

7 part NCR - INCLUDED ONLY IF SPECIFIED ON ORDER

Hepatitis B infant immunisation programme for those at increased risk

* Please place a sticker (if available) otherwise write in space provided.

Surname:
 First names:
 NHS number: Unit no:
 Address: Sex: M / F
 Post code: D.O.B: / /
 G.P: Code:
 H.V: Code:

Mother's surname:

Mother's first name:

Mother's NHS number:

Indications for hepatitis B vaccine

☐ Mother is hepatitis B surface antigen (HBsAg) positive

Indications for hepatitis B immunoglobulin in addition to vaccine

(tick all that apply)

☐ Mother had acute hepatitis B during pregnancy☐ Mother is hepatitis B e antigen (HBeAg) positive or e antibody (anti-HBe) negative☐ Mother has high viral load (HBV DNA $\geq 1 \times 10^6$ IU/ml)☐ Mother is HBsAg positive and baby's birth weight <1.5kg

The complete immunisation schedule for babies at increased risk is six doses of hepatitis B containing vaccine

Age	Immunisation and Follow up required	Date	Vaccine Trade Name	Batch No.	Site	Immuniser (Name in capitals)	Venue
Within 24 hours of birth	Monovalent HepB						
	Hepatitis B immunoglobulin (if needed)						
4 weeks	Monovalent HepB						
8 weeks	DTaP/IPV/Hib/HepB	also complete page 20 *	also complete page 20 *	also complete page 20 *	also complete page 20 *		
12 weeks	DTaP/IPV/Hib/HepB	also complete page 20 *	also complete page 20 *	also complete page 20 *	also complete page 20 *		
16 weeks	DTaP/IPV/Hib/HepB	also complete page 20 *	also complete page 20 *	also complete page 20 *	also complete page 20 *		
12-18 months	Blood test for HBsAg (refer to specialist if positive)		Result				
18 months	DTaP/IPV/Hib/HepB	also complete page 21a *	also complete page 21a *	also complete page 21a *	also complete page 21a *		

Top copy: remain in PCHR. All subsequent copies return to Immunisation Section as each immunisation is completed

From 1-7-2025