



Perinatal Hepatitis B Prevention
Referral for DHEC Case Management of Infants Born to HBsAg-Positive Mothers

Infant's Full Name:		Boy: <input type="checkbox"/> Girl: <input type="checkbox"/>	
DOB:	Time:	AM: <input type="checkbox"/> PM: <input type="checkbox"/>	Birth Weight:
Pediatrician who will be caring for infant after discharge:		Pediatrician Office Phone:	
Date of HBIG:	Time:	AM: <input type="checkbox"/> PM: <input type="checkbox"/>	Date of hep B vaccine birth dose:
Date of HBIG:		Time:	AM: <input type="checkbox"/> PM: <input type="checkbox"/>
Mother's Full Name:		DOB:	
Phone:			
Home Address:			
Mother's Physician:		Phone:	
Mother's HBsAg Lab Results: Positive: <input type="checkbox"/> Negative: <input type="checkbox"/> Unknown: <input type="checkbox"/>			
DO NOT delay vaccination if maternal hepatitis B status is unknown. Obtain maternal HBsAg test ASAP and report positive results to DHEC.			
Medicaid:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Private Insurance:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Person completing form:		Birthing Hospital Name:	
		Phone:	

Please fax or e-mail report to:

Regional Case Manager

Or

Mail or fax to:

Immunization Division
 Department of Health & Environmental Control
 Perinatal Hepatitis B Prevention Program
 2100 Bull Street
 Columbia, SC 29201

Telephone: (803) 898-0860 ♦ Fax: (803) 898-0326

South Carolina Department of health and Environmental Control
Referral for DHEC Case Management of Infants Born to HBsAg-Positive Mothers
(Instructions for Completing)

Purpose: To provide a referral mechanism to hospitals to assure that infants born to mothers who are HBsAg-positive will have follow-up after hospital discharge to prevent perinatal transmission of hepatitis B virus.

Instructions:

This referral form will be completed by hospital staff and sent to DHEC (either Regional Case Manager or Central Office Perinatal Hepatitis B Coordinator) to assure follow-up of infant.

DHEC case managers will conduct case management follow-up of infant per DHEC Perinatal Hepatitis B policy.

Office Mechanics and Filing:

Birth hospitals may send this form to the Regional Perinatal Hepatitis B Case Manager or to the DHEC Immunization Division Perinatal Hepatitis B Coordinator to communicate referrals for infants needing follow up to prevent transmission of hepatitis B virus.

Retention Schedule:

Case managers may destroy this form after case management data elements have been entered into the appropriate electronic database.