

THE UNIVERSITY OF SOUTHERN INDIANA

HEPATITIS B VACCINATION KIT



Please bring this booklet to your scheduled Hepatitis B Vaccination appointment and present to your physician.

Environmental Health and Safety
8600 University Boulevard
Administrative Services Annex North
Evansville, IN 47712

Any Questions?

TELEPHONE: (812) 461-5393
FAX NUMBER: (812) 461-5275
EMAIL: bjmorrison1@usi.edu

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INFORMATION

Because of the nature of your work, there is a possibility that you will be exposed to human blood or other potentially infectious materials while on the job. Recognizing the risk, the Occupational Safety and Health Administration (OSHA) developed a safety regulation designed to prevent exposure and protect workers from bloodborne pathogens. The standard is entitled the [Bloodborne Pathogens Standard \(29 CFR 1910.1030\)](#).

Bloodborne pathogens are microorganisms found in the blood and other body fluids that can cause disease in people. The following are of particular concern:

- ***Human Immunodeficiency Virus (HIV)***: HIV causes the fatal disease AIDS. However, people can carry HIV for years without any apparent symptoms; often, they are not even aware that they have it. The problem with AIDS is that it attacks the human immune system. Once people develop AIDS, their immune system cannot fight off disease. When people die from AIDS, they usually die from a disease their body could not recover from, such as pneumonia or certain types of cancer.
- ***Hepatitis B Virus (HBV)***: This bloodborne pathogen is much more common than AIDS. Hepatitis B affects the liver, and has been fatal in a small number of cases. People who carry HBV can pass it on to others, and once you carry HBV you are at a much greater risk for the possibility of fatal liver ailments.

The chances of you coming in contact with these viruses on the job are very slim. Even people whose jobs cause them to come into regular contact with blood or other body fluids rarely become infected.

In order to protect employees from the Hepatitis B virus, The University of Southern Indiana has implemented a HBV vaccination program. This program is available at no cost, to all employees who have occupational exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations over a six-month period and a post-vaccine titer. Vaccinations are performed at the Student Health Center, Health Professions Center (HP091). You can arrange to be vaccinated by calling the Student Health Center at (812) 465-1250 and make an appointment.

HEPATITIS B VACCINE, ENGERIX-B WHAT IS

HEPATITIS B?

Hepatitis B is a viral infection which causes inflammation of the liver cells.

HOW SERIOUS IS THE DISEASE?

An estimated 200,000 persons, primarily young adults, are infected each year. One quarter of them become ill with jaundice. More than 10,000 individuals are hospitalized with Hepatitis B each year, and an average of 250 die of fulminate disease. Between 6% and 10% of young adults with HBV infection become carriers. Chronic active hepatitis develops in over 25% of carriers, and often progresses to cirrhosis. Studies have shown an association between the HBV carrier state and the occurrence of liver cancer.

WHAT ABOUT THE VACCINE?

Hepatitis B virus vaccine is a non-infectious viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. It is not derived from human blood or blood products.

Primary vaccination in the adult consists of three 1-ml doses administered intramuscularly. The second and third doses are recommended at one and six month intervals following the initial dose. Trials of the vaccine have shown 80% - 95% efficacy in preventing infection or hepatitis among susceptible persons, following the three-dose immunization schedule. The duration of protection and consequent need for booster doses are not yet known.

WHAT ARE THE RISKS AND SIDE EFFECTS?

No serious adverse reactions have been reported during the clinical trials. The most common adverse reaction is local soreness at the injection site. Less common local reactions include erythema, swelling, warmth or induration which are generally well tolerated and usually subside within 48 hours. Low-grade fever (less than 101°F) occurs occasionally; fever over 102°F is uncommon. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia and arthralgia are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

No long-term reaction has thus far been observed with the vaccine. However, as with any vaccine, there is the possibility that very broad use could reveal rare short or long term adverse reactions not observed during clinical trials.

WHO SHOULD NOT RECEIVE THE VACCINE?

Persons with a history of allergic reactions to other vaccines are advised to seek further information regarding the components of this vaccine before receiving it.

Individuals with immuno-deficiency disorders or those receiving immuno-suppressive therapy may require larger vaccine doses.

Persons who have a hypersensitivity to yeast should not receive the vaccine.

WHAT IF I AM PREGNANT?

Animal reproductive studies have not been conducted with the HBV vaccine. However, the Centers for Disease Control have advised that pregnancy should not be considered a contraindication for individuals who are otherwise eligible for the vaccine. However, if you are pregnant, or suspect pregnancy at this time, Student Health Services will require a note from your private obstetrician authorizing initiation of the vaccine, or continuation of the series if you become pregnant before the second or third doses of the vaccine are to be received. Enderix B should be given to a pregnant woman only if clearly needed.

WILL THE VACCINE PROTECT ME IN THE EVENT OF NEEDLE STICKS AND OTHER EXPOSURES?

In the clinical trials, protective antibodies developed in over 90% of individuals following the three-dose vaccination regimen. Employees will not be considered to have protective antibody until after the third dose of the vaccine has been administered. It is required that all needle stick exposures continue to be reported to the Student Health Service or the Emergency Room for consideration of the need for administration of serum globulins. No vaccination should provide an employee with a false sense of security regarding infectivity of patients. Strict aseptic technique and stringent safety measures must always be observed. It should be emphasized that this vaccine does not protect against hepatitis A, post-transfusion hepatitis or any other forms of non-B hepatitis.

WILL THE VACCINE PROTECT ME IF I NOW HAVE HEPATITIS?

Because of the long incubation period for Hepatitis B, six weeks to six months, it is possible for unrecognized infection to be present at the time HBV vaccine is given. In such individuals, HBV vaccine may or may not prevent Hepatitis B. However, there are no risks associated with giving the vaccine to an individual who has had Hepatitis B or who has unrecognized Hepatitis B.

Please complete the following form by consenting or denying the offer for the Hepatitis B vaccination. This form should be returned to Environmental Health and Safety and the additional copy is for your file.

Employee's Copy
EMPLOYEE CONSENT FORM – HEPATITIS B, ENGERIX-B

I have read and I understand the attached information on Hepatitis B virus vaccine. I have had a chance to ask questions of Environmental Health and Safety which were answered to my satisfaction. I understand that a series of three injections of the vaccine is recommended. If I am pregnant or suspect pregnancy at any time during the six-month vaccination period, I will obtain authorization from my obstetrician to initiate or continue the vaccination procedure. I understand that this vaccine is being offered on a purely voluntary basis to USI employees.

I understand the benefits and risks of Hepatitis B vaccine and request that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

EMPLOYEE DECLINATION FORM – HEPATITIS B, ENGERIX-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 (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. 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, 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 can receive the vaccination series at no charge to me.

I understand the benefits and risks of the Hepatitis B vaccine and deny that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

____ I have already received the Hepatitis B Vaccination series.

Fold Here

RETURN ADDRESS:

Place stamp here or CAMPUS MAIL

SEND TO:
The University of Southern Indiana
Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

TAPE ENDS HERE

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I understand the benefits and risks of Hepatitis B vaccine and request that it be given to me.

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NAME: _____ WORK EXTENSION: _____

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I understand the benefits and risks of the Hepatitis B vaccine and deny that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

___ I have already received the Hepatitis B Vaccination series.

Hepatitis B Vaccination Injection Record

USI Student Health Services will document each injection and the vaccine titer results on the Hepatitis B Vaccination Injection form for each patient. Once the form is complete, Student Health Services will send the original to EHS to be maintained in the Bloodborne Pathogens file.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available to affected employees at no cost and in accordance with the provisions of **Section 12.0** of USI's Bloodborne Pathogens Exposure Control Plan.

Please remove the following page from your booklet when the vaccination series is complete. Student Health Services will send the original form to Environmental Health and Safety.

Please present the following page "HEPATITIS B INJECTION RECORD" to the healthcare professional administering the Hepatitis B Vaccination for documentation purposes.

HEPATITIS B INJECTION RECORD

Hepatitis B Surveillance Program
In accordance with [29 CFR 1910.1030](#), Bloodborne Pathogens Standard.

Please take this form with you to your appointments.
Return original completed form to: Environmental Health and Safety, Administrative Services Annex North

I understand that due to my occupational exposure to blood or other potentially infectious materials, I maybe at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I elect to receive the hepatitis B vaccine. I have been informed of the potential risk and side effects.

PERSONAL INFORMATION:

PRINT: _____		_____	_____
First Name, Middle Initial, Last Name		DAYTIME PHONE	SOCIAL SECURITY NUMBER
HOME ADDRESS _____		CITY _____	STATE _____ ZIP CODE _____
DEPARTMENT _____	SUPERVISOR _____	Status: Full-Time Employee Part-Time Employee	Student-Employee Volunteer (VolUSI)

APPOINTMENT INFORMATION:

All appointments should be made at:

**STUDENT HEALTH CENTER (HP091)
8600 UNIVERSITY BOULEVARD
EVANSVILLE, IN
FOR APPOINTMENTS CALL: 812 465-1250**

At the time of scheduling your appointment, notify Student Health Center that you are enrolled in USI's Bloodborne Pathogens Exposure Control Plan.

Appointment Dates:

1 st Injection: _____	3 rd Injection: _____
Month/Day/Year	Month/Day/Year
2 nd Injection: _____	Follow up: _____
Month/Day/Year	Month/Day/Year

INJECTION RECORD:

1 st Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
2 nd Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
3 rd Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
1 st post-vaccine series titer date: _____	Result: _____	_____
4 th Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
2 nd post-vaccine series titer date: _____	Result: _____	_____
5 th Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
6 th Injection: _____	_____	_____
Dose, Route, Site	Manufacturer, Lot #	Nurse Sign/Date
3 rd post-vaccine series titer date: _____	Result: _____	_____

_____ SIGNATURE OF EMPLOYEE	_____ DATE	_____ SIGNATURE OF WITNESS	_____ DATE / TIME
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PRINTED NAME OF WITNESS

Fold Here

RETURN ADDRESS:

Place stamp here or CAMPUS MAIL

SEND TO:
The University of Southern Indiana
Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

CONFIDENTIAL: MEDICAL RECORDS

TAPE ENDS HERE

NOTES:

APPOINTMENT DATES: