Post-Exposure Prophylaxis (PEP) Errors

Email Completed Form

If a PEP error occurs, complete the following form and **securely email to VPDC-PHB@ph.lacounty.gov OR fax to 213-351-2781 within five (5) business days. PEP Errors include the following:**

- Any infant born to an HBsAg positive person who does not receive HBIG and/or HepB dose ≤12 hours after birth OR
- Any infant weighing <2000 gm born to an HBsAg unknown person who does not receive HBIG and/or HepB dose ≤12 hours after birth OR
- Any infant weighing ≥2000 gm born to an HBsAg unknown person who does not receive HepB dose ≤12 hours after birth AND/OR
- Any infant weighing ≥2000 gm born to an HBsAg unknown person who does not receive HBIG ≤7 days after birth

MOTHER'S Name: _____ (Last) _____ (First) _____ (MI)

MOTHER'S date of birth ____/____/_____ (mm/dd/yyyy)

INFANT'S Name: _____ (Last) _____ (First) _____ (MI)

INFANT'S date of birth ____/____/_____ (mm/dd/yyyy) **Time of birth** ____:____ (Military Time: hh:mm)

Sex: ◯ Male ◯ Female

Hospital Name: _____ **Phone:** _____ **Fax:** _____

HBIG ◯ Not given ◯ Given

Date and time when given ____/____/_____ ____:____ (mm/dd/yyyy, military, hh:mm)

If date/time not available, age in hrs when given ____

Hep B Vac1 ◯ Not given ◯ Given

Date and time when given ____/____/_____ ____:____ (mm/dd/yyyy, military, hh:mm)

If date/time not available, age in hrs when given ____

Reasons for error (check all that apply)

HBsAg testing

- ☐ Mother's status was not known at the time of admission
  - ☐ Hospital did not test mother
  - ☐ Hospital tested mother but the results were delayed
- ☐ Mother's HBsAg status was misinterpreted
  - ☐ By a clinician at the hospital
  - ☐ By the treating provider who provided incorrect information to the hospital
- ☐ Original lab result was not available in the hospital record
  - ☐ Mother's HBsAg result was communicated verbally to the hospital
  - ☐ Mother's HBsAg result was communicated in writing to the hospital
- ☐ Mother had multiple HBsAg tests and hospital only had documentation of a negative test
- ☐ Hospital did not assess mother's HBsAg status
- ☐ Other (if so, please specify) _____

PEP Availability

- ☐ Pharmacy was closed/delay in the pharmacy
- ☐ Pharmacy did not have HBIG in stock
- ☐ Pharmacy did not have HBV vaccine in stock

Compliance

- ☐ Parent refused PEP for infant
- ☐ Physician did not provide PEP to infant
- ☐ Parent did not present child to care for PEP (e.g. in the event of a home birth where the infant might receive PEP in an ED or other planned facility)

Patient Care

- ☐ Staff miscommunication or poor recordkeeping of administration/receipt of PEP
- ☐ Short-staffed; patient census high; could not provide PEP within time frame
- ☐ Change of shift

Infant Medical Reason

- ☐ Infant medical emergency
- ☐ Physician or other clinician refused to provide PEP to infant because of infant's medical condition

Name of Person Completing Form: _____

Phone Number: _____ **Email:** _____

Fax Number: _____ **Date Submitted:** _____

Revised 2026-06-11
Adapted from CDPH 8546/IMM 313

Please describe why the PEP error occurred in as much detail as possible.
Attach any lab reports and relevant medical records available for this mother and infant.

NOTE: If further comments are necessary, please attach a separate page with additional information