



BELIEVE THERAPIES

therapy that works

AUTHORIZATION/DECLINATION FOR HEPATITIS B VACCINE (RECOMBINANT)

THE DISEASE

Hepatitis B is a viral infection caused by hepatitis B virus (HBV). There is no specific treatment for this disease. Hepatitis B is usually transmitted by exposure to contaminated blood, or body fluids (e.g. saliva, semen). The majority of people with hepatitis B recover completely, but death can occur in 1-2% of patients, and approximately 5-10% become chronic carriers of the virus. Some patients may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer.

THE VACCINE

Recombinant Hepatitis B vaccine is a non-infectious subunit viral vaccine, derived from Hepatitis B surface antigen (HBsAG) and 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 cultures of this recombinant yeast strain. The vaccine has been shown to be comparable to the plasma-derived vaccine in terms of animal potency and protective efficacy. The vaccine is free of association with human blood or blood products. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three doses. There is no evidence that the recombinant 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 immunization. The effectiveness of this vaccine after full course immunization is approximately 99%.

POSSIBLE SIDE EFFECTS

Hepatitis B Vaccine (recombinant) is generally well tolerated. No serious adverse reactions have been reported. Injection site tenderness and redness is the most common reaction. Also reported, but less frequent, have been fever, rash, nausea, arthralgia, myalgia and general discomfort. The possibility exists that more serious side effects may be identified with more extensive use.

I have read the statement regarding hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand there is no guarantee that I will become immune or that I will not experience an adverse side effect from this vaccine. I understand that failure by me to accept all three (3) doses may cause the vaccine to be ineffective and I may not be immunized.

To the best of my knowledge:

- I am not pregnant at this time. I will advise the designee who administers the vaccine if I become pregnant while receiving the three doses series.
- I am not a nursing mother.
- I am not allergic to yeast.
- I have no history of arthritis.

Vaccine Determination (please check one): I intend to obtain the vaccine. I decline the vaccine.

Employee Signature: _____ Date: _____