

Adult Correctional Health Hepatitis B Vaccine Policy Acknowledgment

Over 3 million people worldwide are infected with Hepatitis B Virus (HBV). The current vaccine is made from yeast and is one of the safest vaccines available. You cannot get the virus from the vaccine because no live virus is present.

Reported side effects from the vaccine include soreness, swelling and redness at the injection site. Possible systemic symptoms are from headache, dizziness, nausea, vomiting, slight fever, malaise, myalgia and cold-like symptoms to life threatening.

Due to possible reactions to this vaccine, recipients must remain in the general vicinity for at least 20 minutes after administration of the vaccine in order for the provider to assist with any emergency medical care, if needed.

Individuals with known allergies or sensitive to thimerosal, also known to be in products used to disinfect the skin prior to surgeries, and those with reactions to prior HBV immunizations should refer to their physician prior to receiving this HBV series.

Healthy adults receive the HBV series in three (3) intramuscular doses. In order to ensure proper immunization, the following schedule must be followed:

Schedule: 1st dose; 30 days later, 2nd dose should be received; 6 months after the 1st dose, 3rd dose should be received.

Contraindications: Hypersensitivity to yeast or any other component of the vaccine.

Warnings: Patients experiencing hypersensitivity after Hepatitis B vaccine should not receive further injections. Hepatitis B has a long incubation period. Vaccinations may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccine administration. Additionally, it may not prevent infection in individuals who do not achieve protection antibody titers.

Precautions: As with any percutaneous vaccine, epinephrine should be available for use in case of anaphylaxis or anaphylactoid reaction. Administration should be delayed for persons with any febrile illness or active infection.

Pregnancy: It is not known whether vaccine can cause fetal harm when administered to a pregnant woman or can affect reproductive ability. Therefore, vaccine should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether vaccine is excreted in human milk. Caution should be exercised when vaccine is administered to a nursing woman.

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. During clinical studies involving over 10,000 individuals, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, it is possible that expanded commercial use could reveal rare adverse reactions not observed in clinical studies. The most frequently reported adverse reactions were injection site soreness (22%) and fatigue (14%). Other reactions:

- Fever, headache, dizziness, ecchymosis, sweating, chills
- Cardiovascular – Tachycardia, palpitations
- Respiratory – Influenza, URI, broncho spasm
- GI – Nausea, anoxia, abdominal pain, cramps, vomiting, diarrhea
- Lymph System – lymphadenopathy
- Hemolytic – Thrombocytopenia
- Muscular Skeletal – Pain, stiffness in arms, shoulders, neck and back pain
- Skin and Appendages – Rash, eczema, herpes zoster, erythema nodosum, urticarial, petechial
- Nervous System – Insomnia, agitation, irritability, somnolence, migraine headache, syncope, neuropathy, paresthenia, Guillain and Bell’s palsy
- Hypersensitivity – Anaphylaxis, erythema multiforme, including Steven Johnson Syndrome

Hepatitis B Vaccination Acceptance / Declination

Sacramento County has provided information regarding the efficacy, safety and administration procedure for the Hepatitis B vaccination series. I certify that I have read and understand the information on this form.

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 offered the Hepatitis B vaccine at no cost to myself.

Please check one of the following:

- I agree to complete the Hepatitis B vaccination series offered by Sacramento County Department of Personnel Services through its contracted health care provider. I will provide documentation of my vaccination.
- I decline the Hepatitis B vaccination series offered by Sacramento County because I have already been vaccinated for Hepatitis B within the last ten (10) years. I will provide documentation of my vaccination.
- 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 I want to receive the Hepatitis B vaccination in the future and continue to have occupational exposure to blood or other potentially infectious materials, I can receive the vaccination series at no charge to me.

My signature below represents my acknowledgment and understanding of the above information and my acceptance or declination regarding the Hepatitis B vaccine.

Printed Name _____

Job Title _____ Facility _____

Employee's Signature _____ Date _____

Distribution: Original – Scanned copy to ACH Secretary
Copy – Employee (upon request)