Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens

Exposure Control Plan

Objective

The Exposure Control Plan for the Waterford Public Schools has been designed to safeguard employees against exposure to bloodborne pathogens. A bloodborne pathogen is a microorganism that is present in human blood and can cause disease. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV). This plan will be updated annually (during the month of January) and will be available to all staff members, the public, representatives of State and/or Federal agencies.

This program attempts to minimize occupational exposure to bloodborne pathogens through a combination of work practice controls, personal protective clothing and equipment, training, vaccination and medical surveillance. Businesses and agencies contracted for health and transportation services by the Waterford Board of Education are to have an Exposure Control Plan which meets the standards of OSHA and the Board of Education.

Occupational Exposure

Occupational exposure includes reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing the skin barrier such as from a needlestick or bite) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Occupation exposure requires implementation of protective measures.

Potentially infectious materials include blood, semen, vaginal secretion, cerebrospinal fluid, saliva, etc., and any body fluid contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Exposure Determination

A. Job Classifications

Exposure determination establishes risk classifications for all routine and reasonably anticipated job-rated tasks in terms of potential exposure to infected contacts. All employees should assume that all exposure to blood, body fluids, or tissues are potentially infectious.

The following is an explanation of Waterford’s three Occupational Exposure to Bloodborne Pathogens classifications and the specific tasks associated with each classification. It is important to note that not all tasks are done by all employees in the groups which are also listed under each classification area.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

A. Job Classifications (continued)

1. Classification I: Inherent potential for mucous membrane or skin contact, contact with blood, body fluids or tissues, or potential for exposure to spills or splashes of them.

a. Tasks

1. Blood fingerstick, dressing or caring for students with open wounds.
2. Oral or Respiratory Secretions: Mouthcare, suctioning, assisting with dental care.
3. Skin Care: Providing care to non-intact skin such as laceration, rashes, abrasions, eczema, burns, dermatitis.
4. Urine Contamination: Cleaning incontinent students, toileting, catheterizing students, emptying urine collection bags, cleaning or handling contaminated linen or equipment, cleaning spills.
5. GI Tract Contamination: Assisting or cleaning a student who is vomiting or incontinent of stool, caring for feeding tubes, handling contaminated linen or equipment, taking rectal temperatures, cleaning spills of fecal matter or vomitus.
6. Genitourinary: Catheter care, perineal care.
7. General Body Fluid Exposures: (CPR).
8. Mucous Membrane Exposure: Touching eyes, nasal mucosa, mouth, perineum and rectal area.
9. Handling of any cleaning equipment contaminated with blood or body fluids.
10. Trash Removal

b. Employees

Parent Resource and Exceptional Preschool Program (PREPP I) staff members
Nurses
Health Aides
Principals/Administrators
Athletic Director and coaches of approved athletic programs which require first aid certified staff.
Staff members assigned to medically involved, severely handicapped student(s) who come in contact with blood and/or body fluids on a daily basis. (Approval of Superintendent required)
Educationally Handicapped Program Staff Members
Custodians and maintenance personnel

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

A. Job Classifications (continued)

2. Classification II: Normal work involves little exposure to Classification I risks, but such exposure may occur from time to time.

a. Tasks

Infrequent, urgent or emergency assistance given to a student or adult who unexpectedly loses control of body substances, has an injury or other emergency resulting in exposure of body fluids, thereby contaminating the environment.

b. Employees

Behavior Management Center Staff Members
Renaissance Program
Satellite Program Staff Members

3. Classification III: No normally anticipated actual or potential exposure to category risks.

a. Tasks

1. Under normal circumstances, no potential for exposure to blood and body fluids is anticipated.

b. Employees

Teachers/Professional Staff
Support Staff Members (including teacher aides, secretaries, kitchen staff, crossing guards, etc.)

Methods of Compliance

A. Universal Precautions

Since medical history and examination cannot reliably identify all persons infected with HIV or bloodborne pathogens, blood and body-fluid precautions should be consistently used for ALL students. This approach is recommended by the CDC/AHA and is known as Universal Precautions.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

A. Universal Precautions (continued)

l. Hands should be washed before and after contact with all patients, paying particular attention to around and under fingernails and between the fingers. If hands or other skin surfaces accidentally come in contact with blood or other body fluids they should be immediately washed with soap and water.

2. Gloves should be worn for contact, or when there is potential for contact, with blood and body fluids (urine, stool, oral secretions, wound or other drainage), mucous membranes or non-contact skin of all students. Gloves should be changed after contact with each patient. Hands should be washed immediately after gloves are removed.

3. Protect clothing with gown or plastic apron when it is likely that clothing will be soiled with body substances.

4. Wear masks and/or eye protection (goggles, glasses with solid sides) when it is likely that eyes and/or membranes will be splashed with body substances (e.g. when suctioning a patient).

5. Personnel should obtain all necessary equipment before beginning a task.

6. Do not recap, bend, or break needles; discard needle/syringe units and sharps in puncture-resistant containers provided for this purpose.

7. Discard trash and linen in impervious bags.

8. When administering mouth-to-mouth resuscitation it is advisable to use a mouthpiece whenever possible.

9. All blood spills must be cleaned up with a solution, that is less than 24 hours old, of 1 to 10 household bleach in water. Persons cleaning up blood spills must wear gloves.

10. Eating, drinking, applying cosmetics, and handling contact lenses is prohibited in work areas.

B. Exposure to Blood or Body Fluids

Whenever an employee makes bare-skin contact with blood or body fluids, regardless of whether or not the employee has observed the Universal Precautions, it will be considered that the employee has been exposed to potentially infectious materials. A “Post Exposure Evaluation/Follow Up” form will be filled out immediately and given to the building administrator for review and recommendation.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

C. Personal Protective Equipment

Classification I and II employees are provided appropriate personal protective equipment at no cost to the employee. Disposable equipment provided includes gloves, gowns, apron, face masks, goggles and Cardio Pulmonary Resuscitation pocket masks. Equipment is readily accessible for distribution and replacement.

Equipment may not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

Employees must wear properly sized gloves (vinyl or latex) when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin, when handling or touching contaminated items or surfaces.

Disposable gloves, must be replaced as soon as practical when contaminated and as soon as feasible if torn, punctured, or no longer effective as a barrier.

Masks and goggles must be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and it is reasonable to anticipate eye, nose or mouth contamination.

Disposable gown (fluid resistant), or disposable aprons (fluid resistant) must be worn in exposure situations when contact with blood or other potentially infectious materials is reasonably anticipated. The choice of an apron or gown must be speck to the type and characteristics of the task being performed and the degree of exposure anticipated. All personal protective equipment must be removed prior to leaving the work area.

Routine and standard procedures should be used to clean up after a child or adult has an accident or injury at school. Blood, vomitus, stool, urine, or other body fluids from any child or adult, should be treated cautiously. Gloves should be worn when cleaning up all spills whenever possible. These spills should be disinfected with either bleach or another disinfectant, and persons coming in contact with them should wash their hands afterwards.

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse, or principal. Gloves are recommended when direct hand contact with body fluids is anticipated (i.e. treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

D. Biomedical Waste

Biomedical waste generated in the nurses offices will be handled in accordance with the regulations and guidelines of OSHA, the EPA and the Connecticut Department of Consumer Protection.

Items used in the nurse's office which qualify as "biomedical waste" fall into the category designed as "sharps" and include the following:

1. New or used syringes with needles attached;
2. New or used lancets;
3. Capillary tubes, glass slides, and cover slips which have been used in procedures involving blood or body fluids.

A puncture-resistant "Sharps" container will be available in each school's nurse's office and shall be used as follows:

1. Needles shall not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand;
2. Containers shall be located in close proximately to the area in which sharps are used in order to minimize the hazards of injury or transmission of infection during transport;
3. The container lid opening shall be a one-way system to prevent spillage;
4. Containers shall be maintained under secure conditions at all times in an area accessible only to authorized personnel.

When the container is full or at the end of the school year, the sharps container will be disposed of by the Nursing Supervisor.

E. Hepatitis B Immunizations

Hepatitis B vaccination, a series of three injections over a six month period, is available to the employees listed below who have occupational exposure to blood, at no cost, at a reasonable time and place, under the supervision of a licensed physician/licensed healthcare professional and according to the latest recommendations of the U.S. Public Health Service, pre-screening may not be required as a condition of receiving the vaccine.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

E. Hepatitis B Immunizations (continued)

New employees will be offered the vaccine within ten days of employment and will be required to sign a statement either requesting or declining the injections. Employees who refuse the vaccine may choose to receive it at a later time. The VNA of Southeastern Connecticut, in cooperation with the office of the Supervisor of Special Services, is responsible for the vaccination program. Should booster doses later be recommended by the U.S. Public Health Service, employees will be offered the additional vaccinations.

Those employees in Classification I will be offered the vaccine. Those employees in Classification II and III will be offered the vaccine if the exposure occurs.

F. Exposure Control Training

All school employees will receive at the beginning of each school year a memo outlining the exposure control procedures. All Classification I employees must attend an Exposure Control Training program at the beginning of each school year and/or within ten days of employment. The training program will cover the following topics:

1. Explanation of the OSHA standards and how these standards are met by the school's Exposure Control Plan;
2. The epidemiology and symptoms of bloodborne diseases;
3. Mechanisms of bloodborne disease transmission;
4. Where employees can obtain a copy of Waterford's Exposure Control Plan;
5. Recognition of tasks that may involve exposure to blood;
6. Use and limitations of methods that will prevent or reduce exposure;
7. Information on Hepatitis B Vaccine;
8. When and how to report exposure incidents to the school nurse and/or building Principal;
9. Explanation of signs and labels used; and
10. Information on Universal Precautions,

Training records will include the dates and contents of the sessions, along with the names and social security numbers of those attending, and the qualifications of the persons conducting the sessions.

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens (continued)

Exposure Control Plan (continued)

Post-Exposure Evaluation and Follow -Up

Any employee who has been exposed to blood must report the incident to the school nurse and/or the building principal. A recommendation will be made by the School Medical Advisor as to the necessity or advisability of follow-up medical attention. If follow-up medical attention is recommended it will be provided at no cost to the employee.

Each report of an employee being exposed to blood or blood contaminated materials will be reviewed by the building principal, the Supervisor of Special Services, the Director of the VNA of Southeastern Connecticut and the school nurse to assess the level of risk and to determine how re-occurrence may be prevented.

An employee who, in the line of duty, has had significant exposure to the blood or body fluid of another person (blood to blood, blood to broken skin, or blood to mucous membrane contact) and wants to know that person's HIV status must file a request with the building principal within 48 hours of exposure. The employee should consult with the building principal or the Connecticut Department of Health Services for other criteria necessary for testing or disclosure of HIV status of others.

Associated Forms:	**Form #**
Post Exposure Evaluation/Follow Up	1
Post Exposure Evaluation and Follow-Up, Source Individual Consent for Blood Testing	2
Hepatitis B Vaccine Information and Consent Form	3
Hepatitis B Vaccine Declination Records of Hepatitis B Vaccination	4

4147.1
4247.1
Form #1

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Post Exposure Evaluation/Follow Up

Employee Name: _____ Social Security No.:_____
Physician: _____ Telephone No.: _____
Notified of Incident: _____ Results Forwarded: _____

I. Exposure Incident

Date Occurred: _____

Describe Incident: (include route of exposure and circumstances) _____
_____
_____

Were Universal Precautions Observed? _____

II. Source Individual

Name:_____ Telephone No.: _____
Address: _____
Consent for blood test: Obtained?_____ Refused? _____
Date and Location of Test:_____
Results to Physician: _____

III. Employee Testing and Follow-Up

As a result of the above described exposure incident, I give consent for the collection and testing of my blood for HBV and HIV serological status, at no cost to myself.

_____ _____
Signature *Date*

I give consent to baseline blood collection only and understand the sample must be preserved for 90 days should I elect to have the sample tested for HBV and HIV within 90 days of the exposure incident.

_____ _____
Signature *Date*

I decline to have my blood tested at this time.

_____ _____
Signature *Date*

Hepatitis Vaccination Status: _____

Date of Initial Test: _____ Location:_____
Results (If Available)_____
Date of Follow-Up Tests:_____ Location:_____

Results: (If Available) _____
Post Exposure Treatment: (If any) _____

4147.1
4247.1
Form #2

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Post Exposure Evaluation and Follow Up
Source Individual Consent for Blood Testing

Date of Exposure Incident:_____

Name of Employee: _____

Description of Incident: _____
_____
_____
_____
_____
_____
_____
_____

As a results of the above described exposure incident, I give consent for the collection and testing of my blood for HBV and HIV serological status at no cost to myself.

Results of the testing will be made known to the above named employee and the employee's physician.

_____ _____

Signature *Date*

4147.1
4247.1
Form #3

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Consent for Hepatitis B Vaccine

Consent for Hepatitis B Vaccine

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I have read the above statement about the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment there is no guarantee I will become immune or that I will not experience adverse side effects from the vaccine.

Consent to Vaccination

I give voluntary permission to the Visiting Nurse Association of Southeastern Connecticut to administer the recombinant yeast DNA hepatitis B vaccine to me.

_____ _____ _____

Signature *Print Name* *Date*

If under 18 years of age signature of parent/guardian:

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____ _____

Signature *Print Name* *Date*

If under 18 years of age signature of parent/guardian: Reason for declination (e.g. "I have had vaccine already") _____
_____
_____
_____

4147.1
4247.1
Form #4

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Hepatitis B Vaccine – Record of Shots

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Schedule

Date of 1st Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Date of 2nd Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Date of 3rd Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Remarks (any reactions, etc.): _____

_____

_____

_____

_____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Visiting Nurse Association of Southeastern Connecticut, Inc.

Health care professionals in general and "first responders" in industrial settings are at higher risk than the general population of acquiring infection from the hepatitis B virus. Increased risk is associated with frequent, direct and indirect contact with blood and other body fluids which may be infected with the virus. Such contacts include drawing blood, caring for bleeding patients, handling specimen containers or contaminated equipment, performing tests on blood and other body fluids, and cleaning up blood and other body fluids. You are considered to be at risk because of your work.

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. A small percentage of people may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

The Vaccine

The vaccine is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HbsAG) produced in yeast cells. A portion of the hepatitis B virus gene, coding for HbsAG, is cloned into yeast, and the vaccine for hepatitis B is produced from culture of this recombinant yeast strain according to methods developed in the Merck Sharp & Dohme Research Laboratories.

The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products.

A high percentage, approximately 95% or greater, of healthy people who receive three doses of the vaccine achieve a high level of surface antibody (antiHbs) and protection against hepatitis B. Less than 5% may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time and the need for booster doses is not yet defined.

The vaccine is effective against hepatitis B only and not against other types of hepatitis.

Possible Vaccine Side Effects

The incidence of side effects is very low. Thousands of vaccinations have been given with only minor side effects. A few persons experience tenderness and redness at the site of the injection. Low grade fever may occur, rash, nausea, joint pain and mild fatigue have also been reported.

Data is not available on the safety of the vaccine for the developing fetus but because it contains only non-infectious HBsAg particles, the risk to the fetus from the vaccine should be negligible. In contrast, HBV infection in a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Pregnancy should not be considered a contraindication to the use of this vaccine for persons who are otherwise eligible.

The vaccine program consists of three scheduled doses. Failure to complete the series, leads to ineffective levels of the antibody.

4147.1
4247.1
Form A

CONSENT FOR HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I have read the above statement about the hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment there is no guarantee I will become immune or that I will not experience adverse side effects from the vaccine.

CONSENT TO VACCINATION

I give voluntary permission to the Visiting Nurse Association of Southeastern Connecticut to administer the recombinant yeast DNA hepatitis B vaccine to me.

_____ _____ _____
Signature Print Name Date

Assignment _____ School _____

If under 18 years of age signature of parent/guardian: _____

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____ _____
Signature Print Name Date

Assignment _____ School _____

If under 18 years of age signature of parent/guardian: _____

Reason for declination (e.g. "I have had vaccine already") _____
_____
_____

For Central Office Use Only
Approved ☐ Disapproved ☐

_____
Signature Director of Personnel and Special Services Date

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Important Information About Hepatitis B, Hepatitis B Vaccine, and Hepatitis B Immune Globulin

Please Read This Carefully

WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). HBV is one of several types of viruses (infections) that can cause hepatitis. There is a vaccine that will prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become "chronic carriers." The virus remains in their liver and blood.

Acute hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting, and stomach pain. Dark urine and jaundice (yellow eyes and skin) are also common, and skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection.

About 300,000 children and adults in the U.S. become infected with the hepatitis B virus each year. More than 10,000 of them need to be hospitalized and 250 die. Most of these deaths are from liver failure.

HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. A baby can get HBV at birth from its mother. A doctor or nurse may get HBV if blood from an infected patient enters through a cut or accidental needlestick.

Those people infected with HBV who become "chronic carriers" can spread the infection to others throughout their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

WHO BECOMES A CHRONIC CARRIER OF HBV?

Of every 100 young adults who catch HBV, 6 to 10 become chronic carriers. Children who become infected with HBV are more likely to become chronic carriers than adults. Of every 10 infants who are infected at birth, up to 9 will become chronic HBV carriers. The younger a child is when the infection occurs, the more likely that child will become a carrier.

About one-fourth of hepatitis B carriers develop a disease called "chronic active hepatitis." People with chronic active hepatitis often get cirrhosis of the liver, and many people die from liver failure. In addition, they are much more likely than other people to get cancer of the liver. In the United States, about 4,000 hepatitis B carriers die each year from cirrhosis and more than 800 die from liver cancer.

HEPATITIS B VIRUS INFECTIONS IN CHILDREN

Each year 22,000 children are born to women who are carriers of HBV. In the past, 4,000-5,000 of these infants were born with HBV infection. Almost all of these infections can now be prevented. A pregnant woman can find out if she is infected with HBV by getting a simple blood test. If she is infected, she can protect her newborn from infection by getting the child immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG) as soon after birth as possible.

Certain groups of children are more likely to get HBV because they or the parents come from countries where HBV infection is much more common than in the United States. (These are countries in Asia, South America, South Pacific and eastern and southern Europe.) It is very important that these children receive hepatitis B vaccine at birth or at least before they are one years old.

Why All Children Should Receive Hepatitis B Vaccine

Anyone can get HBV infection. In fact, about 1 out of every 20 people in the United States has been infected with HBV. Because of the serious liver disease, cancer, and death resulting from HBV infection, all infants in the United States should be vaccinated against this virus. This will protect them when they become teenagers and adults, and are most likely to catch hepatitis B.

HEPATITIS B VACCINE AND HEPATITIS B IMMUNE GLOBULIN

Hepatitis B Vaccine

Hepatitis B vaccine is given by injection. Three doses, given on three different dates are needed for full protection. Exactly when these three doses are given can vary. Infants can get the vaccine at the same time as other baby shots, or during regular visits for well child care. Your doctor or nurse will advise you when the three shots should be given.

The hepatitis B vaccine prevents HBV infection in 85%-95% of people who get all three shots. Studies have shown that in these people, protection lasts at least 10 years. Booster dose are not recommended at this time.

Who Should Get Hepatitis B Vaccine?

Infants

1. *Infants born to women who are infected with HBV* – Infants born to infected women or to women who are chronic HBV carriers should be given hepatitis B vaccine and HBIG (see below) within 12 hours of birth. They should then get their second and third vaccine doses at 1 and 6 months of age. If they don't get these shots, these infants will very likely be infected with HBV and become chronic carriers themselves. Pregnant women may find out if they are infected with HBV by getting a simple blood tests, which is recommended as a routine part of their prenatal care.

2. *Infants born to healthy women (non-carriers of HBV)* – Vaccination during infancy and early childhood is recommended for all infants in the Unites States to prevent HBV infection and chronic HBV carriage. Infants should get their first dose of vaccine either at birth or at 1-2 months of age. The second dose can be given 1 to 3 months later, and the third dose between 6 and 18 months of age. Hepatitis B vaccine can safely be given at the same time as the other vaccines a child normally receives.

Special Childhood Populations

Immigrant and refugee children from parts of the world where HBV infection is common (Asia, Africa, South America, South Pacific and eastern and southern Europe) are at high risk of HBV infection. All immigrant and refugee children 7 years of age and younger should get hepatitis B vaccine.

Adults and Other Groups

Hepatitis B vaccine is also recommended for adolescents and adults at high risk of getting HBV infection. This includes 1) people who are exposed to blood or blood products in their work (health care workers or emergency care responders, for instance); 2) clients and staff of institutions for the developmentally disabled, as well as clients and staff of group homes, where any of the residents is a chronic carrier of HBV; 3) hemodialysis patients; 4) men who have sex with men; 5) users of injectable drugs; 6) people with medical conditions (such as hemophilia) who receive blood products to help their blood clot; 7) people who live with, or have sex with HBV carriers; 8) people who have more than one sex partner, or people who are treated for sexually transmitted diseases; and 9) people who travel to, or live in parts of the world where HBV infections are common.

Hepatitis B vaccine is also recommended for people who have been exposed to HBV. This includes people who have never been vaccinated for hepatitis B, and who: 1) have an accident in which blood containing HBV enters their body through the skin or mucous membrane; or 2) have sexual contact with someone with acute hepatitis B. In some cases, hepatitis B vaccine should be started at the same time as treatment with HBIG (see below).

Hepatitis B Immune Globulin (HBIG)

HBIG is recommended for the following people. (For most people, the first dose of hepatitis B vaccine should be given at the same time as the HBIG.)

Infants

1. *Infants born to women who are infected with HBV* – These infants should get one dose of HBIG and the first dose of vaccine within 12 hours of birth (see above).
2. *Unvaccinated infants less than 12 months old whose mother (or primary caregiver) has acute hepatitis B* – All infants less than 12 months can easily become HBV carriers after hepatitis B infection. Exposed infants who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Infants who have already been vaccinated do not need HBIG.

Adults and Others

1. Persons accidentally exposed to blood or body fluids that may contain HBV – Exposed persons who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Exposed persons who have had hepatitis B shots may also need HBIG. A doctor or nurse should make that decision.
2. People having sexual contact with anyone who has acute hepatitis B – These people should get a dose of HBIG within 14 days of the most recent sexual contact with anyone who has acute hepatitis B. They may also need to get hepatitis B vaccine.

POSSIBLE SIDE EFFECTS FROM HEPATITIS B VACCINE AND HBIG

The most common side effect of hepatitis B vaccination is soreness when the shot is given. Tenderness at the injection site has been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2% to 5% may get a fever greater than 102^{O} F or become irritable. When hepatitis B vaccine is given with other childhood vaccines, it does not make these mild reactions worse than would be send with the other vaccines alone. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight chance of allergic or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the hepatitis B recombinant vaccines. (These are the ones currently in use.) A person cannot get hepatitis B or AIDS from a hepatitis B shot or from an HBIG shot.

Before recombinant vaccines were used in the United States, another type of hepatitis B vaccine (plasma-derived) was used. Surveillance showed that getting the first dose of plasma-derived hepatitis B vaccine may have been associated with the paralytic illness Guillain-Barré syndrome (GBS). However, the recombinant vaccine has not been shown to be associated with GBS.

PREGNANCY

Very little information is available about the safety of the vaccine or HBIG for unborn babies. If a pregnant woman gets an HBV infection, it can cause severe disease in the mother and chronic HBV infection in the newborn baby. On the other hand, both the vaccine and HBIG should be safe for the unborn baby because they contain no infectious material. Therefore, pregnant women who are at risk of HBV infection can be given both hepatitis B vaccine and HBIG.

QUESTIONS

If you have any questions about hepatitis B, HBIG, or hepatitis B vaccine, please ask us now or call your doctor or health department before you sign this form.

REACTIONS

If the person who received HBIG and/or the vaccine gets sick and visits a doctor, hospital, or clinic during the 4 weeks after receiving the vaccine, please report it to:

Please keep this part of the information sheet for your records

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	Dates Vaccinated	**Lot**	**No.**
_____	1. _____		
Name (please print)			
_____	2. _____		
Birthdate			
_____	3. _____		
Signature			
_____	_____		
Address	Telephone #		
	_____		
	Department		

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control