

# **HEPATITIS B VACCINATION**

## **HEPATITIS**

Hepatitis means inflammation of the liver, and can be caused by a number of agents or conditions. The most common causes of hepatitis are viruses.

## **HEPATITIS B VIRUS**

Hepatitis B Virus infection is the major infectious blood borne occupational hazard to health care workers.

Hepatitis B Virus (HBV) is a potentially life-threatening blood borne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract Hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others.

## **TRANSMISSION OF HBV**

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

## **HBV VACCINATION**

The Hepatitis B Vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other blood borne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose.

More than 90 percent of those vaccinated will develop immunity to the Hepatitis B Virus. To insure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The U.S. Public Health Service recommends that “High Risk” healthcare professionals receive Hepatitis B Vaccination. Nurse Assistants are considered to be in the “high risk” category.

**HEPATITIS B RELEASE FORM**

I have been informed and understand the dangers of contracting Hepatitis B. I also acknowledge that there is a Hepatitis B vaccine available. I understand that it is my responsibility to decide whether or not to receive the vaccine from my personal physician at my own expense.

If I decide not to have the Hepatitis B vaccine administered to me, I hereby release the clinical facilities and the Beck Area Career Center from any and all liability and costs incurred by me should I contract Hepatitis B while performing school related clinical duties at the hospital.

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Name (Print)

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Signature

\_\_\_\_\_  
Witness (Guardian, if a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School