

IMPORTANT!

Your baby got hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine on:

HBIG Date ____/____/____

HepB Vaccine Date ____/____/____

Your baby needs at least two more doses of hepB vaccine. The next dose is due in one-two months. Please make an appointment as soon as you can, and record here as a reminder.

Date ____/____/____ Time _____

Doctor/clinic _____

Please take this card and baby's immunization record with you to your next appointment.

Note to baby's doctor:

-All doses should be entered into MCIR

-Recommended schedule for infants who are born to a hepatitis B surface antigen (HBsAg) positive woman:

Date HBIG (within 12 hours of birth) ____/____/____

Date HepB vaccine (within 12 hours of birth) ____/____/____

Date HepB vaccine #2 (1-2 months after 1st dose and no sooner than 4 weeks after 1st dose) ____/____/____

Date HepB vaccine #3 (at 6 months of age and no sooner than 24 weeks of age) ____/____/____

Date blood tests (at 9-12 months of age) ____/____/____

Hepatitis B surface antigen (HBsAg) (Pos) or (Neg)

And

Antibody to hepatitis B surface antigen (anti-HBs) (Pos) or (Neg)

Name of infant _____

Date of birth ____/____/____

Name of hospital _____

If you have any questions, please call the Michigan Department of Health & Human Services (MDHHS) Perinatal Hepatitis B Prevention Program (PHBPP) at 517-284-4893 or 800-964-4487. In SE MI, call 313-456-4431 or 313-456-4432