HEPATITIS B VACCINATION PROGRAM

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Hepatitis B is a liver infection caused by the hepatitis B virus. It is spread when infected blood, semen, or other body fluids enters the body of a person who is not infected. This can happen through sexual contact, sharing needles or other drug-injection equipment, or from mother to baby at birth. The virus can spread from an infected individual even if they do not look or feel sick.

For some people, hepatitis B is a short-term illness with symptoms that can include fever, tiredness, loss of appetite, nausea, vomiting, jaundice, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice (yellow color in the skin or eyes). But for others, it can become a long-term, chronic infection that might not have symptoms. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

There are safe and effective vaccines that can protect against hepatitis B. There are 5 licensed hepatitis B vaccines currently available in the United States: 3 single antigen vaccines and 2 combination vaccines.

Many people who get hepatitis B vaccine have no side effects at all. The most common side effects are usually mild and last 1-2 days and include:

- Soreness, redness, or swelling in the arm where the shot was given
- Headache
- Fever

Severe allergic reactions following vaccination are rare, but can be life threatening. Symptoms of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, fast heartbeat, dizziness and weakness. If such reactions occur, call 911 immediately.

**Who Should Not Get Hepatitis B Vaccine**

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose or any component of a hepatitis B vaccine
- Has had an allergic reaction to yeast
- Has had an allergic reaction to neomycin (contraindication for Twinrix)

Note: Until safety data are available, providers should not vaccinate pregnant women needing hepatitis B vaccination with Heplisav-B.

Women who might receive Heplisav-B during pregnancy (usually before knowing they are pregnant) are encouraged to enroll in the Heplisav-B pregnancy registry. Contact Dynavax Technologies Corporation, phone: 1-844-443-7734.

For more information on Hepatitis B and the vaccination visit: [https://www.cdc.gov/vaccinesafety/vaccines/hepatitis-b-vaccine.html](https://www.cdc.gov/vaccinesafety/vaccines/hepatitis-b-vaccine.html)
TO RECEIVE THE VACCINATION, COMPLETE THIS SECTION

CONSENT FOR HEPATITIS B VACCINATION

I have read the statement Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the 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.

Name: (Print)

Signature: (Employee Name)

Date:

Scan and return to EHS at wfuehs@wfu.edu, or through interoffice mail.

TO DECLINE THE VACCINATION, COMPLETE THIS SECTION

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.

Signed: (Employee Name) ______________________________________________________

Date: ________________________________________________________________

Scan and return to EHS at wfuehs@wfu.edu, or through interoffice mail.

Return completed form to Environmental, Health, and Safety