UK Health Security Agency

Hepatitis B Immunoglobulin request form

For infants at high risk of perinatal hepatitis B infection

IMPORTANT: please write clearly in dark ink and complete all fields below to avoid delays in processing.

Antenatal patient details

Mother's surname:

First name:

Date of birth:

NHS number

Booking blood sample number:

Requesting hospital:

Home address:

GP name and address:

Ethnic group

☐ White British ☐ White Irish ☐ White Other

☐ Black African ☐ Black Caribbean ☐ Black Other

☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Chinese ☐ Asian other ☐ Mixed

Other:

Country of birth:

Has the mother been referred to specialist care for her hepatitis B?

☐ Yes ☐ No ☐ Unknown

Hospital:

Indication for HBIG: women with higher infectivity

Acute hepatitis B in pregnancy?	☐ Yes	☐ No	
HBsAg	☐ Positive	☐ Negative	☐ Unknown
HBeAg	☐ Positive	☐ Negative	☐ Unknown
Anti-HBe	☐ Positive	☐ Negative	☐ Unknown

Viral load ..... iu/ml

Immunoglobulin is indicated for INFANTS of women with higher infectivity risk, i.e:

Pregnant women with acute hepatitis B **OR:**
Pregnant women who are HBsAg positive **AND:**

- HBeAg positive **OR**
- Anti-HBe negative **OR**
- E-markers unknown **OR**
- HBV DNA ≥ 1 x 10^6 IU/ml, **OR**
- Birth weight of their newborn is ≤1500g

Current state of pregnancy

☐ Expected ☐ Delivered | Est. delivery date: | ☐ Multiple birth (please complete a separate form for each sibling)

HBIG ISSUE

For routine issues, this HBIG request will prompt the dispatch of the HepB delivery suite box to the antenatal screening team and a vial of HBIG for the named baby to your pharmacy 6-8 weeks prior to the EDD (during normal office hours). The HBIG vial will have instructions for the pharmacist to contact the Antenatal Screening Team on receipt of the vial in order to link the vial and the box.

Please provide name of the ASC or equivalent person responsible for storing HBIG (if not at pharmacy)

Antenatal Screening Coordinator:

Telephone number:

Coordinator address for HepB delivery suite box:

Form completed by:

Contact number:

Date:

Signature of GMC registered medical practitioner (required by MHRA):

Name of GMC doctor:

GMC no.: Date:

Please send completed form via email to: **phe.hepatitisbbabies@nhs.net** from **@nhs.net** email address only

EMERGENCY HBIG ISSUE

During office hours: call **0330 1281020 option 2** and email request to: **phe.hepatitisbbabies@nhs.net**
Out of hours: call **020 8327 7471** and speak to the duty doctor
Emergency HBIG will be sent to the location specified by the requester.

Ward/Unit:	Hospital:	FAO:

If baby has already delivered, please also complete this birth notification form

Maternal antiviral treatment (during last trimester of pregnancy)

Mother's Hepatologist or equivalent	Name:	Telephone number:
Antiviral treatment in pregnancy	☐ Yes (if yes, please fill in the details below)	☐ No

Drug name	Dose	Start date	End date

Delivery

Infant's surname:

First name:

NHS number

Hospital number:

Sex ☐ Male ☐ Female

Date of birth:

Time of birth:

Type of delivery:

Birth weight:

Gestation:

If multiple birth please specify number of babies (please complete a separate form for each sibling)

Vaccine and HBIG administration

NOTE
The infant should receive **200iu-250iu of HBIg intra-muscular injection and paediatric hepatitis B vaccine** immediately after birth.
Vials of HBIG are approx. 500IU so the whole vial should not be given. 200iu vials may be available in the future.

Vaccine	**HBIG**
Date given:	Date given:
Dose given:	Dose given:
Make of vaccine:	Time given:
Batch no.:	Batch no.:

*If baby is very low birth weight and clinical decision made to give divided doses, please record when 2nd part of dose was given (should be given ASAP)

HBIG (2nd part of dose*)	Date given:	Dose given:	Time given:	Batch no.:

Doctor responsible for future care of the infant (if not GP)

Name:

Title/Position:

Contact no.:

Address:

Form completed by:

Contact no.:

Date:

Please send completed form via email to:
phe.hepatitisbbabies@nhs.net from **@nhs.net** email address only.
Please communicate to the GP or responsible clinician for care of the baby that the infant should be given the second dose of HepB vaccine at 4 weeks old and follow the immunisation schedule in The Green Book.