

The PHBPP report form, intended for use with every newborn, serves as a hospital checklist and communication tool. For every newborn whose birthing parent is HBsAg positive or unknown, please fax the completed report form to the local health department where the newborn resides, with attention to the PHBPP Coordinator within 24 hours of birth.

Hospital Name: _____

Local Health Department: _____

Birthing Person's Information

Name: _____

Date of Birth: _____

Medical Record Number: _____

Guardian (If Different): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Prenatal Care Provider (Indicate none if no prenatal care)

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Newborn's Information

Name: _____

Date of Birth: _____ Sex*: Male Female

Birth Weight: _____ Grams

Time of Delivery: _____ AM PM

Medical Record Number: _____

Indicate if newborn has been adopted or placed in foster care:

Adopted Placed in Foster Care

*Sex Assigned at Birth

Newborn's Physician/Provider after Discharge

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Birthing Person Hepatitis B Surface Antigen (HBsAg) Testing and Status (Check all that apply)

A. Birthing Person HBsAg Testing

- Report of the original HBsAg lab result is in **(1)** the pregnant person's labor and delivery (L&D) record **AND (2)** the newborn's hospital record (or have an electronic link to the birthing person's HBsAg lab result).
- Repeat blood test for HBsAg was drawn upon admission. (Please indicate reason)
 - Identified risk factors for acquiring hepatitis B virus (HBV) infection during this pregnancy (e.g., more than one sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection drug use, or HBsAg-positive sex partner), **OR**
 - Clinical signs and symptoms of hepatitis infection since previous testing.
- Birthing person's HBsAg status is unknown (no lab result available) upon admission: Hospital arranged for immediate testing of the birthing person with results available within 24 hours, or as soon as practical, but not longer than 48 hours.
- Birthing person refused HBsAg test/retest. Efforts to obtain test and refusal documented in medical record.

B. Birthing person tested HBsAg Positive during this pregnancy (be sure the test date falls in this prenatal period)

- Hepatitis B Immune Globulin (HBIG) (0.5 mL, IM) **AND** single-antigen hepatitis B vaccine (0.5 mL, IM) was administered to the newborn in separate limbs within 12 hours of birth, **OR**
- Newborn did not receive HBIG and hepatitis B vaccine as recommended. (Please indicate reason)
 - Valid medical exemption documented in the medical record, **OR**
 - Parent/legal guardian refused HBIG/hepatitis B vaccine for newborn. Refusal documented in the medical record.
 - A report of suspected child abuse or maltreatment has been made.

C. Birthing person HBsAg Unknown during this pregnancy

- Single-antigen hepatitis B vaccine (0.5 mL, IM) was administered to the newborn within 12 hours of birth, **OR**
- Parent/legal guardian refused hepatitis B vaccine for newborn. Refusal documented in the medical record.
- Newborn discharged before the birthing person's HBsAg test result is known. (Please indicate follow-up)
 - The birthing person's and newborn's healthcare providers were notified that the birthing person's HBsAg test result is pending.
 - If the birthing person is found to be HBsAg-positive, the birthing person and the newborn's healthcare provider will be notified that the newborn should receive HBIG as soon as possible, but no later than seven days after birth.

Newborn Immunization

Hepatitis B Vaccine	HBIG (If applicable)
Date Administered:	Date Administered:
Time Administered: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Administered: <input type="checkbox"/> AM <input type="checkbox"/> PM
Dose/Route/Site of Administration:	Dose/Route/Site of Administration:
Manufacturer:	Manufacturer:
Manufacture Lot #:	Manufacture Lot #:
Expiration Date:	Expiration Date:

- The parents received Hepatitis B Vaccine Information Statement before vaccine administration, http://www.immunize.org/vis/vis_hepatitis_b.asp.
- The date, time, site of administration, and vaccine lot number were documented in the newborn's medical record.
- Birthing person provided *Certificate of Immunization* for the newborn with immunizing agents, date of administration, and date for next dose documented.

Hepatitis B Care Status (Complete if birthing person is HBsAg positive or unknown)

- Advised the birthing person that they may breastfeed.
- Post-discharge postpartum care made for the birthing person, including a medical evaluation for chronic hepatitis B, with an assessment of whether they are a candidate for antiviral treatment, if indicated.
- Well-baby care and post-exposure prophylaxis appointments made for the newborn (provider aware of the newborn's birth, the date and time of HBIG and hepatitis B vaccine doses administered).
- Birthing person is aware of the importance of: **(1)** Hepatitis B vaccine series completion to protect their baby; **(2)** Blood test for their baby (HBsAg and antibody to hepatitis B surface antigen [anti-HBs]) 1-2 months after completion of the 3- or 4-dose hepatitis B vaccine series and no earlier than 9-12 months of age to determine if the baby developed a protective immune response to vaccination or needs additional management; **(3)** Modes of HBV transmission; **(4)** Need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts; and **(5)** Need for follow-up with a medical provider for positive or unknown hepatitis B status.
- This completed form was faxed, within 24 hours of birth, to the local health department PHBPP Coordinator.
Name: _____ at fax number _____

Person Completing This Form

Name/Title: _____

Date: _____ Phone: _____ Cell Phone Home Phone**LOCAL HEALTH DEPARTMENT TO COMPLETE**

Received by: _____

Date: _____