

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic hepatitis B virus infection.

Each year it is estimated that:

- 200,000 people, mostly young adults, get infected with hepatitis B virus.
- More than 11,000 people have to stay in the hospital because of hepatitis B.
- 4,000 to 5,000 people die from chronic hepatitis B.

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- during birth when the virus passes from an infected mother to her baby
- by having sex with an infected person
- by injecting illegal drugs
- by being stuck with a used needle on the job
- by sharing personal items, such as a razor or toothbrush with an infected person

People can get hepatitis B virus infection without knowing how they got it. About 1/3 of hepatitis B cases in the United States have an unknown source.

3 Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for hepatitis B virus infection include people who have more than one sex partner, men who have sex with other men, injection drug users, health care workers, and others who might be exposed to infected blood or body fluids.

If you are not sure whether you are at risk, ask your doctor or nurse.

- ✓ People should get 3 doses of hepatitis B vaccine according to the following schedule. *If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.*

		WHO?		
		Infant whose mother is infected with hepatitis B virus	Infant whose mother is not infected with hepatitis B virus	Older child, adolescent, or adult
WHEN?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1-2 months of age	1-4 months of age (at least 1 month after first dose)	1-2 months after first dose
	Third Dose	6 months of age	6-18 months of age	4-6 months after first dose

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should **not** be given to infants younger than 6 months of age.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

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

Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.



What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare).

What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a

serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/bhpr/viecp>

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 or 1-888-443-7232 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Hepatitis Branch website at <http://www.cdc.gov/ncidod/diseases/hepatitis/>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement (Interim)
Hepatitis B (8/23/00) 42 U.S.C. § 300aa-26



Texas Department of Health
Addendum to Hepatitis B Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) HepatitisB.
3. I know the risks of HepatitisB.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent HepatitisB.
7. I am an adult who can legally consent for the person named below to get the vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: HepatitisB Vaccine

Information about person to receive vaccine (Please print)					For Clinic/Office Use Clinic/Office Address:
Name: Last	First	Middle Initial	Birthdate	Age	
Address: Street	City	County	State TX	Zip	Date Vaccine Administered
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):					Vaccine Manufacturer:
_____ Date _____					Vaccine Lot Number
_____ Date _____					Site of Injection
Witness					Signature of Vaccine Administrator
					Title of Vaccine Administrator:

Texas Department of Health
C-106 (2/99)

CDC VIS (Interim) Revision 8/23/2000

CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) schools in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas 78756.

Yes. Add my child's information into the Texas Department of Health, Immunization Registry.

No. Do Not add my child's information into the Texas Department of Health, Immunization Registry.

Signature of parent, guardian, or managing conservator _____

Date of signature: _____

Instructions: Store the parental consent statement in the patient's chart.