PERINATAL HEPATITIS B PREVENTION FORM FOR INFANTS

Fax Form to Residing Health Department or 502-696-3803 or 855-568-8601

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 give	ven please	specify rea	son:				
HBsAg testing <u>Mother's HBs</u> ***	SAg Stati	<u>15:</u> I	<pre>Zes () Positive (ion Preve</pre>) Neg	nding () *see b gative () your facility if the	Date of N	Aother's lab work IBsAg-positive***
		report of	result from			charged. If th	e HBsAg result is pending nsible for confirming the laboratory
prenatal care or	if results a	ocal health are not ava	department ilable, plea	if the mother se collect blo	is HBsAg-positive. If	the mother di immediately a	d not have HBsAg testing during after admission for delivery and
Date /time of LHI	D notificati	on		Signature	2		
of birth. If moth and HepB vaccine	er's HBsAg e plus HBI	g status is ι G for infan	ınknown, w ts weighing	ithin 12 hours <2,000 grams	s of birth administer He s. Determine mother's grams (no later than age	pB vaccine for HBsAg status e 1 week).	d 0.5 mL HBIG within 12 hours infants weighing $\geq 2,000$ grams, as soon as possible and, if she is
Name of Hospital or Other Institution					() Telephone Number		
transmission of hep	atitis B, all	pregnant wo	men in Kentı	icky must be so	creened for hepatitis B sur	face antigen (HE	ction. To decrease the perinatal BsAg). State legislation mandating the ofessionals and facilities to report

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