

UCSF Occupational Health Services

Occupational Exposure to Hepatitis B Virus (HBV)

INFORMATION REGARDING HEPATITIS B EXPOSURE RISKS

HEPATITIS B: Hepatitis B is a viral infection of the liver caused by the Hepatitis B virus (HBV). Each year approximately 40,000 new infections occur. Acute, short term illness can lead to a loss of appetite, diarrhea and vomiting, tiredness, jaundice, and general myalgia. However, long term chronic HBV infection can lead to much more severe liver disease, such as cirrhosis or liver cancer, and even death. Most people who become infected with Hepatitis B recover completely, but 5% to 10% will become chronic carriers of the virus. Although many chronic carriers do not have symptoms, they are capable of transmitting the virus, primarily through blood exposures and sexual contact.

OCCUPATIONAL EXPOSURE: In the hospital and university setting, health care workers with direct patient contact, laboratory workers and researchers with blood or body fluid contact are at increased risk for acquiring the Hepatitis B virus. An unvaccinated individual who receives an accidental blood or body fluid exposure from an infected source has up to a 30% chance of becoming infected with Hepatitis B. Each year in the U.S. several hundred health care workers contract Hepatitis B and of those, some will die from liver-related disease.

VACCINATION: Becoming infected with Hepatitis B is preventable. The Hepatitis B vaccine, a synthetic vaccine made from a yeast base, is currently being offered to health care workers and other exposed staff at UCSF at no cost to the employee. Full immunization requires completion of a series of three vaccinations given over a six-month period. Eighty to 90% of healthy people who receive the vaccine develop antibodies that protect them from getting Hepatitis B. There is no evidence that the vaccine has ever caused Hepatitis B. At this time, it is believed that immunity produced by the vaccine should last at least 20 years; the need for additional vaccinations has not been determined. Health care workers who are immunocompromised or on dialysis might require increased doses of the vaccine in order to convert to positive antibodies. The incidence of side effects from vaccination is very low. A few persons experience tenderness and redness at the injection site. A low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported.

TITER CONFIRMATION: It is recommended to complete a titer test to confirm immunity whether the series was completed recently or in the past. Those that have completed the vaccination series in the past are also urged to complete a titer test in case additional vaccinations may be beneficial to boost immunity.

TREATMENT OF EXPOSURE: If an individual has received the Hepatitis B vaccine and has documented antibodies to Hepatitis B, no further treatment is necessary at the time of exposure. However, someone who is not protected by the vaccine and does not have antibodies to Hepatitis B needs to receive HBIG (Hepatitis B Immunoglobulin) as soon as possible after the exposure. These persons are also encouraged to receive the Hepatitis B vaccine at this time.

REPORTING AN EXPOSURE: UCSF has a 24 hour Exposure Hotline for anyone who has a blood or body fluid exposure. **Anyone with an exposure should call the Exposure Hotline 353-7842 (STIC).**

If you have any questions about Hepatitis B or the Hepatitis B vaccine, call UCSF Occupational Health Services at 415-885-7580.

STATEMENT OF ACKNOWLEDGEMENT TO RISK

I understand that due to my potential occupational exposure to bloodborne pathogens, I may be at risk of acquiring Hepatitis B and have been given the opportunity to receive the vaccination at no charge to me.

Signature: _____ Date: _____

UCSF Occupational Health Services

HEPATITIS B VACCINATION OR DECLINATION FORM

Please return completed form to the PublicHealthOffice@ucsf.edu or fax (415-476-0581)

Last Name*:	_____	First Name*:	_____
UCSF Employee ID#*:	_____	PI (if applicable):	_____
Employment Start Date:	_____		
Email*:	_____		

*Required field

Have you completed the three-shot series of Hepatitis B vaccine in the past?

- Yes No
 I do not remember

If you responded yes or if you do not remember, would you like to complete a titer test with Occupational Health to confirm your immunity?

- Yes No

Please select one of the following two options:

Based off my personal medical history,

Option 1: I consent to receive the Hepatitis B Vaccination.

- I have read the information sheet about Hepatitis B and the Hepatitis B vaccine.
- I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination.
- I understand that I must have three doses of vaccine to confer immunity.
- Although, 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 that it be given to me.

Signature: _____ Date: _____

Option 2: I decline to receive the Hepatitis B Vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (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 vaccine 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 the Hepatitis B vaccine or to confirm my immunity, I can receive the vaccination series or titer test at no charge to me.

Please check one of the following:

- I am declining the vaccination because I have received the vaccination in the past.
- I am declining the vaccination due to a medical contradiction.
- I am declining the vaccination for personal reasons.

Signature: _____ Date: _____