**Perinatal Hepatitis B Prevention for Infants Follow-up Form**

**INFANT NAME:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_ DOB:** **\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **HepB Vaccine/PVST** | **Vaccine schedule for birth weight 2000 GRAMS or more** | **Vaccine schedule for birth weight < 2000 GRAMS** | **COMPLETED** |
| HBIG | BIRTH | BIRTH |  |
| HepB DOSE 1 | BIRTH | BIRTH |  |
| HepB DOSE 2 | 1through 2 MONTHS | 1 MONTHS |  |
| HepB DOSE 3 | 6 MONTHS | 2 MONTHS |  |
| HepB DOSE 4 | COMPLETED SERIES | 6 MONTHS |  |
| HBsAg/Anti-HBs | 9 through 12 MONTHS | 9 through 12 MONTHS |  |

**PVST – Postvaccination serologic testing**

**Please fax to XXXX when child receives each dose of vaccine and when follow-up labs results are reported at fax number: XXX-XXX-XXXX.**

**ACIP and American Academy of Pediatrics Recommendations for infants with birth weight of 2000 grams or more and born to HBsAg-positive women:**

**Vaccination Schedule:**

* HepB dose 1 plus HBIG within 12 hours of birth
* HepB dose 2 at 1 through 2 months of age
* HepB dose 3 at 6 months of age
* **Postvaccination Serologic Testing:** Order HBsAg plus quantitative anti-HBs at age 9 through 12months (or 1 through 2 months after the final dose of the vaccine series, if delayed).

**ACIP and American Academy of Pediatrics Recommendations for infants with birth weight less than 2000 grams and born to HBsAg-positive women (See Table 3):**

* HepB dose 1 plus HBIG within 12 hours of birth
* HepB dose 2 at 1 month of age
* HepB dose 3 at 2 to 3 months of age
* HepB dose 4 at 6 months of age
* **Postvaccination Serologic Testing:** Order HBsAg plus quantitative anti-HBs at age 9 through 12 months (or 1 through 2 months after the final dose of the vaccine series, if delayed).