

Dear Dr. XXXXXXXXX,

The following patient, seeking treatment at your practice, is a contact to a case of Hepatitis B who is being tracked by the Perinatal Hepatitis B Prevention Program through the (Local Health Department).

Contact's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I will be working closely with you by actively referring the patient when doses of vaccine are due and by confirming test results and vaccination dates to ensure the patient is protected against this serious disease.

Your patient is related to this index case as a ...

\_\_\_\_\_ **Husband, Sexual Partner** (contact within the last 14 days or steady contact). As such, the following is recommended:

- A blood sample is drawn for an HBsAg (surface antigen) and a total anti-HBc serology (total core antibody); if HBsAg-negative and total anti-HBc-positive, test for anti-HBs (surface antibody) in same sample.
- If HBsAg-negative and total anti-HBc-negative, give vaccine series.  
\*The first dose of vaccine and one dose of HBIG (if last known exposure was less than 14 days) should be given at the time of (immediately *after*) the blood draw, in separate injection sites, preferably within 24 hours of the last know exposure.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s\\_cid=rr5416a4\\_e#tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s_cid=rr5416a4_e#tab1)

\_\_\_\_\_ **Household member** (all persons living in the household are at increased risk). As such, the following is recommended:

- A blood sample is drawn for HBsAg and total anti-HBc serology; if HBsAg-negative and total anti-HBc-positive, test for anti-HBs in same sample.
- If HBsAg-negative and total anti-HBc-negative, give vaccine series.  
\*The first dose of vaccine should be given at the time of (immediately *after*) the blood draw.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s\\_cid=rr5416a4\\_e#tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s_cid=rr5416a4_e#tab1)

Thank you for your assistance with this follow-up. If you have any questions, please contact me at the number listed below.

Respectfully,

Your Name, RN, PHN  
Local Health Department  
Perinatal Hepatitis B Prevention Program