

# Hepatitis B Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

### 2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

**Children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

Hepatitis B vaccine may be given at the same time as other vaccines.



### 3

#### Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

### 4

#### Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

### 5

#### What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

### 6

#### The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

### 7

#### How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Hepatitis B Vaccine**



Office use only

## HEPATITIS B VACCINE ACCEPT/DECLINE FORM

Printed Name

- FACULTY     
  STAFF     
  STUDENT EMPLOYEE     
  STUDENT

Department

Supervisor/Lab Supervisor (print)

Department Phone

Your Email Address

## DECLINATION

- I decline**, at this time, to receive the Hepatitis B Vaccine Series.

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 the 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.

## PREVIOUSLY COMPLETED

- I previously completed** the Hepatitis B Vaccine Series.  
 A copy of past vaccination records **MUST** be submitted to Student Health Services. Call 937-245-7200.

## CONSENT

- I consent to receive** the Hepatitis B Vaccine Series and have been counseled by a licensed health care provider. I understand that this vaccination is offered at no charge to myself, but I am required to complete the entire 3 shot series to be fully vaccinated.

**See instructions on reverse side.**

## SIGNATURE OF CONFIRMATION

Signature

Today's Date

**Return this form to Environmental Health & Safety at the address or email at top of form.**

OFFICE USE ONLY					
EHS APPROVAL:		DATE:			
SHOT 1		SHOT 2		SHOT 3	
DATE:	LOT#	DATE:	LOT#	DATE:	LOT#
PROVIDER SIGNATURE		PROVIDER SIGNATURE		PROVIDER SIGNATURE	

## INSTRUCTIONS

You have requested to receive the Hepatitis B vaccine series as a participant in the University's Bloodborne Pathogens Program. There are three shots required in the vaccination series:

- Shot 1
- Shot 2 – One month later
- Shot 3 – Six months later

**Keep this form - You will take it with you each time you receive your vaccination series.**

## STEP 1: TO RECEIVE YOUR VACCINATION TAKE THIS FORM TO

**Wright State Physicians Health Center  
Student Health Services  
725 University Boulevard  
Hours: M-F 8:30 to 11:30 am and 1:00 pm to 4:30 pm  
Call in advance.**

## STEP 2: AFTER EACH SHOT RETURN THIS FORM TO

Department of Environmental Health and Safety  
047 Biological Sciences II  
937-775-4444 or 937-775-2215  
**Call in advance.**

We will make a copy and return the original to you. Keep your original to be used each time you receive your vaccination series.

Additional shots are required one month and six months in the future in the vaccination series.

## CHANGE YOUR MIND?

**If you decide not to complete the Hepatitis B vaccination series contact:**

Department of Environmental Health and Safety  
047 Biological Sciences II  
937-775-2215 or 937-775-4444  
email: [ehs@wright.edu](mailto:ehs@wright.edu)