**ALERT FORM**

**Please place on/in mother’s health record**

Name of HBsAg-positive mother:

Date of Hepatitis screening (if known):

EDC:

Name of Prenatal Care Provider:

Ms. \_\_\_\_\_\_\_\_\_\_\_\_ has identified your facility as where she will be delivering her baby. She is HBsAg positive and therefore her infant will need the following:

Within 12 Hours of birth, infant(s) born to this woman need(s):

 ♦ Hepatitis B Immune Globulin (HBIG) AND

 ♦ Hepatitis B Vaccine

**Note:** Remember to document both HBIG and hepatitis B vaccine (manufacturer, lot #, microgram dosage, and time) administered to the infant. Send documentation home with mother and/or forward to designated pediatric provider. Additional hepatitis B vaccine doses are due at 1 and 6 months of age. For guidelines and recommendations regarding perinatal hepatitis B transmission and immunoprophylaxis and vaccine for exposed infants, please refer to the Centers for Disease Control and Prevention website at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>

Document sent by the Perinatal Hepatitis B Prevention Program Case Manager representing the Missouri Department of Health and Senior Services in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County. Please contact me with any questions.

Sincerely,

Name, Title:

Date:

Telephone:

Fax: