

## Nurse Aide Hepatitis B Vaccine Information Sheet

Hepatitis B is one of several viral infections of the liver. In the United States fifty to sixty percent of infected persons have no symptoms or a mild flu-like illness lasting only a few days. One to three percent of infected persons develop severe illness, progress to liver failure and die within two to three weeks of onset of the illness. Approximately ten percent of infected adults become carriers. Some persons develop chronic hepatitis which may last two to three years and sometimes results in death. A small percentage of infected persons develop life threatening liver diseases (cirrhosis and hepatocellular carcinoma) ten to twenty years after the initial infection.

**MECHANISM OF EXPOSURE:** The sources of exposure include any percutaneous and mucous membrane exposure to blood or any of the following: semen, vaginal secretions, CSF, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, or other body fluids if they contain visible blood. The most common method of exposure are needle sticks, cuts via bloody equipment, blood onto broken/chapped/or abraded skin, and splashes of infectious material into eyes/nose/or mouth.

**HEPATITIS B VACCINE** is a synthetic vaccine used to develop protection from the disease prior to exposure. It contains no substances of human origin. It is manufactured using the yeast, *Saccharomyces cerevisiae*.

**INDICATIONS:** Anyone with potential for exposure to blood, body fluids, and tissues of patients should consider receiving the vaccine.

**CONTRAINDICATIONS:** Anyone with an allergy to yeast, thimerisol, or any other component of the vaccine should not be vaccinated. Doses should be postponed during acute illness.

**ADMINISTRATION:** Vaccination with the Hepatitis B vaccine requires three doses which are injected into the deltoid muscle of the upper arm. The second dose is due one month after the initial dose. The third and last dose is due six months after the first.

**EFFECTIVENESS:** Approximately 95 percent of vaccinated persons develop the desired response to the vaccine. A fourth "booster" dose may produce antibodies in persons who fail to respond to the first three doses.

**PREGNANCY AND NURSING:** The effect of the vaccine on the unborn fetus or nursing infant is unknown. The vaccine is transmitted in mother's milk. If you are pregnant, planning a pregnancy, or nursing an infant, you will need special counseling about the vaccination program. This can be obtained from your physician.

**ADVERSE REACTIONS:** Hepatitis B vaccine is generally well tolerated. Soreness at the injection site is the most common side effect. Other reported side effects include but are not limited to the following: fatigue, fever, headache, dizziness, chills, influenza-like symptoms, nausea, vomiting, diarrhea, constipation, muscle aches, joint aches, rash, asthma-like symptoms, abnormal liver function tests, Guillain-Barre syndrome, Bell's palsy, and transverse myelitis.

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**OVER→**

**HEPATITIS B VACCINATION WAIVER**

I understand that due to my occupational exposure to blood or other potentially infectious materials during my clinical experience that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the instruction I should be vaccinated with Hepatitis B vaccination at my own expense if my insurance company does not cover the cost. I also understand if I am currently working as an employee in a health facility and have a potential exposure to blood, that my employer is to cover the cost of the Hepatitis B vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I hereby release Iowa Valley Community College District and my clinical locations of any responsibility if I should contract Hepatitis B while I am a student. I also understand that by declining the vaccination certain clinical sites may not accept me as a student.

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Student print name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature if student is a minor