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. 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 and sexual contact. Each year 3,000 persons die from chronic liver disease, cirrhosis or liver cancer.

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.

TREATMENT OF EXPOSURE: If an 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.

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

If you have any questions about hepatitis B or the hepatitis B vaccine, call UCSF Occupational Health Services at 885-7580.
HEPATITIS B VACCINE VACCINATION OR DECLINATION CONFIRMATION FORM

Last Name: ___________________________  First Name: ___________________________

Date of Birth: _______/_____/_______   SSN (last four digits) _______________________

Home Phone #: _________________________  Work Phone #: ___________________________

Job Title: ______________________________  Department: _____________________________

PLEASE CONSENT TO OPTION 1, 2 OR 3 ONLY

Option 1   Consent to be vaccinated
- 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: _________________________________

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Option 2   History of Vaccination / Immunity
- I have received the hepatitis B vaccine. What year: ________________
- Positive blood titer confirmed. Date if known: ________________

Signature: ___________________________  Date: _________________________________

Option 3   Declination to be vaccinated
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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following:
- I am declining the vaccination for personal reasons.
- I am declining the vaccination due for medical reasons. I have a medical contraindication.

Signature: ___________________________  Date: _________________________________

Updated 1/20/2010