

Rochester
COMMUNITY AND TECHNICAL
College

Student Health Services
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851 30th Avenue Southeast
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Recommendation for Hepatitis B Vaccinations

In December of 1991 the Federal Rule on OSHA for blood borne pathogens passed. This put into law employer and employee responsibilities for the education and management of all potential individuals who may have occupational exposure to blood borne pathogens. Although your role as student in allied health, nursing or dental hygiene does not fall under this legislation, the clinical sites require that all students complete the Hepatitis B vaccine.

As a student in a health care profession, you may be exposed to the blood or body fluids of persons with acute or chronic Hepatitis B virus (HBV) infection while performing your job. Though the risk is less for non-clinical personnel than those in direct patient contact, the risk still exists.

The primary vaccination series consists of three doses of vaccine, with the second and third doses given one and six months after the initial dose. Please read the accompanying "Important Information About Hepatitis B and Hepatitis B Vaccine" and screen yourself for contraindications. The Olmsted County Health Department is offering the series at a reduced cost for students.

Hepatitis B vaccination does not replace the need for following Standard Precautions.

You are required to acknowledge and document that you have been advised of the recommendation for Hepatitis B vaccination. ***Please complete EITHER the Hepatitis B Vaccination Verification form OR the Hepatitis B Immunization Waiver form and return the form to Student Health Services.***



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Hepatitis B & Hepatitis B Vaccine

Please read carefully:

What is hepatitis?

Hepatitis is an inflammation of the liver. There are several different types of hepatitis, but the type caused by the Hepatitis B virus (HBV) poses the greatest risk to health care workers and other persons who may be exposed to blood. A vaccine is available to protect persons against HBV infection.

Is there a Hepatitis B problem in the United States?

Each year, an estimated 300,000 persons, primarily young adults, are infected with HBV. One-fourth of them become ill with jaundice, more than 10,000 require hospitalization, and an average of 250 die. In the U.S. there are approximately 750,000-1,000,000 infectious carriers. Approximately 25% of carriers develop chronic active hepatitis, which often progresses to cirrhosis. Furthermore, HBV carriers have a risk of developing primary liver cancer that is 12-300 times that of other persons. An estimated 4,000 persons die each year from Hepatitis B-related cirrhosis, and more than 800 die from Hepatitis B-related liver cancer.

Who should be vaccinated?

The Hepatitis B vaccine is recommended for individuals who may be at risk of exposure to blood and body fluids. This would include the following: home care and clinic public health nursing staff, firefighters, ambulance personnel, first responders, law enforcement personnel, corrections officers, and others whose jobs might require providing emergency first response care or place them at risk of exposure. Although "post exposure treatment" is possible, preventive vaccination is recommended, because not all exposures may be identified or treated.

EXCEPTIONS would include the following: persons with severely compromising cardiopulmonary (heart or lung) problems; and pregnant or nursing women. These people should not be immunized against Hepatitis B.

How is Hepatitis B vaccination given?

The Hepatitis B vaccine is given in a series of three doses. Usually, the first two doses are given one month apart, and the third dose five months after the second. It is important that you receive all three doses for maximum protection. The vaccination is given in the deltoid (upper arm.). Side effects are usually limited to soreness at the injection site.

How long does protection from the vaccine last?

A series of three doses produces protection against Hepatitis B in 90% of healthy persons. Should an exposure occur several years after vaccination, the antibody level may (titre) be checked, and a booster vaccination may be recommended.

What happens to someone who is exposed to a Hepatitis B patient's blood?

Should a vaccinated individual become exposed to HBV, a test may be run to determine the antibody level (titre). If the titre is acceptable, no further treatment is needed. If the antibody level is inadequate, a booster dose of vaccine would be recommended. Non-vaccinated persons would be treated with Hepatitis B immune globulin (HBIG) and Hepatitis B vaccine. If you are exposed to blood or body fluids during the course of normal student nurse duties, you must report the clinical- related exposure immediately to your instructor.

Where can I receive the vaccine?

The vaccine is available through your health care provider or through your local Health Department. Contact your health insurance carrier to determine coverage of cost prior to receiving the vaccine from your health care provider. Students at risk for HBV infection who do not have full (100%) insurance coverage for this vaccine, may obtain the vaccine at a reduced cost through the County Health Department.

What are the side effects of the vaccine?

The most common side effect is soreness at the site of injection. Illnesses, such as neurologic reactions, have been reported after the vaccine is given, but Hepatitis B vaccine is not believed to be the cause of these illnesses. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving Hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

What if I am pregnant?

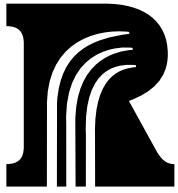
You are advised not to have the Hepatitis B vaccine until you have delivered your baby, have finished nursing, and have returned to school. Should you become exposed to blood body fluids, or secretions while pregnant during the course of your normal student nurse duties you should report the exposure to your clinical instructor in the first 24 hours after exposure and seek physician evaluation promptly.

What if I have a reaction to the shot?

If you receive the vaccine, get sick and visit a doctor, hospital, or clinic during the four weeks after receiving the vaccine, please report it to the Olmsted County Public Health Department, (507) 285-8371.

How can I be sure if I should receive the vaccine?

If you have any questions about Hepatitis B or Hepatitis B vaccine, call your doctor or the Olmsted County Public Health Department, (507) 285-8371.



Hepatitis B Vaccination Verification

Name _____ Date _____

I understand that as a student enrolled in a health profession, I may be at risk for exposure to blood or other potential infectious materials and I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised to receive a primary series of Hepatitis B vaccinations.

I: (Check one)

_____ plan to receive the series of Hepatitis B vaccinations. I understand that these vaccinations are available at Olmsted County Health Department or through my primary provider. I also understand that I am responsible for the full cost of the vaccinations. I agree to provide Student Health Services with the dates I receive these vaccinations.

_____ have started or completed the series of Hepatitis B vaccinations and need _____ additional doses.

1st dose date: _____

2nd dose date _____

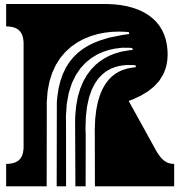
3rd dose date: _____

I agree to provide Student Health Services with dates of subsequent vaccinations when they are received.

_____ have a medical contraindication (type _____) for receiving Hepatitis B vaccine and cannot receive the vaccinations.

_____ have a temporary condition (type _____) that prohibits me from receiving Hepatitis B at this time. I plan to begin the vaccinations at a future date and will provide Student Health Services with this date as well as the dates of subsequent vaccinations.

Signature _____ Date _____



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Hepatitis B Immunization Waiver Form

Name

Program

As a student enrolled in the above-stated program, I have been informed of the Hepatitis B Virus. This information included how the virus is transmitted, complications that may occur if I am exposed and that a vaccine is available that would give me over 90% protection against this virus. I have also been informed that receiving the vaccine is strictly a voluntary choice and is not required to be a student in the above-stated program, but that it has been strongly recommended.

At this time I have voluntarily made the decision not to be immunized against the Hepatitis B Virus. In making this decision, I accept full responsibility for my decision and understand that the OSHA regulations require only health care facilities to make available for their own employees. Since I am not an employee of the Rochester Community and Technical College, in no way may I bring charges against the College if I am exposed to the Hepatitis B Virus during my education.

Signature

Date

Please be informed that this signed waiver form will be placed in your student file. A copy of this form will be given to you upon request.