

UCSF/MOUNT ZION MEDICAL CENTER
EMPLOYEE HEALTH SERVICES
Employee Fact Sheet

OCCUPATIONAL EXPOSURE TO HEPATITIS B VIRUS (HBV)

HEPATITIS B: Hepatitis B is a viral infection of the liver caused by Hepatitis B virus (HBV). Each year approximately 300,000 new infections are reported to the Center for Disease Control. 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 of the disease, they are capable of transmitting the virus to other persons, primarily through blood exposures or sexual contact. Each year 4,000 to 5,000 persons die from chronic liver disease, cirrhosis or liver cancer. (Two hundred of these die from having contracted HBV).

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 a 40% chance of becoming infected with Hepatitis B. Each year in the U.S., more than 9,000 health care workers contract Hepatitis B, and of those, 300 will die of 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 health people who receive the vaccine develop antibodies which protect them from getting Hepatitis B. There is no evidence that the vaccine has ever caused Hepatitis B. At this time, no one knows how long the immunity produced by the vaccine will last and the need for additional vaccinations has not been determined. Health care workers who are immunocompromised or on dialysis might require increased doses of vaccine in order to convert to positive antibodies. The incidence of side effects 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.

TREATMENT OF EXPOSURE: If the individual has received the Hepatitis B vaccine and has documented antibodies to HBV, 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 HBV, 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.

UCSF has a 24-hour EXPOSURE HOTLINE for anyone who has a blood or body fluid exposure. Anyone with an exposure should call beeper # 415-719-3898.

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

UCSF 24-HOUR EXPOSURE HOTLINE
(BEEPER 415-719-3898)

**UCSF EMPLOYEE HEALTH SERVICES
HEPATITIS B VACCINE COMPLIANCE FORM**

Print Name _____ Date _____
 (Last) (First)
 Date of Birth _____ Social Security # _____
 Department _____ Box # _____ Supervisor/Researcher _____
 Work Phone _____ Home Phone _____

CONSENT FORM

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. However, 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 _____

VACCINATED/IMMUNE

- I have received the Hepatitis B Vaccine. What year? _____
- Positive blood titer. Date: _____
- Vaccine contraindicated for medical reasons.

Signature _____ Date _____

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 _____ Date _____

HEPATITIS B VACCINE

Product Name	Date	Site	Lot#	Signature
1. Merck	_____	R / L	_____	_____
2. Merck	_____	R / L	_____	_____
3. Merck	_____	R / L	_____	_____