

HEPATITIS VACCINE RECOMBIVAX HB INFORMATION

Hepatitis

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 6% to 10% of acutely infected adults 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 also appears to be a causative factor in the development of liver cancer.

Hepatitis B can be spread to health care workers by accidental needle sticks or other exposures to blood or body fluids of Hepatitis B infected patients. Your risk of contracting Hepatitis B from a needle stick with a Hepatitis B contaminated needle is 35-40%. The risk from a splash to your eyes, mouth or skin with Hepatitis infected blood or body fluid is much less. There is no known cure once a patient is infected, but a vaccine is available which can effectively prevent Hepatitis B infection even if you are accidentally exposed to Hepatitis B infected blood or body fluids.

Health care workers are at a high risk of acquiring Hepatitis B because of their frequent contact with blood and/or other infectious materials. Columbia State Community College wants to protect you from this illness and strongly recommends that you become vaccinated with Hepatitis B Vaccine if you could reasonably anticipate any occupational exposure to blood and/or other infectious materials in accordance with the recommendations by the CDC (Center for Disease Control) and in compliance with the OSHA Bloodborne Pathogen Standard.

Hepatitis B Vaccine

RECOMBIVAX-HB (Hepatitis B Vaccine, RECOMBINANT, MDS) is non-infectious sub-unit viral vaccine derived from Hepatitis B surface antigen (HBsAg) coding for HBsAG, is cloned into yeast, and the vaccine for Hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck Sharp and Dohme Research Laboratories. The vaccine is free of association with human blood or blood products.

RECOMBIVAX-HB is indicated for immunization against infection caused by all known sub-types of Hepatitis B virus. RECOMBIVAX-HB will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, non-A, non-B Hepatitis viruses, or other viruses known to infect the liver.

Immunization requires three doses of vaccine given at time 0, 1 month, and 6 months. Approximately 90% of persons vaccinated by this route will develop antibodies to Hepatitis B and will be protected. The duration of immunity is unknown. Individuals who have been infected with HBV prior to receiving the vaccine may develop clinical Hepatitis regardless of immunizations.

Possible Side Effects

The incidence of side effects is very low. No serious side effects have been reported. A few individuals experienced injection-site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness. Rare side effects may be identified with more extensive use.

Contraindications

Hypersensitivity to yeast or any other component of the vaccine is a contraindication for use of the vaccine.

CONSENT FORM FOR RECEIVING THE HEPATITIS B VACCINE

-I have read or have had explained to me the information on this form entitled "Hepatitis B Vaccine information."

-I have had a chance to ask questions that were answered to my satisfaction.

-I understand that it is not recommended for pregnant women to receive the Hepatitis B Vaccine, and that a woman who discovers she has become pregnant after receiving one or more doses of the Hepatitis B Vaccine should discontinue receiving the subsequent doses until after she is no longer pregnant and should also contact her obstetrician immediately.

-I understand that all three doses of the Hepatitis B Vaccine are necessary to afford protection from Hepatitis B and that it is my responsibility to receive all 3 doses on time as scheduled by the Clinic nurse.



Hepatitis B Vaccine Form/Declination

www.columbiastate.edu
Phone: (931) 540-2849
Fax: (931) 560-4103

- I understand that I should not take this vaccine if active infection is present or I have an allergy to any of the compounds contained within the vaccine.
- I understand that there is a possibility that I will experience an adverse side effect from the vaccine.
- I believe I understand the benefits and risks of the Hepatitis B Vaccine and ask that the Hepatitis B Vaccine be given to me.
- I understand that there is no guarantee that I will develop immunity.
- I give permission for information on this form to be shared with affiliating clinical institutions.

PRINT NAME

WRITTEN SIGNATURE

DATE

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FOR OFFICE USE ONLY

#1 Injection

#2 Injection

#3 Injection

Date

Date

Date

Lot #

Lot #

Lot #

Expiration Date

Expiration Date

Expiration Date

Site

Site

Site

Nurse Signature

Nurse Signature

Nurse Signature

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Refusal Form for Hepatitis B Vaccine

- A. I have read the preceding statement about Hepatitis and Hepatitis B Vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B Vaccine and decline Hepatitis B Vaccine at this time.

Decline to Accept: _____
(Please Sign)

- B. I have had the Hepatitis B Vaccine series of Injections. Attach Hepatitis B immunization record.

(Please Sign)

Date