

Perinatal Hepatitis B Case Report

(When a positive hepatitis B pregnant woman comes in for delivery or

if HBsAg status is “unknown” due to refusal, must be reported within 5 days)

|  |  |
| --- | --- |
| **Person reporting & email or phone number:** | **Report Date:** |
| **Hospital reporting:** | |

**Data on Prenatal Person**

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |
| **\*Address:** | **Phone:** |
| **City:** | **State: Zip Code:** |
| **Date of Birth:** | **County:** |
| **Lab/Facility Reporting HBsAg:** | **Report Date:** |

**Data on Newborn**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Infant Last Name:** | | | | **Infant First Name:** | |
| **Sex: Male □ Female □** | | | | **Date of Birth:** | **Weight (grams):** |
| **Ethnicity: Hispanic □ non-Hispanic □** | | | | | |
| **Race: White □ Black □ Asian/Pacific Islander □ American Indian/Alaska Native □** | | | | | |
| **Date Vaccinated** | **Vaccine used** | **Insurance** | **Pediatrician:** | | |
| **HBIG:** |  |  |
| **Hep B vaccine #1:** |  |  |

Please fax completed report to corresponding Local Health Department. The Local Health Department is based on mom’s home address\*. State Health Centers/County/Municipal Health Department locations and fax numbers can be found on [www.health.pa.gov](http://www.health.pa.gov). Once in site, do a search on “state health centers.”

\*If mom lives in Philadelphia, fax to Philadelphia Department of Public Health at 215-238-6947 or email Jennifer Malins, RN at [jennifer.malins@phila.gov](mailto:jennifer.malins@phila.gov).

For further questions, please contact Shari Minnier, RN, Perinatal Hepatitis B Consultant at [shminnier@pa.gov](mailto:shminnier@pa.gov) or 717-547-3455.