

## **HEPATITIS B VACCINE INFORMATION AND RECORD**

### **The Disease**

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

### **The Vaccine**

The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

### **Dosage and Administration**

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

### **Possible Vaccine Side Effects**

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.





**HEPATITIS B VACCINE INFORMATION AND RECORD**

**CONFIDENTIAL RECORD**

\_\_\_\_\_  
Employee Name (last, first, middle) Social Security No.

Job Title: \_\_\_\_\_

	Hepatitis B Vaccination Date	Lot Number	Site	Administered by
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Additional Hepatitis B status information:  
\_\_\_\_\_  
\_\_\_\_\_

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identification and documentation of source individual:  
\_\_\_\_\_

Source blood testing consent:  
\_\_\_\_\_

Description of employee's duties as related to the exposure incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of information provided to health care professional evaluating an employee after an exposure incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of all results of examinations, medical testing, follow-up procedures, and health care professional's written opinion.

Training Record: (date, time, instructor, location of training summary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_