IOWA Immunization Program

Iowa Department of Public Health
Bureau of Disease Prevention and Immunization

Perinatal Hepatitis B Carrier Follow-Up Report

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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. ☐ 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 _____ 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.

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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.