

Kelli Smith, RN, BSN Perinatal Hepatitis B Coordinator  
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Person Completing form: \_\_\_\_\_

Date Faxed: \_\_\_\_\_

This form is designed to facilitate the follow-up of a Perinatal Hepatitis B case. The follow-up consists of determining if the patient is pregnant, confirming the delivery, assuring appropriate care for the infant as well as gaining information on susceptible household contacts. Please complete and fax to 1-800-831-6292.

### I. Screening Data (Mother)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_  
County \_\_\_\_\_ Pt. Phone \_\_\_\_\_

**Race/Ethnicity:**

- Asian/Pacific Islander  
 American Indian/ Alaskan Native  
 Black/ African American  
 Hispanic/ Latino  
 White  
 Other \_\_\_\_\_  
 Unknown

Is the client foreign born  Yes  No

If yes, country of origin: \_\_\_\_\_

Is the client English speaking?  Yes  No

If no, what language? \_\_\_\_\_

Following Physician \_\_\_\_\_ Phys Phone \_\_\_\_\_  
Clinic Name \_\_\_\_\_ Phys Fax \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

Is the patient pregnant?  Yes  No  Aborted spontaneous, elected, or medically indicated

Anticipated Date of Delivery \_\_\_\_\_

Anticipated Delivery Hospital \_\_\_\_\_

Address of Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

HBsAg Test Results  Positive  Negative Date Tested \_\_\_\_\_

When was mother tested (check one):  Pre-preg.  1<sup>st</sup> Trimester  2<sup>nd</sup> Trimester  3<sup>rd</sup> Trimester  At Delivery

### II. Immunization/Prophylaxis/Follow-up on Infant (complete separate forms for multiple births)

Infant's Name \_\_\_\_\_ Sex  Female  Male

Race/Ethnicity:  Asian/Pacific Islander  American Indian/ Alaskan Native  Black/ African American  Hispanic/ Latino  White  Other  Unknown

Date and Time of Birth: \_\_\_\_\_ Birth Weight \_\_\_\_\_

Date HBIG Given \_\_\_\_\_ Given Within 12 Hours of Birth?  Yes  No

HBV Given Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_ Dose 4 \_\_\_\_\_

Infant on IRIS:  Yes  No Vaccine Used for Series: Comvax  Pediarix  Hep. B only

Infant's Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Clinic Name \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### III. Post-Vaccination Infant Serology (recommended 3-9 months after final dose of Hep B vaccine; generally at 12 months of age)

HBsAg Testing Date: \_\_\_\_\_  Positive  Negative  Not Tested

Anti-HBs Testing Date: \_\_\_\_\_  Positive  Negative Value: \_\_\_\_\_  Not Tested

**Comments:**

**IV. Summary of All Household Contacts**

Contact's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex:  Male  Female  
**Serologic Testing:** HBsAg Result:  Positive  Negative Date \_\_\_\_\_  
Anti-HBc Result Value \_\_\_\_\_ Date \_\_\_\_\_  
**Dates Hepatitis B Vaccine Given:**  Hepatitis B Only  Combination (Twinrix, Comvax, Pediarix) Entered into IRIS?  Yes  No  
Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_ Dose 4 \_\_\_\_\_

Contact's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex:  Male  Female  
**Serologic Testing:** HBsAg Result:  Positive  Negative Date \_\_\_\_\_  
Anti-HBc Result Value \_\_\_\_\_ Date \_\_\_\_\_  
**Dates Hepatitis B Vaccine Given:**  Hepatitis B Only  Combination (Twinrix, Comvax, Pediarix) Entered into IRIS?  Yes  No  
Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_ Dose 4 \_\_\_\_\_

Contact's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex:  Male  Female  
**Serologic Testing:** HBsAg Result:  Positive  Negative Date \_\_\_\_\_  
Anti-HBc Result Value \_\_\_\_\_ Date \_\_\_\_\_  
**Dates Hepatitis B Vaccine Given:**  Hepatitis B Only  Combination (Twinrix, Comvax, Pediarix) Entered into IRIS?  Yes  No  
Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_ Dose 4 \_\_\_\_\_

Number of household contacts identified? \_\_\_\_\_  
Number of contacts tested for anti-HBc? \_\_\_\_\_ # of positives \_\_\_\_\_  
Number of contacts tested that were susceptible (neg for anti-HBc, neg for HBsAg, neg for anti-HBs)? \_\_\_\_\_  
Number of contacts lost to follow-up or not tested? \_\_\_\_\_

**Comments (include reasons for non-compliance or not testing and possible risk factors):**

**Reminders for Vaccination and Testing**

**At birth**

- **Infants born to mothers who are HBsAg positive** should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- **Infants born to mothers whose HBsAg status is unknown**, who are greater than 2,000g (4.4 lbs) at birth, should receive hepatitis B vaccine (HBV) within 12 hours after birth. Infants weighing less than 2,000g at birth should receive HBIG concurrently with HBV vaccine but at a separate site. The mother should have blood drawn as soon as possible to determine her HBsAg status; if she is HBsAg positive, the infant should receive HBIG as soon as possible (no later than age 1 week).
- **Full-term infants who are medically stable and weigh greater than 2,000 g born to HBsAg-negative mothers should receive single-antigen hepatitis B vaccine before hospital discharge – Birth dose.**
- Preterm infants weighing less than 2,000 g born to HBsAg-negative mothers should receive the first dose of vaccine 1 month after birth or at hospital discharge.

**After the birth dose**

- All infants should complete the hepatitis B vaccine series with either single-antigen vaccine or combination vaccine, according to a recommended vaccination schedule. **Infants born to HBsAg positive mothers should complete vaccination by 6 months of age.**
  - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 3-9 months after HBV vaccine completion.
- Post-vaccination testing** for anti-HBs and HBsAg should be performed **3-9 months after the final dose of HBV vaccine** (generally at the 12 month well-child visit). Testing should not be performed before age 9 months to avoid detection of anti-HBs from HBIG administered during infancy and to maximize the likelihood of detecting late HBV infection. Anti-HBc testing of infants is not recommended because passively acquired maternal anti-HBc might be detected in infants born to HBV infected mothers to age 24 months.

**Source:** MMWR, Vol. 54/No. RR-16/ December 23, 2005

\*\*If needed, the Iowa Department of Public Health can supply the hepatitis B vaccine and Hepatitis B Immune Globulin for the baby.