

Date
Doctor's Name
Doctor's Address

Dear Dr. (XXXXXXXXXX)

Thank you for your office's continued cooperation in the case management of (Baby's Name). I see from his second post vaccine serology dated (XX/XX/XXXX) that his HBsAg was negative and his anti-HBs was also negative. This indicates that he did not develop immunity after his second 3-dose series of the Hepatitis B vaccine. Since he has not responded after a total of six doses, he is considered to be a non-responder and no further doses are needed.

As a non-responder, this child should be considered susceptible to a Hepatitis B virus infection. Please counsel the parents regarding precautions to be taken to prevent HBV infection and the need for HBIG prophylaxis for any known exposure.

If you have any questions, please contact me at (XXX) XXX-XXXX

Sincerely,

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