

To Our Plasma Centers and Blood Banks:

This worksheet was developed to assist with timely reporting of HIV, Syphilis, Hepatitis B and C cases from plasma centers and blood banks by collecting the most critical information requested by the Centers for Disease Control and Prevention (CDC). In some cases, staff of the STD/HIV/Hepatitis Program (SHHP), under the Department of Health Office of Public Health, may need to contact the facility for additional information not included on this worksheet. Case reports may also be made by phone to the SHHP contact, or SHHP staff can complete the required forms on site via a chart review. Please include as much information as is available; partial or approximate dates are acceptable for historical information.

If screening/serologic test results are positive, please report supplemental/confirmatory (NAT) results, even if confirmatory results are negative. All positive results and additional testing to monitor persons with hepatitis B infection should be reported. All results and additional testing to monitor persons with HIV, hepatitis C, and syphilis infection should be reported.

Reporting Requirements: Louisiana's Public Health Sanitary Code (Title 51, Part II, Chapter 1) requires that any director of a laboratory or applicable healthcare facility whether public, private, hospital or other, within or out of the state shall report to the state health officer the results of all tests that are in any way clinically relevant, suggestive or indicative of an individual having active disease, past or present contact with and/or past or present association with any of the disease/conditions listed in the Sanitary Code (Title 51, Part II, Chapter 1). The results of the tests to be reported do not have to be conducted for diagnostic reasons, nor do the results have to be diagnostic or confirmatory.

Test results related to Hepatitis B (acute, carriage in pregnancy or perinatal infection), HIV, syphilis, or Hepatitis C (acute or perinatal infection) must be reported by the end of the next business day after the existence of a case, suspected case, or a positive laboratory result is known (Class B). Chronic Hepatitis C infection is reportable within 5 business days (Class C). Positive laboratory results for Hepatitis B and all laboratory results (both positive and negative) for Hepatitis C, HIV, and syphilis are reportable. Other health care providers, laboratories, and other entities have similar reporting requirements.

HIPAA Guidelines Related to Disclosures for Public Health Activities: The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. See 45 CFR 164.512(b)(1)(i).



State of Louisiana

Louisiana Department of Health
Office of Public Health

CONFIDENTIAL HIV/HBV/HCV/SYPHILIS REPORTING WORKSHEET FOR PLASMA CENTERS AND BLOOD BANKS

Patient Name: _____ SS#: _____
 Last First Middle
 Address: _____ Tel: () _____ - _____
 City: _____ Parish: _____ State: _____ Zip: _____

Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): ____/____/____	Sample #: _____	Sample Collection Date (mm/dd/yyyy): ____/____/____
Gender (if applicable): <input type="checkbox"/> Male to female transgender <input type="checkbox"/> Female to male transgender <input type="checkbox"/> Other: _____	Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Race (check all that apply): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	

POOLED LABORATORY TESTING

NAT/PCR Pool Test (HIV-1/2, HBV, HCV) Ex: Ultrio/Multiplex Positive Negative

DISEASE SPECIFIC LABORATORY TESTING

HEPATITIS B	<input type="checkbox"/> Hepatitis B surface antigen [HBsAg] <input type="checkbox"/> Positive <input type="checkbox"/> Negative	HIV	<input type="checkbox"/> Antibody to HIV-1/2 [IA 1/2] <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> Hepatitis B "e" antigen [HBeAg] <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> HIV-1/2 Ag/Ab (Antigen/Antibody) <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> HIV 1/2 Antibody Differentiation Test (ex Geenius) <input type="checkbox"/> HIV-1 Positive <input type="checkbox"/> HIV-2 Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> IgM antibody to hepatitis B core antigen [IgM anti-HBc] <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> HIV-1 Western Blot <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> Nucleic Acid Testing for Hepatitis B [Hep B NAT] <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> Nucleic Acid Testing for HIV-1 [HIV-1 NAT/PCR] <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____		
HEPATITIS C	<input type="checkbox"/> Antibody to HCV [anti-HCV] <input type="checkbox"/> Positive <input type="checkbox"/> Negative anti-HCV signal to cut-off value _____	SYPHILIS	<input type="checkbox"/> RPR <input type="checkbox"/> Positive <input type="checkbox"/> Negative Titer: _____
	<input type="checkbox"/> HCV RNA/PCR [NAT] Qualitative <input type="checkbox"/> Positive/Detected <input type="checkbox"/> Negative/Not Detected		<input type="checkbox"/> VDRL <input type="checkbox"/> Positive <input type="checkbox"/> Negative Titer: _____
	<input type="checkbox"/> HCV RNA/PCR [NAT] Quantitative _____ IU/mL _____ Log IU/mL		<input type="checkbox"/> IgG [EIA] <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> TP-PA <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<input type="checkbox"/> Other (specify, i.e. MHA-TP positive): _____			

FOLLOW-UP INFORMATION

Was donor notified of positive test results? Yes No Unk
 If yes, estimated date of notification: ____/____/____
 Did donor have prior negative HIV, HCV, or syphilis tests results at your facility?
 No Unk Yes for (mark all that apply): HIV HCV Syphilis If
 yes, most recent date of negative test results: ____/____/____

Please Fax or mail to:
 ATTN: SHHP Surveillance Department
 STD/HIV/Hepatitis Program
 Louisiana Office of Public Health
 PO Box 60630
 New Orleans, LA 70160
 Ph: (504) 568-7474
 Fax: (504) 568-8384

REPORTING INFORMATION

Reporting Facility: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Testing Laboratory: _____ Phone: () _____ - _____
 Person Completing Form: _____ Phone: () _____ - _____