Kansas Department of Health and Environment

# HOSPITAL REPORT FOR PERINATAL HEPATITIS B PREVENTION

**Follow-up of infants born to HBsAg positive mothers**

Please complete the form with as much information as possible and FAX to the Perinatal Hepatitis B Prevention Program at **1-877-427-7318**.

| **For Women Known to be HBsAg Positive:** | **For Women Whose HBsAg Status is Unknown:** |
|---|---|
| □ Administer hepatitis B immune globulin (HBIG) **and** hepatitis B vaccine within 12 hours of births to all infants.<br><br>If the infant doesn't receive HBIG within 12 hours, it can be administered up to 7 days after birth. | □ Perform a stat HBsAg screening test for all women admitted to delivery whose hepatitis B status is unknown.<br><br>□ While test results are pending, administer the hepatitis B vaccine to infant within 12 hours of birth. If the mother is discovered to be HBsAg positive then administer HBIG as soon as possible. |

HOSPITAL NAME_____ CITY_____

TODAY'S DATE _____ / _____ / _____

**MOTHER'S INFORMATION**

| | | |
|---|---|---|
| Last Name: | First Name: | |
| Date of Birth: / / | HBsAg positive test date: / / | |
| Address: | | |
| City: | Zip Code: | |
| Contact Phone #: ( ) | Alternative Phone #: ( ) | |
| OB/GYN Name: | OB/GYN Phone #: ( ) | |
| Insurance: □ Medicaid □ Private Insurance □ Uninsured □ Other (please specify) _____ | | |
| Race: (check all that apply)<br>□African American or Black □Caucasian or White<br>□American Indian or Alaskan Native □Native Hawaiian or Other Pacific Islander<br>□Asian □Race, not otherwise specified | | Hispanic Ethnicity:<br>□ Yes<br>□ No |

**INFANT'S INFORMATION**

| | | |
|---|---|---|
| Last Name: | First Name: | |
| Date of Birth: / / | Time of Birth: | Birth weight (grams) |
| Date of HBIG: / / | Time of HBIG: | |
| Date of Hepatitis B1 vaccine: / / | Time of Hepatitis B1 vaccine: | |
| Sex: □ Male □ Female | | |
| Insurance: □ Medicaid □ Private Insurance □ Uninsured □ Other (please specify) _____ | | |
| Pediatrician's Name | Pediatrician's Phone #: ( ) | |
| **IMPORTANT:** Clinic where infant will receive Hepatitis B2 vaccine: _____<br>Note: Hepatitis B2 vaccine is recommended at 1 month of age. | | |

For questions or more information please call (785) 296-5588 or the EpiHotline (877) 427-7317.

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