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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:

- | | |
|--|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/ Latino |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> 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-pregnancy 1st Trimester 2nd Trimester 3rd 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: _____ Time: _____ Given Within 12 Hours of Birth? Yes No

Dates HBV Given: Dose 1 _____ Time: _____ Dose 2 _____ Dose 3 _____ Dose 4 _____

Infant in IRIS: Yes No Vaccine Used for Series: Pediarix Hep B only

Infant's Health Care Provider: _____ Phone: _____

Clinic Name: _____ Fax: _____

Address: _____ City/State/Zip: _____

III. Post-Vaccination Infant Serology (recommended at age 9-12 months ; at least 1-2 months following completion of series) Do Not test prior to age 9 months.

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/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/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/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: _____ Number 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 for whom HBsAg testing results during pregnancy are not available**, but other evidence suggestive of maternal HBV infection exists (e.g., presence of HBV DNA, HBeAg-positive, or mother known to be chronically infected with HBV) should be managed as if born to an HBsAg positive mother.
- **Infants born to mothers whose HBsAg status is pending:**
 - Infants who are $\geq 2,000$ g (4.4 lbs) at birth, should receive Hepatitis B vaccine (without HBIG) within 12 hours of birth. The mother should have blood drawn and tested as soon as possible to determine her HBsAg status. If she is HBsAg positive, the infant should receive HBIG as soon as possible, but no later than age 7 days.
 - Infants weighing $< 2,000$ g at birth should receive HBIG concurrently with Hepatitis B vaccine at different injection sites within 12 hours of birth if the mother's HBsAg status cannot be determined within the 12 hours (this birth dose should not be counted as part of the 3 doses required to complete the series; 3 additional doses (4 total doses) should be administered because of potential decreased vaccine immunogenicity in these infants).
- **Infants born to HBsAg negative mothers** who are full-term, medically stable and weigh $\geq 2,000$ g should receive single-antigen Hepatitis B vaccine within 24 hours of birth (1st dose in Hepatitis B series). Infants weighing $< 2,000$ g born to HBsAg-negative mothers should have the first dose of vaccine delayed to the time of hospital discharge or age 1 month (even if weight is still $< 2,000$ g).

After the birth dose

- All infants should complete the Hepatitis B vaccine series with either single-antigen vaccine or combination vaccine, according to the recommended vaccination schedule. **The final dose in the series should not be administered prior to age 24 weeks.**

Post-vaccination testing

- Infants born to HBsAg positive mothers should be tested for anti-HBs and HBsAg after completion of the vaccine series **at age 9-12 months** (at least 1-2 months following completion of the vaccine series). Testing should not be performed before age 9 months to avoid detection of passive anti-HBs from HBIG administered at birth and maximize 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 up to age 24 months.

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