HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as **a series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine,** should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at **www.hrsa.gov/vaccinecompensation**.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC websites at:
    www.cdc.gov/ncidod/diseases/hepatitis
    www.cdc.gov/vaccines
    www.cdc.gov/travel

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

POLICY B-14.4

ATTACHMENT B (2/2013)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ)

CONSENT OR REFUSAL OF HEPATITIS B VACCINE FOR EMPLOYEES

I have been advised that I should receive the HBV vaccine.

I am subject to potential occupational exposure to HBV infection. I understand that HBV vaccine has an 80% - 95% efficacy level in providing protection from HBV infection, if the complete series of three doses of vaccine are administered. I further understand that in addition to the acute illness, HBV infection can lead to a chronic carrier state, chronic hepatitis, cirrhosis of the liver, and a higher risk of liver cancer. I understand that there is no effective treatment or cure for HBV infection at this time.

I elect NOT to receive the HBV vaccine.

I, therefore, release TDCJ and its agents from all financial and other responsibility (other than appropriate salary compensation and/or accrued sick leave and insurance benefits for employees), should I develop acute HBV infection or any of its complications.

I certify that I am 18 years of age or older and am legally and medically competent.

Date	_____ Signature of Employee
	_____ Printed Name/Date of Birth
Signature of Witness	_____ SSN

CONSENT FORM

I have read the Vaccine Information Statement about hepatitis B infection and vaccine. I have had an opportunity to ask questions and understand the benefits and risks of HBV vaccination. I understand that I must have three doses to give me immunity to hepatitis B, but additional doses may be needed in some cases. 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 the vaccine be administered to me.

_____ Printed Name of Person to Receive Vaccine	_____ Dose#	_____ Date Administered	_____ Mfg. Lot Number
_____ Signature	_____ Date Signed	_____ SSN	

Unit Name _____ Occupation _____ Preexposure _____ Postexposure _____

Note: disclosure of the employee's SSN is voluntary. However, if not disclosed it will not be possible to enter the vaccination record into the employee health database.

****

EMPLOYEE PRESCRIPTION

Rx: Administer 3 dose regimen of Hepatitis B Vaccine

1. 1st dose - 1 mL IM on elected date
2. 2nd dose - 1 mL IM one month later
3. 3rd dose - 1 mL IM 6 months after the first dose

SIG : _____/_____
Date

HSM-97 (10/00)

POLICY B-14.4
ATTACHMENT C (2/2013)
HBV IMMUNIZATION RECORD CARD

HBV VACCINATION RECORD CARD

_____Social Security (TDCJ) OR
Employee Number (CMHC)

_____Name (Last, First, M.I.)

Job Classification _____Title
_____
Original Hire Date_____
Date of Birth_____
Current Unit of Assignment_____
Prior Unit of Assignment_____
Status_____

_____
Dose #1: Date Given, Vaccinator's Initials

_____
Dose #2: Date Given, Vaccinator's Initials

_____
Dose #3: Date Given, Vaccinator's Initials

_____
Physician Ordering Vaccine

_____
Lot # Manufacturer's Name

_____
Known Hepatitis B+ by History

_____
No Action Taken

_____
Employee Refused Vaccine Date Refused

Note: disclosure of the employee's SSN is voluntary. However, if not disclosed it will not be possible to enter the vaccination record into the employee health database.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Policy #B-14.4
Exposure Classification
Attachment D (2/2013) Page 1

I. The following is a list of job classifications in which some or all workers have a potential for occupational bloodborne pathogen exposure.

Payroll Title	Extended Title
Administrative Technician IV	Paramedic District Supervisor
Administrative Technician IV	Office of Professional Standards
Associate Clinical Psychologist	Psych Services - ALL
Clinical Social Worker II	Casemanager - Physically Handicapped Offender
Program Clinical Social Worker II	Casemanager - Psych Services
Certified Occupational Therapist Assistant	Psych Services
Clinical Administrator	ALL
Clinical Social Worker	ALL
Correctional Dentist	ALL
Correctional Medication Aide	Nursing
Correctional Nurse	ALL
Correctional Physicians	ALL
Correctional Podiatrist	ALL
Correctional Psychiatrist	ALL
Dental Assistant	ALL
Dental Assistant Coordinator	ALL
Dental Hygienist	ALL
Director of Nurses	ALL
Housekeeping Personnel	ALL
Industry Supervisors	ALL
Investigator II	Internal Affairs
Investigator II	Office of Professional Standards
Kitchen Supervisors	ALL
Lab Technician III	Secretary/Phlebotomist
Lab Technician IV	ALL
Laundry Supervisors	ALL
Laundry Manager II & III	ALL
Licensed Physical Therapist	ALL
Licensed Physical Therapist Assistants	ALL
Licensed Vocational Nurse	ALL
Maintenance Supervisors	ALL
Medical Aide III	Nurses Assistant
Medical Aide IV	EMT - Basic
Medical Aide IV	Nurses Assistant
Medical Aide IV	Receiver/Screener
Medical Technician I	Medication Aide
Medical Technician I	Nurses Assistant
Medical Technician I	Physical Therapy
Medical Technician II	Dialysis
Medical Technician II	EMT Intermediate
Medical Technician I	EMT Paramedic

Payroll Title	Extended Title
Medical Technician III	Physical Therapy
Medical Technician III	Surgical or Tech
Medical Technician III	Paramedic Shift Supervisor
Medical Technologist	Laboratory
Mental Health Case Manager	ALL
Mid Level Practitioner	ALL
Occupational Therapist	ALL
Patient Care Coordinators	ALL
Program Administrator III	Administrator of Lab Services
Radiological Technician II	ALL
Radiological Technician III - Registered	ALL
Respiratory Care Practitioner III	ALL
Respiratory Therapist III	ALL
Mental Health Manager	ALL
Senior Mental Health Manager	ALL
Senior Social Worker	ALL
Mental Health Clinician	ALL
Truck Driver I	Health Services Courier
Correctional Officer	ALL
Sergeant of Correctional Officers	ALL
Lieutenant of Correctional Officers	ALL
Captain of Correctional Officers	ALL
Major of Correctional Officers	ALL
Warden II	ALL
Offender	SSI - Medical
Offender	Laundry - handling contaminated laundry
Offender	Hospice Aide