

Date: _____

Confidential

PATIENT INFORMATION				
Name:			Address:	
	(Last name)	(First name)		
DOB:		PHN:	Estimated Date of Delivery:	
	(YYYY/MM/DD)			

Dear Health Care Provider,

Your patient has tested **positive** for **hepatitis B surface antigen (HBsAg)** on _____ (yyyy/mm/dd). Infants born to HBsAg positive mothers are at high risk of acquiring hepatitis B infection and developing chronic hepatitis B. This risk can be dramatically decreased when hepatitis B immune globulin (HBIG) and hepatitis B vaccine are administered to the infant immediately after birth (within 12 hours). If indicated, and in addition to infant immunization, anti-viral therapy for the mother in the third trimester can also decrease the risk of the infant acquiring hepatitis B.

Prenatal follow-up for the mother:

Further clinical assessment is required to determine whether this result reflects an acute or chronic infection.

- Inform the mother that she is HBsAg positive. Provide appropriate counseling and medical follow-up related to this test result.
- Refer mother to a specialist, if appropriate. Hepatitis B virus (HBV) DNA testing should always be ordered. Pregnant women with HBV DNA viral loads > 200,000 IU/mL are at greater risk for hepatitis B perinatal transmission to their infant, even with administration of HBIG and hepatitis B vaccine to the infant immediately after birth. If HBV DNA viral load is > 200,000 IU/mL, antiviral therapy is indicated in the third trimester.
- Document the HBsAg positive result in the Antenatal Record; this will alert the delivering hospital regarding the need for HBIG and hepatitis B vaccine for the infant immediately after birth. For home deliveries, the midwife will coordinate with Public Health to obtain HBIG and hepatitis B vaccine.
NOTE: If the delivery site has changed, it is the health care provider's responsibility to notify the new hospital of the patient's hepatitis B status.
- Provide a copy of the laboratory test result to the mother and advise her to inform the hospital labour and delivery staff to ensure that HBIG and hepatitis B vaccine will be given to the infant, even if she delivers in another facility.
- As hepatitis B is a reportable infection, the Medical Health Officer has been notified. It is important to ensure that the infant and other household members are protected from ongoing exposure to hepatitis B. Recommend hepatitis B vaccine to susceptible household and sexual contacts of the patient. Hepatitis A and pneumococcal vaccines are also recommended for individuals with chronic HBV infection and are available at no cost through Public Health.

Postnatal follow-up for the infant:

- Ensure HBIG and hepatitis B vaccine were given immediately after birth and documented on the [Perinatal BC Newborn Record Part 1 and 2 - PSBC 1583A](#).
- Liaise with local Public Health to ensure completion of the recommended series of hepatitis B vaccine, given as part of the combination vaccine Infanrix hexa® at 2, 4, and 6 months of age.
- Order post-vaccination testing for HBsAg and anti-HBs at 1 month after (and preferably no longer than 6 months after) completion of the Infanrix hexa® vaccine series, to establish the effectiveness of prophylaxis.
- If on follow-up testing the infant is HBsAg positive OR anti-HBs is less than 10 IU/L, contact local Public Health for additional recommendations. If infant is HBsAg positive, also refer infant to a specialist.

Prophylaxis Record for Infants at High Risk of Hepatitis B

Liaise with local Public Health to ensure completion of the recommended vaccines and follow-up for the infant. If you are providing some or all of the vaccines and follow-up for the infant, please complete this form and fax both pages of this letter to the **local public health unit** after each dose is administered to ensure continuity of care.

PATIENT INFORMATION (for infant)				
Name:			Parent/ Guardian Name:	
	<i>Last</i>	<i>First</i>		
DOB:		PHN:	Phone Number:	
	(YYYY/MM/DD)			

Infant's immunization and follow-up record	Date or result (yyyy/mm/dd)	Next scheduled visit (yyyy/mm/dd)
HBIg given immediately at birth		
Hepatitis B vaccine given immediately at birth		
Infanrix hexa® at 2 months		
Infanrix hexa® at 4 months		
Infanrix hexa® at 6 months		
Post-vaccination serology testing Order HBsAg and anti-HBs 1 month after completion of Infanrix hexa® series.	Date: (yyyy/mm/dd):	
	HBsAg	
	Anti-HBs (IU/L)	
		If HBsAg positive OR anti-HBs <10 IU/L, contact local Public Health for further follow-up.
		If HBsAg positive, also refer to a specialist.

For further information see the [BCCDC Immunization Manual \(http://goo.gl/dhxZCq\)](http://goo.gl/dhxZCq), the [BCCDC Hepatitis B Guidelines \(http://goo.gl/p6nWqm\)](http://goo.gl/p6nWqm) and the [Canadian Immunization Guide \(https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html\)](https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html).

For BCCDC Public Health Laboratory inquiries, call 1-877-747-2522. For St. Paul's Hospital Virology Laboratory inquiries, call 604-806-8420.

Yours sincerely,

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