HEPATITIS B VACCINATION INSTRUCTIONS

HJF employees with potential for exposure to blood, blood products, bodily fluids, or other potentially infectious material, will be offered the hepatitis B vaccination, except for employees considered to have a protective level of hepatitis B antibody, or if such vaccines are considered contraindicated for medical reasons. The vaccination will be given at no cost to employees and at a reasonable time and place. Hepatitis B testing and vaccination for other employees may be considered on a case-by-case basis.

Viral Hepatitis B Facts

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. There is no cure for hepatitis B. Hepatitis B virus can be transmitted from mother to baby at birth as well as through unprotected sexual intercourse, sharing unsterilized needles, or from direct contact with infected human blood or body fluid. Hepatitis B is not spread through food, water, or casual contact.

HBV infection can cause acute illness that leads to loss of appetite, fatigue; muscle, joint or stomach pain; diarrhea or vomiting; and yellow skin or eyes (jaundice). HBV can also cause chronic infection, especially in infants and children, leading to liver damage (cirrhosis), liver cancer, liver failure, and death. Each year in the United States, an estimated 200,000 people have new HBV infections, of whom more than 11,000 people are hospitalized and 20,000 remain chronically infected.

Hepatitis B Vaccine Facts

Hepatitis B vaccine prevents both HBV infection and those diseases related to HBV infection. It has been available and used commercially since 1982. Hepatitis B vaccines currently used are made using recombinant DNA technology, and contain no live viral components. There is no risk of HBV infection from the vaccine. Hepatitis B vaccines have been shown to be very safe when given to infants, children, or adults. More than 20 million people have received the hepatitis B vaccine in the United States and more than 500 million have received the vaccine worldwide. The most common side effects from hepatitis B vaccination are pain at the injection site and mild to moderate fever. There is an extremely low rate of anaphylaxis reactions (hives, difficulty breathing, shock) associated
with Hepatitis B vaccination, with an estimated 1 in 600,000 vaccine doses distributed. The vaccine is given as a series of three intramuscular doses and more than 90% of healthy adults develop adequate antibody to the recommended series of three doses. Those who respond to the vaccine are protected against acute and chronic consequences of HBV infection.

Prescreening and Vaccination

Prior to receiving the hepatitis B vaccination series, it is recommended that employees be screened for antibodies to HBV. (Prescreening will also be conducted at no cost to the employee.) However, prescreening is not mandatory and an employee will be offered the vaccination if he/she chooses not to be prescreened.

If an employee chooses to take a screening test for HBV antibodies, based on the results of the screening, the following options will be available to the employee:

- If the antibody titer to HBV is sufficient, the employee is considered to have a protective level of antibody and does not require vaccination. HJF is not required to offer vaccination to those employees whose titer is sufficient. However, the vaccination series may be offered under extenuating circumstances. The OSH Manager should be notified if someone with a sufficient titer wishes to receive the vaccination.
- If the antibody titer to HBV is insufficient (negative), it is recommended that the employee receive the hepatitis B vaccination. The HBV vaccination series will be given to employees at no cost and at a reasonable time and place. The vaccination will be administered by qualified healthcare professionals over a 6-month period (i.e., 0, 1, and 6-months). Workers will be required to sign an informed consent form indicating whether the employee accepts or declines the screening and vaccination.
- Employees who may have contraindications to the vaccination series are asked to discuss this with medical personnel so the physician can review the information and recommend an appropriate course of action.

Post-Vaccination Follow-up Procedures

Regarding hepatitis B vaccinations, HJF follows the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-Exposure Prophylaxis.

Six weeks after the third injection of the HBV vaccine series, a post-vaccination serology test will be scheduled. If test results indicate the level of protection attained is not
adequate for protection, the employee will be offered a second 3-dose vaccine series or re-evaluated to determine if they are HBsAg-positive. Revaccinated persons will be retested six weeks after the completion of the second vaccination series. Employees who prove to be HBsAg-positive will be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Nonresponders to vaccination who are HBsAg-positive should be considered susceptible to HBV infection and will be counseled regarding precautions to prevent HBV infection and the need to obtain H BIG prophylaxis for any known or probable parenteral exposure to HbsAg-positive blood or other infectious material. Booster doses of hepatitis B vaccine and periodic serologic testing will not be provided, as these are not recommended by the CDC.

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**Post-Exposure Procedure/Prophylaxis**

If a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, blood products, or other infectious materials occurs, the employee will be offered an immediate medical evaluation at no cost and at a reasonable time and place, must fill out an *Employee Report of Injury* OSH Form 504E, must inform his/her supervisor of the incident, and must notify the OSH Manager of the incident.

The physician evaluating the employee will make the determination for the appropriate prophylactic treatment. Generally, post-exposure prophylaxis is not necessary for immunized individuals. Post-exposure prophylaxis for non-immunized individuals may include a hepatitis B immunoglobulin (H BIG) injections. This is effective in preventing 75% of clinical hepatitis B if given within 7 days of a hepatitis B surface antigen positive needlestick or subcutaneous exposure. In addition, the HBV vaccine may substantially increase the post exposure efficacy of H BIG. Therefore, the HBV vaccine is often given to non-vaccinated employees along with the H BIG after an exposure incident.

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**References**