**PERINATAL HEPATITIS B PREVENTION FORM FOR INFANTS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of patient Date of birth Time of birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name(s) of parent(s) County of residence Weight at vaccination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s address Obstetrician’s name Pediatrician’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Maternal Insurance Type Infant Insurance Type

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Biological Administered | Date | Time | Dosage | Site of Injection | Manufacturer &Lot Number | VIS Pub.Date | RN Signature |
| Hepatitis B Vaccine |  |  | 0.5 mL |  |  |  |  |
| HBIG |  |  | 0.5 mL |  |  |  |  |

 If vaccine not given please specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature for infant to receive hepatitis B (HepB) vaccine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HBsAg testing Yes ( ) Pending ( ) \*see below**

**Mother’s HBsAg Status:** **Positive (** ) **Negative** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Mother’s lab work**

**\*\*\*Notify the Infection Preventionist in your facility if the mother is HBsAg-positive\*\*\***

**\*Pending** **( )** A pending HBsAg is acceptable **only** if blood has been drawn and sent to a laboratory.

**Attempt to obtain a verbal report of result from laboratory before the infant is discharged.** If the HBsAg result is pending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number)is responsible for confirming the laboratory results and telephoning the local health department if the mother is HBsAg-positive. **If the mother did not have HBsAg testing during prenatal care or if results are not available, please collect blood for HBsAg testing immediately after admission for delivery and review results within 12 hours of birth.** Telephone HBsAg-positiveresults to the local health department immediately.

Date /time of LHD notification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infants born to HBsAg-positive mothers must receive 0.5 mL monovalent Hepatitis B vaccine and 0.5 mL HBIG within 12 hours of birth.** If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine for infants weighing ≥2,000 grams, and HepB vaccine plus HBIG for infants weighing <2,000 grams. Determine mother’s HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).

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Name of Hospital or Other Institution Telephone Number

Appropriate screening of pregnant women is an important step in the strategy to prevent perinatal hepatitis B infection. To decrease the perinatal transmission of hepatitis B, all pregnant women in Kentucky must be screened for hepatitis B surface antigen (HBsAg). State legislation mandating the testing became effective July 15, 1998. Administrative regulation 902.KAR 2:020 requires all licensed health professionals and facilities to report hepatitis B in a pregnant woman to the local or state health department. **This form is required to be completed on all infants born to HBsAg-positive mothers and those whose HBsAg status is pending or unknown to insure adequate follow-up of a reportable disease. It is suggested that the form be completed on all births to confirm every pregnant woman’s status has been verified and the infant has been treated appropriately.**

White copy to LHD in maternal county of residence, Canary copy to parent, Pink copy to hospital,
Goldenrod copy to physician

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