NMHealth
PUBLIC HEALTH DIVISION

Michelle Lujan Grisham
Governor

Patrick M. Allen
Cabinet Secretary

Perinatal Hepatitis B Vaccination and PVST Report

Pediatric providers should use this form to report Hep B vaccination and PVST completion for infants born to a HBsAG birthing parent to the NMDOH PHBPP. Include a copy of any lab results.

Fax Completed Form to: ATTN: PHBPP Coordinator   Date Faxed:
505-827-1741

For infants born to HBsAg-positive pregnant persons:
Administer the complete Hepatitis B Vaccine 3-dose series. If infant's birth weight was <2000g, they require a 4th dose*. Complete Post Vaccination Serological Testing 1-2 months after vaccine series completion (not before 9 months of age). Collect hepatitis B surface antigen (HBsAG) and antibodies to hepatitis B surface antigen (anti-HBs) ONLY.

Name of Clinic	
Person Completing Form	

Provider Name	Phone #

Infant's Information

Last Name	First Name

DOB	Time of Birth	Birth Weight (g)

Hepatitis Vaccination History

HBIG	Date		Time		Given at Birth Facility
Hep B Dose 1	Date		Time		Given at Birth Facility
Hep B Dose 2	Date		Time		Entered in NMSIIS
Hep B Dose 3	Date		Time		Entered in NMSIIS
Hep B Dose 4*	Date		Time		Entered in NMSIIS

Post Vaccination Serological Testing (PVST)

Lab Results (include a copy of lab result)	Date	Result	HBsAG	Positive (Reactive) / Negative (Non-Reactive)
	Date	Result	Anti-HBs	Positive / Negative
	Date	Antibody Level		

PVST Result Interpretation

Immune	Still Susceptible	Infected
HBsAg – Negative	HBsAg – Negative	HBsAg – Positive
Anti-HBs- Positive	Anti-HBs- Negative	Anti-HBs- Negative
Antibody Level ≥10mIU/mL	Antibody Level <10mIU/mL	Antibody Level <10mIU/mL

NMDOH Perinatal Hepatitis B Prevention Program
1190 St. Francis Dr., Suite 1258 • P.O. Box 26110 • Santa Fe, New Mexico • 87502
(505) 476-3626 • FAX: (505) 827-1741 • www.nmhealth.org

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