phone Number	

Report diagnosis of HIV/Syphilis/Hep B/Hep C 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)568-7047
Confidential Fax: (504)568-8384
Mail (completed forms must be mailed in a sealed envelope marked "Confidential"):
1450 Poydras Street, Suite 2136, New Orleans, LA 70112