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.

CONSENT OF HEPATITIS B VACCINATION

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

Signature of Employee (consent for Hepatitis B vaccination) Date

Signature of Witness

Date

REFUSAL OF HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination 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 other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee (refusal for Hepatitis B vaccination) Date

Signature of Witness

Date

I refuse because I believe I have (check one)

_____started the series _____ completed the series

RELEASE FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize ______ (individual or organization holding Hepatitis B records and address) to release to the Humboldt Community School District, my Hepatitis B vaccination records for required employee records.

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an exposure incident.

Signature of Employee

Date

Signature of Witness

Date

CONFIDENTIAL RECORD

Emplo	yee Name (last, first, middle)Socia	l Security No.			
Job Ti	tle:		_		
1 2 3	Hepatitis B Vaccination Date		Site	Administered by	
Additi	onal Hepatitis B status information:	:			_
	xposure incident: (Date, time, circu			• ,	-
Identif	ication and documentation of sourc	e individual:			-
Source	e blood testing consent:				
Descri	ption of employee's duties as relate	d to the exposure i	ncident:		
Сору	of information provided to health ca	are professional ev	aluating a	n employee after an expo	sure incident:
	a copy of all results of examination opinion.	ns, medical testing	, follow-u	p procedures, and health	care professional's
Trainii	ng Record: (date, time, instructor, lo	ocation of training	summary)	_
					_

Page 4 of 4

HUMBOLDT COMMUNITY SCHOOL DISTRICT BOARD POLICY MANUAL