

Post-Exposure Prophylaxis (PEP) Errors

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 Time of birth

 / / :
mm dd yyyy (Military Time: hh:mm)

Sex: Male Female

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

HBIG Not given Given

Hep B Vac1 Not given Given

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

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

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

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: _____

***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

The information will be used only for **necessary** public health follow-up as defined in **Division 1 and 4 of the State Health and Safety Code for communicable disease control. Public health reporting is exempted from HIPAA restrictions.** The information contained is confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.