

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. Mother is hepatitis B surface antigen (HBsAg) positive.	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. 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.	2. Give HBIg 0.5 ml <u>immediately after birth</u> along with dose 1 of hepatitis B vaccine (0.5 ml IM).	2.
3. Primary care giver or other household contact (e.g., father, nanny, etc) of infant has chronic hepatitis B.	3. Give dose 1 of hepatitis B vaccine 0.5 ml IM <u>immediately after birth</u> . DO NOT GIVE HBIg	3.
4. If mother is at high risk for hepatitis B (other than IDU and STW) and her 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.
5. If father or other primary care giver is at high risk for hepatitis B and their status is unknown or negative.	5. Give dose 1 of hepatitis B vaccine 0.5 mL IM <u>immediately after birth</u> . DO NOT GIVE HBIg.	5.

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 prenatal testing indicates mother is HBsAg positive, or 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) 707-2510 or your nearest local public health unit.