University of Hawaii at Manoa
HEPATITIS B IMMUNIZATION FORM

To be filled out by Supervisor:
The following individual participated in a training program on bloodborne pathogens. Information regarding hepatitis B, hepatitis B vaccination (the efficacy, safety, method of administration), benefits of vaccination and that the vaccine and vaccination are provided free of charge to UH employees potential occupational exposure to bloodborne pathogens was provided on (date) _____.

Name and SS#:_____

Job Classification:_____

Occupational hepatitis B vaccination (circle one): **Recommended**

Not Offered (If this option used, the bottom half of this form should remain blank.)

Supervisor's Printed Name & Title: _____

Supervisor's Signature and Date: _____

To be completed by Employee:
Have you ever been immunized for hepatitis B? [ ] Yes [ ] No

* If yes, give the approximate dates of each dose below and return this form to your supervisor after signing. If you are otherwise known to be immune, via infection, please note that here.

_____ _____ _____ _____ _____

* If no, do you accept the hepatitis B antibody test and/or hepatitis B vaccination?

[ ] Yes, test and/or vaccination starting date: _____

[ ] No, I decline hepatitis B antibody test and/or hepatitis B vaccination. This is not an irrevocable waiver.

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.

Signature:_____ Date:_____
This form must be retained in personnel records for length of employment with University of Hawaii

NOTE: The University of Hawaii's *Biological Agents and Bloodborne Pathogens Standard Exposure Control Plan* has adapted EPINet's reporting forms to help provide a standardized method for recording precutaneious injuries and blood and body fluid contacts, in order to comply with the OSHA record keeping requirements of the 2001 revised Bloodborne Pathogens Standard. The following three forms should be downloaded at the EPINet site "http://hsc.virginia.edu/medcntr/centers/epinet/epinet3.html" and inserted at this point in you ECP.

B. Blood and Body Fluid Exposure Report

C. Needlestick and Sharp Object Injury Report

D. Post-Exposure Follow-Up

Table 1. Bloodborne Pathogens

BLOODBORNE PATHOGENS	
Viruses:	Hepatitis B (Serum Hepatitis)
	Hepatitis C
	Human Immunodeficiency Virus (HIV)
	Viral Hemorrhagic Fever Viruses
	Lassa, Junin, Guanario Marburg, Machupo Ebola, Sabia Crimean-Congo, Flexal
	Colorado Tick Fever Virus
	Cytomegalovirus
	Parvovirus B-19
Bacteria:	*Treponema pallidum* (Syphillis)
	Borrelia
	Mycobacterium leprae (Hansens Disease)
	Brucella
Parasites:	*Babesia microti*
	Plasmodium sp. (Malaria)
	Trypanosoma gambiense (African Sleeping Sickness)
	Trypanosoma cruzi (Chagas Disease)
	Leishmania sp.
Rickettsia:	*Rickettsa rickettsii* (Rocky Mountain Spotted Fever)

EXPOSURE SOURCE EVALUATION GUIDELINES

1. Exposure source known and available for HBV evaluation.
   TEST SOURCE UNLESS SOURCE KNOWN TO BE HBsAG POSITIVE

   a. Diagnosed HBV (HBsAg + with or without HBeAg +) **TEST UNNECESSARY** - exposure source considered HBV infectious.
   b. High Risk HBV (Asian/Pacific Island ethnicity, injection drug user, homosexual or bisexual male, known HIV +, abnormal LFTs). **TEST SOURCE**
   c. HBV Known Seronegative or no apparent risk for HBV. **TEST SOURCE**

2. Exposure source known and available for HIV evaluation.
   TEST SOURCE UNLESS SOURCE KNOWN TO BE HIV POSITIVE

   a. Diagnosed HIV Infection **TEST UNNECESSARY** - exposure source considered HIV infectious.
   b. In order to comply with DOSH regulations, **all** exposure sources involved in an occupational exposure must be approached for HIV testing.

3. Exposure source unknown/unavailable for evaluation. Individualized management of the exposed person will depend on exposure severity.

4. Laboratory Evaluation of the exposure source. The following lab tests should be done on exposure source:

   a. Hepatic Profile
   b. HBsAg
   c. HIV (with informed consent)
   d. Anti-HCV

Testing following an occupational exposure cannot be charged to the exposure source or his/her health insurance (state statute). It must be paid for by the exposed person or their employer. Agency may choose to pay for exposure source testing.

The exposure source is to receive counseling and give written consent prior to HIV testing. If the person seeking consent has any question about the exposure source's ability to consent to the testing, contact the exposure source's attending physician. Exposure source HIV tests should be expedited when the exposed person has elected to begin prophylactic AZT treatment. Test results will be communicated to the exposure source, exposure source's attending physician, and the exposed person's physician. The exposed person may find out the results from their physician.

University of Hawaii
INFORMATION SHEET FOR AN EXPOSED PERSON
ABOUT HEPATITIS-B AND HIV

Instructions: Provide this information sheet to U.H. employees with occupational exposure to blood or bloodborne pathogens.

This sheet contains information for individuals who may have been exposed to infectious blood or body fluids. Contact with infectious blood or body fluids could reflect in infection. A number of diseases may be transmitted by exposure to infectious blood or body fluids. The greatest concerns relate to Hepatitis-B, which is caused by the Hepatitis-B virus and Acquired Immune Deficiency Syndrome (AIDS), which is caused by the Human Immunodeficiency Virus (HIV).

Hepatitis B affects the liver. The severity of the disease is highly variable. Many people have relatively mild flu-like symptoms of fatigue, low grade fever, nausea, and low appetite. More serious symptoms include abdominal pain, jaundice, liver failure, and death. About 85% of persons with hepatitis B recover fully from the infection. However, the remainder may develop persistent inflammation of the liver, cirrhosis, and liver cancer. Some patients also become asymptomatic carriers who can transmit the virus to others through their blood and body fluids. A blood test can detect the presence of the disease within 2-6 weeks of exposure.

The HIV virus infects the immune system cells, thus reducing the body's capacity to fight other infections. Symptoms, initially, may be hardly noticeable, or resume a mild flu-like illness (low grade fever, fatigue, swelling of the lymph glands, body aches). Subsequently, the infected person may feel completely well for as long as ten years. When the immune system begins to fail, multiple symptoms develop and eventually lead to AIDS. Currently, AIDS is inevitably fatal. While a person can remain unaware of HIV infection, the virus may be transmitted to others who come into contact with the infected person's blood or body fluids. HIV antibody tests may be positive from as early as 2 weeks to as long as 1 year after exposure. Therefore, more than 1 test may be necessary to determine whether a person has been infected.

It is possible to contract these diseases from a single exposure to body fluids which contain these viruses. Multiple exposures to the same virus-containing body fluids increase the likelihood of contracting the disease. The body fluids which contain the highest concentrations of these viruses, posing the greatest risk of disease transmission, are blood and blood products, semen, and vaginal fluid. Other body fluids such as cerebral-spinal, amniotic, peritoneal and pericardial fluids, breast milk, saliva, sputum, urine, feces, inflammation exudates, tears, and perspiration, all may contain small amounts of virus. Exposure to any of these contaminated fluids may put an individual at risk for contracting Hepatitis-B or HIV infection.

There are effective vaccines available for Hepatitis-B. The Hepatitis-B vaccine is given in a series of 3 injections, the first 2 doses are given a month apart, and the third dose is 5 months after the second dose. The vaccination must be given as a preventative measure and <u>is not</u> effective if given after exposure. A passive immune globulin, HBIG, may be given after exposure to potentially inflected blood or body fluids.

There currently are no vaccines against HIV.

Although zidovudine (AZT) is indicated for treatment of established HIV infection, it is not approved by the U.S. Food and Drug Administration for preventing HIV infection after exposure. PRESENTLY, THERE IS INSUFFICIENT EVIDENCE TO STRONGLY SUPPORT OR DISCOURAGE THE USE OF AZT FOR PREVENTING INFECTION IN OCCUPATIONALLY EXPOSED PERSONS. There is, however, some evidence that pregnant women who are exposed to HIV will lessen their chances of passing the infection on to their unborn child by taking AZT for the remainder of their pregnancy. It is common clinical practice, at this time, to discuss the possibility of AZT treatment with exposed individuals. This allows those individuals to decide whether or not they want to take AZT. The side effects of AZT may include gastrointestinal distress, nausea and vomiting, and anemia. Long-term effects of AZT are not known at this time.

IMMEDIATE TREATMENT OF THE EXPOSED PERSON

1. **Immediately following exposure:**
   A. Flush the injured area with water or saline.
   B. Thoroughly clean the area with soap and water if possible.
   C. If exposure to the eyes has occurred, use an eye wash station. Or, use the nearest sink to flush the eyes with water for at least five minutes.
   D. Injuries requiring medical intervention should be promptly evaluated in the nearest Emergency Room, Student Health Service where available, or private physician.

LEVELS OF EXPOSURE

A. **Hepatitis B (HBV) Exposure Criteria**

Due to the high infectivity of HBV, all parenteral and mucous membrane contacts with blood and body fluid are considered "exposures". Examples of potentially infective body fluids and tissues are: blood, blood products, bloody fluids, semen, CSF, amniotic fluid, menstrual discharge, pleural, peritoneal, pericardial fluid, blood tinged urine and stool, saliva, and inflammatory exudates.

B. **Definition of Levels of Exposure to HIV**

Potentially infective body fluids are essentially the same as for HBV. HIV is less infective and the extent of exposed person's exposure guides the recommended treatment. (The following definitions are taken from San Francisco General hospital's exposure protocols.)

1. **Massive Parenteral Exposure**
   a. Transfusion of blood or an injection of a large volume of blood/body fluids ($\geq$1 ml).
   b. Parenteral exposure to laboratory specimens containing a high titer of the HIV virus.

2. **Definite Parenteral Exposure**
   a. Intramuscular (IM/"deep") injury with a blood/body fluid-contaminated needle.
   b. Injection of blood/body fluid not included in B1a above.
   c. Laceration or similar wound which causes bleeding in exposed person produced by a visibly blood/body fluid- contaminated instrument.
   d. Laceration or similar fresh wound inoculated with blood/body fluid.
   e. Any inoculation with HIV (usually research settings) not included in B1b above.

3. **Probable Parenteral Exposure**
   a. Subcutaneous (SQ/"superficial") injury with blood/body fluid-contaminated needle.
   b. A wound produced by blood/body fluid-contaminated instrument which does not cause visible bleeding.
   c. Prior wound or skin lesion contaminated with blood/body fluid.
   d. Mucous membrane inoculation with blood/body fluid.

4. **Doubtful Parenteral Exposure**
    a. Subcutaneous (SQ/"superficial") injury with non-bloody body fluid-contaminated needle.
    b. A superficial wound produced by non-bloody body fluid- contaminated instrument which does not cause visible bleeding.
    c. Prior wound or skin lesion contaminated with non-bloody body fluid.
    d. Mucous membrane inoculation with non-bloody body fluid.

5. **Non-Parenteral Exposure**
    a. Intact skin visibly contaminated with blood/body fluid.

PROTOCOL FOR POST-EXPOSURE TO BODY FLUIDS - <u>FACULTY AND STAFF</u>

1. Immediately following exposure:

   A. Flush the injured area with water or saline.
   B. Thoroughly clean the area with soap and water if at all possible.
   C. If exposure to the eyes has occurred, use an eye wash station. Or, use the nearest sink to flush the eyes with water for at least five minutes.
   D. Injuries requiring medical intervention should be promptly evaluated by private physician, or the nearest Emergency Room.
   E. Follow the applicable protocol for exposure to body fluids at place of exposure. Notify person in charge at place of exposure.

      Kaiser clients should report to Kaiser facility if able. If exposure occurred at Kaiser, call Exposure Hotline at 834-9089.

      If exposure occurred at the Queen's Medical Center, call Exposure Hotline at 547-4004.

2. Call UH Post-Exposure Response Team member at Pager# 574-2246.

3. Faculty/Staff will be responsible for personal medical care.

4. Notify appropriate Program Head and complete the Workers' Compensation reporting requirements (Incident Report). Workers' Compensation reports must be submitted within seven working days of the accident.

5. Post-Exposure Response Team member advises exposed faculty/ staff regarding follow-up and completes the UH System Exposure Documentation Form which should be submitted in a sealed envelope marked **"Confidential"** to the Department Chair.

6. Confidential records of incidents will be kept in a locked file in a location designated by the appropriate Program Head, identified by code number only, and will include a copy of the UH System Exposure Documentation Form as well as a record of counseling and follow-up for each case.

PROTOCOL FOR POST-EXPOSURE TO BODY FLUIDS - <u>STUDENTS</u>

1. Immediately following exposure:

   A. Flush the injured area with water or saline.
   B. Thoroughly clean the area with soap and water if at all possible.
   C. If exposure to the eyes has occurred, use an eye wash station. Or, use the nearest sink to flush the eyes with water for at least five minutes.
   D. Injuries requiring medical intervention, should be promptly evaluated by private physician, Student Health Service where available, or the nearest Emergency Room.

   E. Follow the applicable protocol for exposure to body fluids at place of exposure. Notify person in charge of supervising the student.

      If the injury occurred on UH System campus, report to Student Health Service where available.

      If exposure occurred at Kaiser, call Exposure Hotline at 834-9089. (Kaiser clients should report to Kaiser facility if able.)

      If exposure occurred at the Queen's Medical Center, call Exposure Hotline at 547-4004.

2. Call UH Post-Exposure Response team member at Pager# 574-2246.

3. The student is responsible for personal medical care and costs not covered by the agency or institution. Students are not considered employees of the University, training agency or institution, and are not eligible for Workers' Compensation.

4. Notify appropriate Program Head.

5. Post-Exposure Response Team member advises exposed student regarding follow-up and completes the UH System Exposure Documentation Form, which should be submitted in a sealed envelope marked **"Confidential"** to the appropriate Program Head.

6. Confidential records of incidents will be kept in a locked file in a location designated by the appropriate Program Head, identified by code number only, and will include the UH System Exposure Documentation Form as well as a record of counseling and follow-up for each case.