**Perinatal Hepatitis B Prevention Program Introduction Letter**

**Place on Local Health Department Letterhead**

Date:

Mother’s Name

Address

Dear XXXXXXXX,

The Kentucky Perinatal Hepatitis B Prevention Program follows up on all reports of pregnant women who test positive for the hepatitis B virus. We recently received a report that you had received a positive test result. Hepatitis B disease is caused by a virus and is spread through contact with the blood and body fluids of an infected person. While some people never feel sick, others can have severe illness. In some cases, the virus can remain in the body for a lifetime and cause ongoing liver damage. Your infant is at risk of developing a lifetime infection if not protected. It is important for you and your baby to be followed closely by your doctors.

As the Perinatal Hepatitis B Prevention Coordinator in XXXXX County, I will coordinate services to ensure that your baby receives the appropriate recommended vaccines. It is very important that your baby receive both Hepatitis B immune globulin (HBIG) and a dose of the hepatitis B vaccine with 12 hours of his/her birth. Your baby will also need two more doses of the hepatitis B vaccine. A few months after the third dose, your baby will need a blood test to make sure he/she is immune to the hepatitis B virus.

People who live with you may also be at risk for being infected with the hepatitis B virus. They should be tested to see if they have hepatitis B disease or should be immunized with hepatitis B vaccine. If tested and they are susceptible, they should be immunized with the hepatitis B vaccine.

I will be calling you within the next few days to ask about other people living in your home and to answer any question you may have. Please feel free to call me at XXX-XXX-XXXX

Sincerely,

XXXXXXX

Perinatal Hepatitis B Prevention Coordinator of XXXXX County