



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

Infant's Full Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB:	Time:	Birth Weight:
Infant's Pediatrician:		Pediatrician Office Phone:
0.5 mL HBIG administered? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date of HBIG: _____ Time: _____		Hepatitis B Birth Dose administered? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____ Time: _____
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"/>		
<b>DO NOT delay infant vaccination if maternal hepatitis B status is unknown. Obtain maternal HBsAg test ASAP and report positive results to DHEC.</b>		
<b>Insurance Status</b>		
Mother:	Public <input type="checkbox"/>	Private <input type="checkbox"/> Uninsured: <input type="checkbox"/>
Baby:	Public <input type="checkbox"/>	Private <input type="checkbox"/> Uninsured: <input type="checkbox"/>
Birthing Hospital Name:		
Person completing form:		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.