



TO: New SIBCR Employees

FROM: Rose Hawley
Assistant Director

Date: October 15, 2004

RE: Hepatitis B Vaccine Option

If you are identified as being at potential risk of exposure to Hepatitis B, you are eligible to receive at no charge the Hepatitis B vaccine through the VA immunization program. You are considered to be in the at risk category if you work with patients or patients' specimens.

Attached is an Option Sheet necessary to enroll in this program. Should you have any questions, please contact Employee Health at X66710. **Please note that you must complete the attached Option Sheet and return it to SIBCR (151F) if you are considered to be in the at risk category, regardless of whether or not you elect to receive the vaccine.**

The immunization program consists of a series of three shots spaced over six months. Vaccinations are given in the Employee Health Clinic. One month after the first dose, you will receive notice that the second dose is due: and five months after the second dose, you will receive notice that your third dose is due. After you finish the series of three shots, it is important that an antibody titer be drawn to confirm that you have mounted a post-vaccine lab test. This immunization program is based on individual responsibility. It will be up to you to maintain currency in the immunization schedule.

If you decide to have a pre-vaccine antibody titer (to determine previous exposure) or if you have been immunized at another institution and need post-vaccine antibody titers, please report to Employee Health Clinic for your respective pre-vaccine-post-vaccine antibody screening test.

Employee Health Clinics are open Monday – Friday.

American Lake, Triage, Building 81, 7:30-8:30 AM and 3:00 – 4:00 PM
Seattle, East Clinic, Building 100, 8:00 – 9:30 AM and 3:00 – 4:15 PM

The Disease

Hepatitis B, a significant occupational disease for health care workers, is a viral infection caused by the hepatitis B virus (HBV). While some individuals experience clinical symptoms, most people with hepatitis B recover completely. However, 5-12% become chronic carriers of the virus. They may be asymptomatic, 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.

The Vaccine

Hepatitis B vaccine, Recombinant (Recombivax HB) is produced from cultures of recombinant yeast strain; it is free of association with human blood and blood products. It has been extensively tested for safety and efficacy in both animals and in clinical trials with human subjects. A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBS) and protection against Hepatitis B. Full Immunization requires 3 doses of vaccine over a six month period; a small percentage of people may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused AIDS or 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 the immunization. The duration of immunity is unknown at this time. Based on clinical and lab studies, it is possible to interchange this vaccine with the plasma-derived vaccine, Heptavax.

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 injection site. Low grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported.

Contraindications

Do not take this vaccine if you have a hypersensitivity to yeast.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE CONTACT EMPLOYEE HEALTH SERVICE.

CONSENT FORM

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 risk of the Hepatitis B vaccination. I understand that I must have 3 doses to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me.

Please PRINT the following:

Date vaccinated

Letter

Name: _____

(1) _____

Date of Birth: _____

(2) _____

Social Security Number: _____

(3) _____

Service: _____

Signature

Date

HEPATITIS B VACCINE OPTION SHEET

- I HAVE BEEN IMMUNIZED AT ANOTHER INSTITUTION, but require serologic evidence of vaccine response. I will report to East Specialty Clinic (100 1D 137) between 8:00-9:30 a.m. or 3:00-4:00 p.m., Monday through Friday for my antibody screening.
- I AM IN THE PROCESS OF BEING IMMUNIZED/HAVE BEEN IMMUNIZED AT THE SEATTLE PSHCS VA.
- YES, I WISH TO RECEIVE THE HEPATITIS B VACCINE. I will report to East Specialty Clinic (100 1D 137) between 8:00-9:30 a.m. or 3:00-4:00 p.m., Monday through Friday, to start the vaccination series (please sign consent form from previous page and bring it with you at the time of your first vaccination).
- NO. I ELECT NOT TO RECEIVE THE HEPATITIS VACCINE AT THIS TIME. I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus infection. I have been given an opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccine at this time. I understand that by declining the 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.

_____ PRINTED NAME	_____ SOCIAL SECURITY NUMBER	_____ DATE OF BIRTH
_____ SERVICE	_____ SECTION	_____ EXTENTION
	_____ SIGNATURE	_____ DATE

PLEASE RETURN TO EMPLOYEE HEALTH (S-111EH)