

Date

Doctor's Office

Doctor's Address

Dear Dr. (XXXXXXXXXX)

Your patient, (Baby's name) DOB: (XX/XX/XXXX), has received at least three doses of Hepatitis B vaccine (HBV). The American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP), and the CDC Advisory Committee on Immunization Practices (ACIP) recommend that infants born to HBsAg-positive women be tested for **Hepatitis B surface antigen (HBsAg)** and the **anti-body to Hepatitis B surface antigen (anti-HBs)** at 9 to 18 months of age (3 to 9 months after the third dose of Hepatitis B Vaccine).

Infants who test **anti-HBs-positive** are considered adequately protected. Booster doses of HBV are not recommended at this time.

Infants who test **HBsAg-negative** and **anti-HBs-negative**, should receive a second 3-dose series of HBV, followed by testing for HBsAg and anti-HBs one month after last vaccine.

Alternatively, **one to three** additional doses of HBV may be administered, followed by testing for HBsAg and anti-HBs one month after each dose, until immunity is present.

Infants who test **HBsAg-positive** are identified as having been chronically infected and will need to have long-term medical management.

If you have any questions regarding these recommendations, please call me at (XXX-XXX-XXXX). Or you may fax me a copy of this serology to (XXX-XXX-XXXX).

Respectfully,

Your Name, RN, PHN

Local Health Department

Perinatal Hepatitis B Prevention Program