Hepatitis Vaccine Recombivax HB Info
Columbia State Community College
Health Sciences Division
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Hepatitis

Hepatitis B is a viral infection caused by Hepatitis B Virus (HBV) which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 6-10% of acutely infected adults become chronic carriers of the virus. Most of these people have no symptoms 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.

Hepatitis B can be spread to health care workers by accidental needle sticks or other exposures to blood or body fluids of Hepatitis B infected patients. The risk of contracting Hepatitis B from a needle stick with a Hepatitis B contaminated needle is 35-40%. The risk from a splash to your eyes, mouth or skin with Hepatitis infected blood or body fluids are much less. There is no known cure once a patient is infected. A vaccine is available which can effectively prevent Hepatitis B infection even if you are accidently exposed to Hepatitis B infected blood or body fluids.

Health care workers are at a high risk of acquiring Hepatitis B because of frequent contact with blood and/or other infectious materials. Per CDC (Center for Disease Control), and in compliance with the OSHA Bloodborne Pathogen Standard, it has now become mandatory that all Allied Health Students become vaccinated with the Hepatitis B vaccine.

Hepatitis B Vaccine

RECOMBIVAX-HB (Hepatitis B vaccine, RECOMBINANT, MDS) is non-infectious sub-unit viral vaccine derived from Hepatitis B surface antigen (HBsAg) coding for HBsAG, is cloned into yeast, and the vaccine for Hepatitis B is produced from cultures of the recombinant yeast strain according to methods developed in the Merck Sharp and Dohme Research Laboratories. The vaccine is free of association with human blood or blood products.

RECOMBIVAX-HB is indicated for immunization against infection caused by all known sub-types of Hepatitis B virus. RECOMBIVAX-HB will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, non-A, non-B Hepatitis viruses, or other viruses known to infect the liver.

Immunization requires three doses of vaccine given at time 0, 1 month, and 6 months. Approximately 90% of persons vaccinated by this route will develop antibodies to Hepatitis B and will be protected. The duration of immunity is unknown. Individuals who have been infected with HBV prior to receiving the vaccine may develop clinical Hepatitis regardless of immunizations.

Possible Side Effects

The incidence of side effects is very low. NO serious side effects have been reported. A few individuals experienced injection-site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness. Rare side effects may be identified with more extensive use.

Contraindications

Hypersensitivity to yeast or any other component of the vaccine is a contraindication for use of the vaccine.

Columbia State Community College is an AA/EOE and a Tennessee Board of Regents Institution

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Signature below documents understanding of the information on Page One. I also understand that if I am in the process of receiving the series of Hepatitis B shots that I must stay on track and receive each shot when it is due. I will also provide documentation of having received each shot when shot is received and that I must have a titer lab drawn when due and provide documentation of that lab report. *(Please have your healthcare provider sign off for each new shot/titer.)*

_____ I have a Hepatitis B Titer Lab report that validates immunity. **(Lab report must be attached.)**

_____ I recently had a Hepatitis B titer lab drawn and the report came back showing I was "not immune" to Hepatitis B. In discussion with my Healthcare Provider it has been recommended or determined that I will:

_____ **1. Repeat the series of three (3) Hepatitis B shots.**

Series Restart	Due Date	Date Received	Provider Signature
Hep B Dose #1			
Hep B Dose #2			
Hep B Dose #3			

_____ **2. Receive a Hepatitis B Booster Shot and then re-titer** *(after 60 days)***.**

Booster	Due Date	Date Received	Provider Signature
Hep B Booster			
Hep B Surface Antibody			

_____ I am starting the Hepatitis B series of shots for the **first time** and will **titer 60 days after completion**.

First Series	Due Date	Date Received	Provider Signature
Hep B Dose #1			
Hep B Dose #2			
Hep B Dose #3			
Hep B Surface Antibody			

Student Signature

Print Student Name Date

Provider Signature

Print Provider Name Date

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