KLAMATH Community College

HEPATITIS B VACCINATION
HEALTH PROFESSION
STUDENTS

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 per mucosal 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 an increased risk of HBV infection for healthcare workers who have frequent contact with blood and body fluids. In addition, a more virulent form of Hepatitis is associated with superinfection or coinfection by the 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 cerevisiae. The vaccine contains thimerosal (a mercury derivative) and as preservative.

INDICATIONS FOR USE: The Hepatitis B vaccine is indicated for persons at increased risk of developing HBV infection and who have demonstrated to be susceptible to HBV. Risk is based on the 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 than 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 the 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 and30%- 50% after three additional doses.

BOOSTER DOSES for adults with normal immune status, booster vaccine doses are not recommended, nor is routine serologic testing to assess antibody status after the primary post-vaccine antibody screening.

SIDE EFFECTS consist 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 other vaccine components should not be given recombinant Hepatitis B vaccine. Neither pregnancy nor lactation should be considered a contraindication to vaccination.

__I received the Hepatitis B vaccination series in the past at

_____(facility) on

_____(Approximate date)

Student Signature_____Date: _____

Date Site Given by

1.

_____

2.

_____

3.

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