

Western Carolina University  
Athletic Training Education Program  
Hepatitis B Immunization  
Informed Consent/Refusal

Hepatitis is an inflammation of the liver that may be caused by several viruses; one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including the blood, saliva, semen, vaginal fluid, breast milk, tears and urine of individuals infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes and breaks in the skin or across mucous membranes.

A carrier of viral Hepatitis B is someone who may or may not show signs of liver disease but who continues to carry the Hepatitis B virus in the body and therefore can transmit the virus to others.

A Hepatitis B virus infection may be mild or severe. Death is uncommon in the early stages of the infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly even for life. It can also lead to cirrhosis and liver cancer.

There is no treatment or drug available that can destroy the Hepatitis B virus. In most cases, the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

A vaccination is recommended for persons at high risk of contracting Hepatitis B. However, it will not prevent against a Hepatitis infection caused by other agents such as Hepatitis A virus or Hepatitis non-A, non-B virus.

The vaccine consists of three injections. The first dose is administered at an elected time; the second dose is administered one month later; with the third dose being administered six months after the first dose. Full immunization requires 3 doses of the vaccine over a six-month period. If the full immunization does not occur within the six-month period, the process must be repeated from the first dose.

The duration of protective effect of the vaccine is unknown at present and the need for boosters is not yet defined. It should be noted that not everyone who receives the series of Hepatitis B injections gains immunity. Therefore, antibody testing is highly recommended upon conclusion of the injection series. Antibody testing will identify the presence of absence of the Hepatitis B antibodies in the body.

The Hepatitis B vaccine is generally well-tolerated. As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, discoloration, swelling, warmth and/or nodule formation. Other reactions may include low grade fever, fever over 100 degrees (uncommon), general malaise, fatigue, headache, nausea, vomiting, dizziness, muscle pain, joint pain, arthralgia, rash, and/or neurological disorders.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection, except when a physician believes withholding the vaccine entails a greater risk.
2. Allergy or hypersensitivity to yeast or any component of the vaccine. These components include alum, thimerosal-a mercury derivative, aluminum hydroxide, and formaldehyde.
3. Pregnancy or breast-feeding
4. Severe heart or lung problems

Athletic training students enrolled in the Western Carolina University ATEP are required to begin the immunization process prior to provisional application into the ATEP. Students are required to show completion of the series of injections prior to the conclusion of the first year in the Athletic Training Education Program. The student shall incur the cost of immunization. If an athletic training student so desires, he may decline the immunizations by signing the appropriate form and submitting it to the program director's office by the application date.

Western Carolina University  
Athletic Training Education Program  
Hepatitis B Immunization

**Hepatitis B Vaccine Declination**

I understand that due to my occupational or educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B viral infection. I have been given the opportunity to be vaccinated with the Hepatitis vaccine at my own expense. However, I decline the 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 or educational exposure to blood or other potentially infectious material and want to be vaccinated by the Hepatitis B vaccine, I can receive the series at my own expense.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Identification Number