

PERINATAL HEPATITIS B PREVENTION FORM FOR INFANTS

Full name of patient _____ Date of birth _____ Time of birth _____

Full name(s) of parent(s) _____

Mother's date of birth _____ 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-positive results 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).

 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.**

*A copy of this form must be sent to the LHD in the maternal **county of residence**, a copy given to the parent, a copy maintained at the hospital and a copy sent to the physician (ob/gyn and pediatrician).