

Prophylaxis Record for Infants at High Risk of Hepatitis B

Hospital case room: Please complete this form ❶ and fax to the Health Unit office in parent's area of residency.

INDICATIONS	PROPHYLAXIS	Check (✓) indication
1. If mother is high risk (i.e., IV drug user and/or sex trade worker) for hepatitis B, but negative (possible window period) or unknown for HBsAg.	1. Give HBIg 0.5 ml <u>immediately after birth</u> along with dose 1 of hepatitis B vaccine (0.5 ml IM).	1.
2. Primary care giver or other household contact (e.g., father, nanny, etc) of infant has chronic hepatitis B virus infection.	2. Give dose 1 of hepatitis B vaccine 0.5 ml IM <u>immediately after birth</u> . DO NOT GIVE HBIg	2.
3. If mother is at high risk for hepatitis B (other than IDU and STW) and her status is unknown or negative	3. Give dose 1 of hepatitis B vaccine 0.5 ml IM <u>immediately after birth</u> . DO NOT GIVE HBIg.	3.
4. If father or other primary care giver is at high risk for hepatitis B and their status is unknown or negative.	4. Give dose 1 of hepatitis B vaccine 0.5 mL IM <u>immediately after birth</u> . DO NOT GIVE HBIg.	4.

MOTHER'S NAME: _____ DOB _____
LAST NAME FIRST NAME YYYY/MM/DD

ADDRESS: _____
STREET CITY POSTAL CODE

PHONE NUMBER: _____ PHN: _____

MOTHER'S PHYSICIAN: _____

BABY'S NAME _____ DOB _____
LAST NAME FIRST NAME YYYY/MM/DD

HEPATITIS B IMMUNE GLOBULIN GIVEN: _____
YYYY/MM/DD LOT# _____

HEPATITIS B VACCINE GIVEN: _____
YYYY/MM/DD LOT# _____

HOSPITAL: _____ DATE: _____

❶ For use when there is no record of prenatal testing for hepatitis B status or there are other factors that indicate a need for hepatitis B prophylaxis at birth. For further information contact BC Centre for Disease Control at (604) 660-6061 or your nearest local public health unit.