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# M E M O R A N D U M

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**DATE:** June 2, 2015

**TO:** Faculty/Staff in the following Departments:  
**Nursing, Physical Therapy, Occupational Therapy, Exercise Physiology,  
Athletic Training, Clinical Labs, Facilities, Health Services**

**FROM:** Human Resources Department

**RE:** Hepatitis B Vaccination Series

You are a member of a department which is listed under the college's Exposure Control Plan as having duties or responsibilities to perform procedures where exposure to blood and other potentially infectious material containing organisms such as HIV and HBV may occur. Hepatitis B vaccine is available to all employees who have the potential for occupational exposure. The vaccine is offered free of charge, including all lab tests.

We have attached an information sheet and form for you to sign indicating your decision to participate or decline.

Please return the completed form to the Safety & Security Manager, Mike Turner, phone # 6387. He will contact you to arrange a time for a small training session. Following this mandatory training, you must contact the Student Health Service at #6282 to set up an appointment to begin the vaccination series.

6/2/15

R:/persnl/hrasst/Bloodborne/Hbvmemo.doc

INFORMATION ABOUT HEPATITIS B VACCINE

**THE DISEASE** Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which causes death in 1.2% of patients who contract the disease. Most people with hepatitis B 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 also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

**THE VACCINE** Hepatitis B vaccine is a noninfectious vaccine derived from hepatitis B surface antigen and produced in yeast cells. Because this vaccine is prepared from recombinant yeast cultures (baker's yeast – *Saccharomyces cerevisiae*), it does not contain any human or animal blood or blood products. It has been tested for safety in chimpanzees and for safety and efficacy in large scale clinical trials with human subjects. A higher percentage (90%) of healthy people who receive a three-dose series of the vaccine achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B (80-95%). Persons with immune system abnormalities, such as dialysis patients, have response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires 3 doses of vaccine over a 6-month period, although some persons may not develop immunity even after 3 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. The duration of immunity to hepatitis B is unknown at this time. The vaccine is not effective in protection against hepatitis caused by types A, or non-A, non-B viruses.

**POSSIBLE VACCINE SIDE EFFECTS** The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, headache, nausea, diarrhea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use. You should not receive this vaccine if you are allergic to yeast or other components of the vaccine. The vaccine contains very small amounts of aluminum hydroxide, thimerosal (mercury derived compound), formaldehyde and alum. **IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE ASK THE STUDENT HEALTH SERVICE STAFF.**

**CONSENT** I have read the above statement about hepatitis B and the hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. As with any vaccine, there is the possibility that rare, adverse reactions not observed in clinical trial subjects may become apparent as the vaccine is used more broadly. I understand that I must have 3 doses of vaccine to confer immunity. I also understand that there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine. I have chosen to participate in the voluntary vaccination program, and will not hold The College of St. Scholastica responsible for any undue effects I may have as a result of vaccine administration.

At this time: (check the appropriate line)

\_\_\_\_\_ I have chosen to participate in this voluntary vaccination program, and will not hold The College of St. Scholastica responsible for any undue effects that I may have as a result of vaccine administration.

\_\_\_\_\_ I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I decline Hepatitis B vaccination at this time. I understand 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 Hepatitis B vaccine, I will arrange to do so.

\_\_\_\_\_ I have already received the HBV immunization.

\_\_\_\_\_ I have already received the HBV immunization and request to have my blood drawn to determine immunity to HBV.

\_\_\_\_\_ I have already received HBV immunization and decline to have my blood drawn to determine immunity to HBV.

		DATE	DOSE	SITE	LOT#	ADMIN BY	10-15" ADVISED
PRINT Name of Person Receiving Vaccine	1.	_____	_____	_____	_____	_____	_____
	2.	_____	_____	_____	_____	_____	_____
	3.	_____	_____	_____	_____	_____	_____
Employer	*4.	_____	_____	_____	_____	_____	_____
	*5.	_____	_____	_____	_____	_____	_____
Signature of Recipient	Date						
_____	_____						
Witness	Date	DATE SCREENED	RESULT	NOTIFIED OF RESULTS			
_____	_____	_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			