

Hepatitis B Vaccination Information

Employees whose job duties place them at risk of exposure to human blood or other potentially infectious human derived materials are offered the Hepatitis B vaccination free of charge.

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must read and understand this document and then submit EITHER the Hepatitis B Vaccination Consent Form **OR** the Hepatitis B Vaccination Declination Form to the Safety and Risk Management Office.

Hepatitis B is a severe liver disease of adults and children caused by the hepatitis B virus (HBV). It is spread between human beings by direct contact with infected blood or another body fluid. This can happen in a health care setting, tattoo or acupuncture with unclean needles or instruments, shared needles during drug use, sexual contact with an infected person, shared personal items (such as toothbrushes, razors, and nail clippers) with an infected person, less commonly by blood transfusions, and from mother to baby at birth.

Acute Hepatitis B is characterized by fever, loss of appetite, nausea, vomiting, abdominal pain, enlargement of the liver, jaundice (yellow skin), and occasionally by rash and pain in the joints. About 0.1% of persons die with the acute disease. About 10% of people do not recover from their infection but become carriers of the virus throughout their lifetime. Many people with chronic hepatitis B have few or no symptoms, and may not know they are infected. However, this carrier state is associated closely with the development of cirrhosis of the liver, which can be fatal, and the development of liver cancer.

There is no specific treatment for Hepatitis B available. The best way to prevent Hepatitis B is to be vaccinated.

Hepatitis B Vaccination Series

The Hepatitis B Vaccination involves a series of three injections. If an employee terminates his/her employment before finishing all three injections, the University is not responsible for providing the remaining injections.

Adult individuals who are not dialysis patients or immunocompromised should receive 3 one ml doses of the vaccine intramuscularly in the deltoid muscle of the arm. The first dose is given at the elected date, the second dose is given one month later and the third dose is given six months after the first dose.

In the following situations, personnel should consult with their health care provider prior to the vaccine being administered:

- Female personnel who are pregnant or who are nursing mothers
- Personnel who have any known cardio-pulmonary compromise
- Individuals who have well documented allergic reactions to formalin (formaldehyde) or thimerosal (mercury derivative) or yeast.

Previously vaccinated individuals do not need to repeat the series unless there is a high-risk factor for HBV transmission. Studies indicate that immunity remains intact for at least 30 years among healthy vaccinated individuals who received the vaccination after the age of 6 months. Individuals who are unsure about their vaccination history or immunity to hepatitis B should be appropriately counseled by a health care professional at campus Health Services. Serologic testing can be done to determine immunity status and is available from the [Jackson County Health Department](#).

The vaccine is generally well tolerated. As with any vaccine, there is a possibility that broad use of the vaccine could reveal rare adverse reaction not observed in the clinical trials. Of the reported reactions, approximately half of them were injection site soreness. Low grade fever, less than 101°F, occurs occasionally and is usually confined to the 48-hour period following vaccination. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia are infrequent and have been limited to the first few days following vaccination. Serious reactions are very rare and are mainly due to allergic reactions to a part of the vaccine. If hypersensitivity to yeast is noticed after receiving a round of the vaccine, Health Services should be notified immediately.

ALTHOUGH THE VACCINE PROTECTS AGAINST HEPATITIS B, IT DOES NOT PROTECT FROM OTHER INFECTIONS SUCH AS HIV and HEPATITIS A OR C WHICH CAN BE TRANSMITTED BY BLOOD AND OTHER BODY FLUIDS. FOR THIS REASON, TECHNIQUES FOR CAREFUL HANDLING OF POTENTIALLY INFECTIOUS MATERIALS CANNOT BE RELAXED.

For more information about the Hepatitis B virus and vaccination series, view the [CDC Hepatitis B](#) website.

Hepatitis B Vaccination Declination Form

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete **EITHER** this declination form **OR** the Hepatitis B Vaccination consent form and return it to the Safety and Risk Management Office.

I have read and understand the HEPATITIS B INFORMATION SHEET, which describes the clinical course of the disease, the vaccination, and its most frequent risks and hazards. I have discussed any questions or concerns with campus Health Services.

Check A OR B below:

A) I have been previously vaccinated with the complete series of the Hepatitis B vaccine.

B) I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B disease, which is 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.

Employee Name (Print)	
Employee ID Number (92#)	
Employee Signature	
Department	
Date	

Please return this form to the Safety and Risk Management Office via intercampus mail (Facilities Management - Safety Office) or by email safety@wcu.edu.

For questions or assistance with this form contact Safety and Risk Management at 828-227-7443.

For medical questions contact WCU Health Services at 828-227-7640.

Hepatitis B Vaccination Consent Form

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete **EITHER** this consent form **OR** the Hepatitis B Vaccination declination form and submit it to the Safety and Risk Management Office.

I have read and understand the HEPATITIS B INFORMATION SHEET, which describes the clinical course of the disease, the vaccination, and its most frequent risks and hazards. I have discussed any questions or concerns with campus Health Services.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I agree to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that I will receive the complete series of injections (**3 injections over a 6-month period**) required for full immunization to HBV. If my employment terminates before finishing all three injections, I understand that the University is not responsible for providing the remaining injections.

I understand that I need to have written authorization from my physician before receiving the vaccine if any of the following statements is true: I am pregnant, I have cardio-pulmonary compromise, I am allergic to formalin (formaldehyde), I am allergic to thimerosal (a mercury derivative), or I am allergic to yeast. I understand that there are possible contraindications to HBV vaccination which include, but are not limited to, hypersensitivity to any component of the vaccine, and hypersensitivity to yeast when recombinant HBV vaccine is used. Patients experiencing hypersensitivity after the Hepatitis B vaccine injection should NOT receive further injections of the vaccine.

Employee Name (Print)	
Employee ID Number (92#)	
Employee Signature	
Department	
Date	

Please return this form to the Safety and Risk Management Office via intercampus mail (Facilities Management – Safety Office) or by email safety@wcu.edu.

For questions or assistance with this form contact Safety and Risk Management at 828-227-7443

For medical related questions contact WCU Health Services at 828-227-7640.