IOWA
Immunization Program

Iowa Department of Public Health
Bureau of Immunization and TB

Perinatal Hepatitis B Hospital Report

Please complete the information and FAX to: Shelly Jensen RN, BSN Perinatal Hepatitis B Prevention Coordinator
Questions: Please call: 1-800-831-6293 ext. 2 **Fax: 1-800-831-6292**

For Women known to be HBsAg Positive	**For Women whose HBsAg status is Unknown**
☐ Administer hepatitis B immune globulin **(HBIG) and Hepatitis B** vaccine within **12 hours** of birth.	☐ Perform stat HBsAg screening for all women admitted for delivery whose status is **unknown**.
☐ If your hospital is having difficulty obtaining HBIG, please call IDPH at 1-800-831-6293.	☐ While test results are pending, administer **hepatitis B vaccine within 12 hours of birth**. If the mother is later found to be positive, her infant should receive the additional protection of HBIG as soon as possible and before the infant is discharged. HBIG must be given within 7 days of birth.

Name of Hospital: _____ Date Sent: _____

City of Hospital: _____ **Mother's Hospital Record #**:_____

Note: Only report if mother is **HBsAg Positive.**

Mother's Information	HBsAg(+) Test Date (if done in hospital)*
First Name:	Last Name:
Date of Birth:	Phone:
Address:	**EDC:**
City/Zip:	Alternate Phone (i.e. relative):
Physician's Name:	Clinic Name:
Race: ☐ 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? _____

*Please send a copy of the labs with this form.

Infant's Information	**Hospital Record #:**
First Name:	Last Name:
Date of Birth: Time of Birth:	Birth Weight: Sex: ☐ Male ☐ Female
Date of HBIG: Time of HBIG:	Date of HepB vaccine: Time of HepB vaccine:
HBIG given within 12 Hours of Birth ☐ Yes ☐ No	Child entered into IRIS ☐ Yes ☐ No

IMPORTANT

Clinic where baby will receive next dose of vaccine _____

Infant's Physician Name and Phone: _____

Iowa Department of Public Health
Bureau of Immunization and TB
321 East 12th Street / Lucas State Office Bldg./ Des Moines IA 50319
http://idph.iowa.gov/immtb/immunization

For More Information Please Call: 1-800-831-6293, ext 2

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