

# City of Twinsburg



Est. 1817

## HEPATITIS B VACCINATION & BLOOD BORNE PATHOGEN POLICY

### *General*

The City of Twinsburg offers the three series Hepatitis B Vaccine to all employees who may be at risk for the disease – i.e., occupational exposure to blood, bodily fluids or other potentially infectious materials. There is no cost for this series for active employees of the City of Twinsburg. Vaccination consists of a series of three (3) intramuscular doses of HBV vaccine, with the second and third dose administered one month and six months, respectively, after the first dose. The completion of the authorization form is required.

### *Effectiveness*

Clinical trials have indicated the vaccine produces total immunity to HBV infection in 85% to 96% of those vaccinated by this 3-dose series. Although the duration of protective effects is presently unknown, it has been suggested that immunity will last at least 5 - 10 years.

### *Administration*

The Summit County Health Department administers the vaccines and maintains records for doses and dates for each employee. To expedite the delivery of this vaccine, the City will normally conduct an on-site clinic at the Twinsburg Recreation and Activity Center in June, July and then again in December. If you miss a dose while employed by the City, it may be re-scheduled please contact the Benefits Administrator at (330) 405-9573.

If at any time during the series you leave employment with the City, you may receive any remaining doses through your private health care provider or the Summit County Health Department.

### *Adverse Reactions*

HBV vaccine is generally well tolerated and no serious adverse reactions attributable to vaccination have been reported during clinical trials. However, as with any newly introduced vaccine, there is the possibility of unforeseen or long-term adverse reaction. In addition, as with any other parenteral vaccine, the possibility of anaphylactoid reaction also exists. The following adverse reactions have been observed:

- Injection site soreness (10-21% of vaccine recipients).
- Swelling, warmth, erythema (redness) or induration (hardness) are less common.
- Low-grade fever (less than 101 F) occurs occasionally.
- Fever over 102 F and systemic complaints are infrequent.

### *Pregnancy Considerations*

Safety of hepatitis vaccine for pregnant women and nursing mothers has not been proven. On the other hand, Hepatitis B infection (not vaccine) in a pregnant woman does represent a significant risk to the health of the newborn. Decisions about receiving the hepatitis vaccination during pregnancy and lactation should be made in consultation with your physician, weighing risk and benefits.

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## HEPATITIS B VACCINATION AUTHORIZATION FORM

### Blood Borne Training for Minors

*As the parent of a minor employee*, I have been afforded the opportunity (along with my child) to attend a free educational seminar on the Hepatitis B vaccine and the Hepatitis B virus.

\_\_\_\_ (Parent Initial) At this time, I **decline** this opportunity.

\_\_\_\_ (Parent Initial) I will attend

### Vaccination Acceptance/Declination Form

\_\_\_\_ **YES**. I request HBV vaccination and hereby assume all of the risks thereof and further agree to indemnify and hold harmless The City of Twinsburg in connection therewith. I give permission to Summit County Health Department to provide the HBV immunization to me. Summit County Health Department may share the immunization dates with other health care providers and/or schools or employers.

\_\_\_\_ **NO**. I would not like to have the Hepatitis B vaccine on this date. 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 Virus 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 myself.

\_\_\_\_ (**Initial**) I have previously received the Hepatitis B 3-dose series.

**I have been provided with a copy of, and have read the vaccine information for the HBV vaccine; I have received educational material presented by my employer regarding HBV vaccine, and understand the risks and benefits. All of my questions regarding HBV have been answered.**

Print Employee Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(If you are under the age of 18, you must have parent or guardian signature)*

Witness Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Department of Human Resources

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