



**PERINATAL HEPATITIS B PREVENTION PROGRAM**  
**(510) 268-2085**

Date: \_\_\_\_\_

Re: Mother's Name: \_\_\_\_\_ OBGYN/Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ EDD: \_\_\_\_\_

Dear Medical Provider:

The client referenced above has been screened for Hepatitis B and is surface antigen **positive**. Her newborn **must** therefore receive **Hepatitis B Immune Globulin (HBIG) and Hepatitis B Virus (HBV) vaccine dose #1 within 12 hours of birth** (according to CDC guidelines).

It is our job within the Alameda County Perinatal Hepatitis B Prevention Program to subsequently follow-up with you to determine **date and time of:**

- ✓ **Delivery**
- ✓ **HBIG Administration**
- ✓ **HBV Dose #1 Administration**

We also ask that you document the date of the infant's HBV vaccine on the standard yellow "Immunization Record" that the mother has in her possession. It is important that you return this card to her. This will serve as her link to the pediatrician who will continue with the vaccination series.

We have also included guidance for low birth weight infants born to chronically infected women. Should you have any questions, please call us at 510-268-2085. Thank you for the role you are playing toward preventing hepatitis B to this infant and the community.

**HBsAG positive mother**

**Birthweight over 2000 grams**

**Birthweight under 2000 grams**

Hepatitis B vaccine + HBIG (within 12 hours of birth)

Immunize with 3 vaccine doses at 0 (birth), 1, and 6 months of chronologic age (single antigen vaccine preferred)

Hepatitis B vaccine + HBIG (within 12 hours of birth)

Immunize with 4 vaccine doses at 0, 1, 2-3, and 6-7 mo of chronologic age (single antigen vaccine preferred)\*

Sincerely,