Virginia Perinatal Hepatitis B Prevention (VPHBP) Program
Infant Information Form

PLEASE REPORT ONLY BABIES BORN TO HBsAg POSITIVE MOTHERS
►► *(Please include copy of lab result or Obstetrical History Form)*◄◄
Mother's Case No. __________

Mother's Name: ____
Last First Middle Date of Birth

Father's Name: ____
Last First Middle

Mother's Address: ____

____ **Phone No:** ____________________

Name and Address of Physician Providing Care to this Infant <u>after</u> Hospital Discharge:

Name: ____

Address: ____

____ Phone No:____________________

Infant Information:

Name: ____
Last First Middle

Date of Birth: _____/_____/_____ Sex: Male ( ) Female: ( )
Month Day Year

Time of Birth: ____________ Birth Weight: ____________

<u>Insurance Status: (for statistical information only)</u>
Private – Include CHIP Programs [ ]; **Public** (Medicaid) [ ]; **Uninsured** [ ]; **Unknown** [ ]

<u>Mother's HBsAg Status at time of Delivery:</u> Known [ ]; Unknown [ ]; No Prenatal Care [ ]

Vaccine Information:

HBIG Given: Yes ( ) No ( ) Date Given: _____/_____/_____ Hours after birth given: ________ hours
Month Day Year

HBV1 Given: Yes ( ) No ( ) Date Given: _____/_____/_____ Hours after birth given: ________ hours
Month Day Year

***If preterm,** date 2nd dose of hepatitis B vaccine given: _____/_____/_____
Month Day Year

Infants <2,000 grams have a decreased response to hepatitis B vaccine if given before 1 month of age; however, those born to HBsAg-positive mothers, <u>must be given</u> HBIG and vaccine within 12 hrs of birth and a 2nd dose of hepatitis B vaccine at chronological age 1 month or upon hospital discharge. By chronological age 1 month, response is likely to be adequate.

Would you like replacement HBIG and hepatitis B vaccine administered to this infant?
( ) **Yes,** please replace the HBIG and hepatitis B vaccine given to the above named infant.

( ) **No**, replacement HBIG and hepatitis B vaccine is not necessary.

Hospital Information:

Name of Delivery Hospital: ____

Address: ____

Name of Person Completing Form: ______________________ **Phone No**.: ____________

Questions: Please call 1-800-568-1929 or (804) 864-8071
Please fax form to (804) 864-8089 or (804) 864-7259

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