

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)

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| **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.

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