HEPATITIS B VACCINATION
HEALTH PROFESSION STUDENTS

NAME_____ DATE_____

COURSE_____ SECTION_____

HEPATITIS B VIRUS (HBV) causes a viral infection, which involves the liver. The spectrum of disease ranges from asymptomatic infection to fulminant disease, which may lead to death. Six to ten percent of infected young adults become carriers of the infection. Over 25 percent of these carriers develop chronic active Hepatitis, which often progresses to cirrhosis. There has been an association demonstrated between the Hepatitis B carrier state and the occurrence of liver cancer. The disease is spread by introducing infected blood or body fluids into the body by percutaneous or permucosal routes, i.e. sharps injury, getting infected blood or body fluids into non-intact skin or on mucous membranes, and by sexual contact and intravenous drug use. There is evidence that there is increased risk of HBV infection for health care workers who have frequent contact with blood and body fluids. In addition, more virulent form of Hepatitis is associated with superinfection or coinfection by Delta virus. Delta virus can only infect and cause illness in persons with Hepatitis B infection. Therefore, persons immune to HBV infection are also immune to Delta virus infection.

HEPATITIS B VACCINE immunizes against infection caused by all known subtypes of HBV. It is a vaccine prepared from cultures of a recombinant strain of yeast Saccharomyces cervisiae. The vaccine contains thimerosol (a mercury derivative) and as preservative.

INDICATIONS FOR USE: Hepatitis B vaccine is indicated for persons at increased risk for developing HBV infection and who are demonstrated to be susceptible to HBV. Risk is based on frequency of contact with blood or body fluids. Healthcare workers without occupational exposure to blood or body fluids are at no greater risk of infection then the general population.

PRIMARY ADULT VACCINATION consists of a series of three intramuscular injections of one ml. each. The first dose is given at the selected date. The second and third doses follow the first by one and six months, respectively. Administration of doses at longer intervals may be equally protective but optimal protection is not achieved until after the third dose. Vaccination of carriers will not cause harmful or beneficial effects.

ANTIBODY TESTING prior to receiving Hepatitis B vaccine is recommended to determine the immune status of the individual. Post-vaccine antibody testing is also recommended to determine immunity induced by the vaccine.

REVACCINATION NONRESPONDERS: When persons who do not respond to the primary vaccine series are revaccinated, 15% - 25% produce an adequate antibody response after one additional dose and 30% - 50% after three additional doses.

BOOSTER DOSES for adults with normal immune status, booster doses of vaccine are not recommended, nor is routine serologic testing to assess antibody status after the primary post-vaccine antibody screening.
SIDE EFFECTS consists mostly of pain at the injection site (3%- 29%) and a slight fever (1% to 6%).

PRECAUTIONS: Persons with hypersensitivity or allergic reaction to yeast or any other vaccine components should not be given recombinant Hepatitis B vaccine. Neither pregnancy nor lactation should be considered a contraindication to vaccination.

____I request Hepatitis B vaccine.

I have read the above information about Hepatitis B and Hepatitis B vaccine. I had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of Hepatitis B.

_____ _____
Employee's Signature Date

____I decline Hepatitis B vaccine.

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated for the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B a serious disease. If in the future I continue to have occupational exposure to blood or potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine I can receive the vaccination series at no charge to me.

_____ _____
Employee's Signature Date

___I received the Hepatitis B vaccination series in the past at _____ (facility)
on _____ (approximate date)

Employee Signature_____ Date: _____

Date Site Manuf/Lot # / exp. date Given by

1. _____
2. _____
3. _____