

## Board Policy

Code No. 403.3E1

### HEPATITIS B VACCINE INFORMATION AND RECORD

#### The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV 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 may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

#### The Vaccine

The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three 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.

#### Dosage and Administration

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

#### Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.

## HEPATITIS B IMMUNIZATION CONSENT OR DECLINATION

### INFORMATION REGARDING HEPATITIS B

#### The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). Most people with Hept. 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 of the liver. 1-2% of persons with Hept. B will die from it. Immunization against the Hept. B virus can prevent acute hepatitis and its complications.

#### The Vaccine

Two types of products are available as vaccine against Hept. B virus. One type is derived from the plasma of chronic HBV carriers, and the second is produced from yeast cells through genetic engineering. Both products are purified and have been extensively tested for safety and effectiveness in large scale clinical trials. Approximately 90% of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against Hept. B virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires 3 doses of vaccine over a six month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hept. B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity and the need for an additional booster is unknown at this time.

#### Dosage and Administration

The Hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle of the upper arm. Two initial doses are given one month apart and the third dose is given six months after the first.

#### Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20% experience tenderness and redness at the site of the injection and a low grade fever. Rarely, a rash, nausea, joint pain and mild fatigue may occur. The possibility exists that other side effects may be identified with more extensive use of the vaccine. No known cases of hepatitis have been transmitted by the vaccine.

#### Vaccine Precautions

Pregnant women, nursing mothers individuals with cardio-pulmonary disease or immune deficiency should not take this vaccine without a doctor's permission. Those with an allergy to yeast should be given the plasma-derived vaccine. If you have any allergies, please have your physician provide written permission to Bettendorf Community School for you to receive the Hepatitis vaccine.

### HEPATITIS B VACCINE - ACCEPTANCE

**I WANT TO RECEIVE** I have read and have had explained to my satisfaction, the administration of the vaccine including the risks, benefits and possible adverse effects associated with the vaccine. I have read the above information about Hepatitis B vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and the risks of Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I understand that the Bettendorf Community School District is providing the opportunity to have an immunization against Hepatitis B as a convenience for its staff. The District is in no way requiring its staff to have such a shot. I have been informed of the benefits and likely risks associated with the immunization against Hepatitis B and do voluntarily consent to it. In consideration for the convenience of this opportunity, I hold the Bettendorf Community School District harmless for any injury that may result from the administration of such immunization

|                     |             |  |
|---------------------|-------------|--|
| Name (Please Print) | Department  |  |
| <i>Signature</i>    | <i>Date</i> |  |

### IMMUNIZATIONS GIVEN

|                       | Date | Location | Lot # | Expiration |
|-----------------------|------|----------|-------|------------|
| 1 <sup>st</sup> dose: |      |          |       |            |
| 2 <sup>nd</sup> dose: |      |          |       |            |
| 3 <sup>rd</sup> dose: |      |          |       |            |

**HEPATITIS B VACCINE - DECLINATION**

Please sign if you **DO NOT** want the vaccine at this time.

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. Or I decline due to having received the Hepatitis B series already. (Please check below)

|                     |      |                        |  |
|---------------------|------|------------------------|--|
| Name (Please Print) |      | Department             |  |
| Signature           | Date | Have had series before |  |

Reapproved: February 17, 2004  
December 4, 2006  
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