

Date

Dear Dr. XXXXXXXXXX:

The following patient, seeking treatment at your practice, is a contact to a case of Hepatitis B, and is being tracked by the (Local Health Department) Perinatal Hepatitis B Prevention Program.

Contact's Name: **Baby Girl XXXX** DOB: **XX/XX/XXXX** Mother's Name: **Mother XXX**

The local health department will be working closely with you to ensure that the patient is protected against this serious disease. The local health department will actively refer the patient when vaccines are due and confirm vaccination dates & test results with your office.

The relationship to the case: **Neonate of a HBsAg Positive Mother**

The HBIG and Hepatitis B vaccine were given at the hospital of birth on XX/XX/XXXX.

The infant's **second** dose of Hepatitis B vaccine is due on or after XX/XX/XXXX (single antigen, or at 6 weeks of age for a combination vaccine)

The infant's **third** dose of Hepatitis B vaccine is due XX/XX/XXXX.

Administration of a three dose Hepatitis B Vaccine series is given at **0, 1-2 months (4-8 weeks), and 6 months (24 weeks) of age**. The first dose is normally given at the hospital within 12 hours of the birth along with a dose of HBIG.

If the 0, 1-2 months, and 6 months schedule is DELAYED as a result of missed appointments:

There must be at least **one month** between the **first and second dose**

There must be **two months** between the **second and third dose**, but **four months** between the **first and third dose**

The **third dose** can be given **no earlier than 6 months (24 weeks) of age** (which meets the school entry requirement).

A post vaccine serology should be drawn 3-6 months after the third dose, consisting of a HBsAg and a quantitative anti-HBs. These tests can not be done before 9 months of age.

Please call Your Name, RN, PHN at the (Local Health Dept name) at XX/XX/XXXX or FAX: XX/XX/XXXX with the date of each Hepatitis B vaccination and with the post vaccine serology results.

Sincerely,

Your Name, RN, PHN

Local health department

Perinatal Hepatitis B Prevention Program