



HEPATITIS B PERINATAL PREVENTION PROGRAM HOSPITAL REPORT FORM

Follow up of infants born to HBsAg positive mothers

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

<p>For women known to be HBsAg positive:</p> <ul style="list-style-type: none"> ○ Administer hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth to all infants. ○ If the infant doesn't receive HBIG within 12 hours, it can be administered up to 7 days after birth. 	<p>For women whose HBsAg status is unknown:</p> <ul style="list-style-type: none"> ○ Perform a stat HBsAg screening for all women admitted to delivery with unknown hepatitis B status. ○ While test results are pending, administer hepatitis B vaccine to infant <12 hours of birth. If the mother is HBsAg positive administer HBIG as soon as possible and <7 days after birth.
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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:	OB/GYN Phone # ()
Hispanic Ethnicity: (Circle) Yes No Unknown	
Race: (Circle all that apply)	
African American / Black	Caucasian or White
American Indian / Alaska Native	Native Hawaiian or Pacific Islander
Asian	Race, not otherwise specified

INFANT'S INFORMATION

Last Name:	First Name:
Date of Birth: / /	Sex: (Circle) Male Female
Date of HBIG: / /	Date of Hepatitis B1 vaccine: / /
Pediatrician's Name:	Pediatrician's Phone # ()
IMPORTANT: Clinic where infant will receive Hepatitis B2 vaccine: _____	

For more questions or information please call 877-427-7317.