

Hepatitis B Information Sheet

Hepatitis B virus (HBv) infection is a major cause of acute and chronic liver disease. After needlestick or sharps injuries to health care workers, there is a potential risk of Hepatitis B infection. If there is a definite exposure to Hepatitis B and you are not immune, there is a 25% risk of developing Hepatitis.

Hepatitis B

Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are approximately 300,000 new cases of Hepatitis B virus (HBv) the most prevalent form of hepatitis every year.

Healthcare workers are 20 times more likely to contract Hepatitis B than the general population. It is estimated that there are as many of 18,000 new cases of HBv each year among healthcare workers resulting in 200-300 deaths. While there is not cure for Hepatitis B, a vaccine does exist that can prevent infection.

In healthcare settings HBv is most often transmitted through having infectious materials (such as blood or other body fluids) get into our body through needlesticks, human bites or through existing cuts, abrasions or breaks in the skin or mucous membranes.

The symptoms of HBv are very much like mild “flu”. Initially there is a sense of fatigue, possible stomach pain, loss of appetite and even nausea. As the disease progresses jaundice, a distinct yellowing of the skin and sclera and darkened urine, may occur. However, people who are infected with HBv will often have NO symptoms for some time.

After exposure to HBv, it can take 2-6 months for the Hepatitis B to develop and to be detectable through testing. It is extremely important to begin vaccination immediately after an exposure to prevent infection from developing.

Vaccine:

The vaccine for Hepatitis B (Recombivax) is safe and effective. We recommend all health care workers in high risk positions for needlestick injury or who have had such an injury, even when the source of the needle is not known, begin with Recombivax vaccine.

If you have previously received the Hepatitis B vaccine, then you probably have immunity but this should be checked by measuring your antibody to Hepatitis B surface antigen (HbsAB). Antibody does not need to be checked more than once yearly if it is positive on one occasion. (OSHA does not require employers to check immunity level at the time of vaccination).

If the patient source is a carrier of Hepatitis B antigen (HbsAG positive) and you are not immune (do not have HbsAB), then you should receive Hepatitis B Immune Globulin .06ml/kg intramuscularly within 72 hours of exposure. This may have been given to you in the emergency room if the source of the needle was known to be positive for Hepatitis B antigen. (recommendations for treatment will be based on consulting physician recommendations, recommendations of health care facility where incident occurred or

most up to date recommendations of the Centers for Disease Control and St. Louis County Health Department).

Recombivax is safe and effective. It is administered in three doses. The first is given now; second dose in 1 month and third dose is given six months from the first. Protection from Hepatitis B appears to persist for at least five years following immunization. note: there is no recommendation by Centers for Disease Control for additional immunization doses at this time (5/99).

Contradictions: Hypersensitivity to yeast or any yeast product is a contradiction for use of the vaccine.

Adverse reactions: Hepatitis B vaccine is generally well tolerated. Incidence of 1% to 10% of people receiving injections may experience: Temperature >37.5 C, headache, dizziness. Local reactions at the injection site such as induration, erythema and/or swelling may occur. The Health Services director will help you find a place to receive this vaccine if you do not have a health care provider but the University does not provide the immunization.

5/99