

Postexposure Follow-Up

Date of Exposure: month day year

--	--	--	--

Incident ID:

--	--	--	--

SOURCE PATIENT

1. Was the source patient identifiable?

source known and tested
 source known but not tested, reason: _____
 source not known

2. Was the source patient positive for the pathogens below (even if tested before this exposure)?

PATHOGEN	TEST	RESULT	DATE DRAWN				
Hepatitis B	HBsAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	month day year <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
	HBeAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested					
	Anti HBs	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested					
Anti HBc	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested						
Hepatitis C	Anti-HCV	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
HCV-PCR	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested						
HIV	Anti-HIV	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
	#CD4 Cells	_____ count <input type="checkbox"/> not tested					
Antigen Load	_____ RNA copies/ml <input type="checkbox"/> not tested						
Other	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

3. If source patient was believed to be in high risk group for bloodborne pathogens, check all that apply:

blood product recipient
 elevated liver enzymes
 sexual
 dialysis
 injection drug use
 hemophilia
 other, describe _____

4. If the source patient was HIV positive, had he been treated with any of the following before the exposure?

Unknown
 AZT
 3TC
 ddC
 IDV
 other antiretroviral: _____

5. Additional source patient comments: _____

HEALTH CARE WORKER

1. Health care worker was seen by: Employee Health Emergency Room other, describe _____

2. Was the health care worker vaccinated against HBV before the exposure? no 1 dose 2 doses 3 doses

If yes, antibody level upon completion, if tested _____ Date antibodies tested:

--	--	--	--

3. Results of baseline tests:

PATHOGEN	TEST	RESULT	DATE DRAWN				
Hepatitis B	HBsAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	month day year <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
	HBeAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested					
	Anti HBs	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested					
Anti HBc	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested						
Hepatitis C	Anti-HCV, EIA	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
other assay, specify: _____	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested						
HIV	Anti-HIV	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
other	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
other	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

4. Check all post-exposure treatment/prophylaxis given to the health care worker and ***fill in the dosage:***

TREATMENT	DOSE	DATE GIVEN	DURATION/COMMENTS																								
<input type="checkbox"/> IG	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
<input type="checkbox"/> HBIG	1 _____ 2 _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
<input type="checkbox"/> HBV vaccine	1 _____ 2 _____ 3 _____ Booster _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
<input type="checkbox"/> AZT	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
<input type="checkbox"/> 3TC	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
<input type="checkbox"/> IDV	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
other, antiviral _____	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
other _____	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									

5. Results of follow-up tests: (space is provided for repeated test results, however, testing protocols may vary in different institutions)

PATHOGEN	TEST	RESULT	DATE DRAWN						
Hepatitis B	panel 1		month day year						
	HBsAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	Anti HBs	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	Anti HBc	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	panel 2								
	HBsAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Anti HBs	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Anti HBc	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
panel 3									
HBsAg	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Anti HBs	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Anti HBc	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Hepatitis C	Anti-HCV (test 1)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Anti-HCV (test 2)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
HIV	Anti-HIV (test 1)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	Anti-HIV (test 2)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Anti-HIV (test 3)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Anti-HIV (test 4)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
other	_____	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
other	_____	_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

6. Additional comments:
