

## Hepatitis A and B Vaccination for Inmates

### HEPATITIS A and B VACCINATION FOR INMATES Level II

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Skill Level: RN, LPN

Definition: It is ODOC policy to offer and encourage Hep B and Hep A vaccination to any and all incarcerated individuals if no immunity is present.

Procedure:

1. Verify patient identity. Verify patient has not already completed vaccine course. If patient has had 3 doses of Hep B vaccine over a 6 month period, verify and document. If patient has had one or two doses of Twinrix™ in the past, get the history and consult the institution's medical provider or chief medical officer.
2. ODOC is currently using Twinrix™, a combination Hepatitis A and Hepatitis B vaccine, which is given in three doses on a 0 month, 1 month, and 6 month schedule. Screening testing for prior "natural" immunity is not necessary and is not cost effective at this time.

Vaccination Procedure:

1. Have the patient review Vaccine Information Statements (VIS) for both Hepatitis A and B vaccines and answer any questions they have. Screen for Contraindications. Do not give if patient is allergic to Twinrix® or any of its components (including Baker's Yeast, Alum, and 2-phenoxyethanol). If the patient is moderately or severely ill, reschedule the vaccination when patient is feeling better. Pregnant women usually may be vaccinated.
2. Obtain signed ODOC informed consent forms. File in chart.
3. Give first dose of Twinrix® vaccine Intra-Muscular in the Deltoid muscle. Schedule the subsequent two (2) immunizations in one month and again in six months. Document the injections on the MAR and on the immunization section of the problem list.
4. At first dose enter the patient into the Health Status Condition: INF TWRX.
5. Give an *individualized personal immunization record card* provided by the Health Department to the inmate and update it with each dose.
6. Fill out the "ALERT SUBMISSION FORM" for each inmate/client/patient encounter. Put a patient information sticker in the top upper corner box, and fill in the patient's Mother's Maiden Name. Be sure to attach identifying barcode and forward to ALERT. Put the remainder of the bar-coded sheet in patient Health Care Record for future use. Match appropriate barcode and affix to form and date form in upper left hand corner each time immunization is given and forward to ALERT. Forward forms to ALERT once a month to the Oregon Public Health Division Immunization Program. (Fax to: Alison Alexander: 971-673-0278).

## Hepatitis A and B Vaccination for Inmates

### Nursing Information:

Immunization with Hepatitis B vaccine is the most effective means of preventing Hepatitis B infection and its consequences. The currently available vaccines are produced by recombinant DNA technology; there is no human component. There is no risk of developing Hepatitis B from the vaccine. There is no risk of developing HIV disease (AIDS) from the vaccine. The recommended series of intramuscular doses of Hepatitis B vaccine induces a protective antibody response in >90% of healthy adults. ODOC is working in partnership with the State Health Division who works with the Federal government. It is imperative that we communicate necessary information and fill out the tracking forms.


### **APPROVED:**

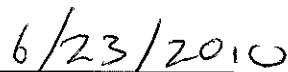
\_\_\_\_\_  
Medical Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

  
\_\_\_\_\_  
Date

Effective Date: June 2010

Revised: June 2010

# HEPATITIS B VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

**Acute (short-term) illness.** This can lead to:

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

Acute illness is more common among adults.

Children who become infected usually do not have acute illness.

**Chronic (long-term) infection.** Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

### 2 Hepatitis B vaccine: Why get vaccinated?

**Hepatitis B vaccine can prevent hepatitis B**, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a **series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and Adolescents

- All children should get their first dose of hepatitis B vaccine at **birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

# Hepatitis A and B Vaccination for Inmates

- people who travel to countries where hepatitis B is common,
- people with HIV infection.
- Anyone else who wants to be protected from HBV infection may be vaccinated.

## 4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to baker's yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

## 5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

**Severe problems** are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

## 6 What if there is a moderate or severe reaction?

**What should I look for?**

- Any unusual condition, such as a 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.

**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 report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help 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 their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 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.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC websites at:
    - [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis)
    - [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
    - [www.cdc.gov/travel](http://www.cdc.gov/travel)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)  
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

# HEPATITIS A VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

Hepatitis A can cause:

- mild "flu-like" illness
- jaundice (yellow skin or eyes)
- severe stomach pains and diarrhea

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Sometimes, people die as a result of hepatitis A (about 3-5 deaths per 1,000 cases).

A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A vaccine can prevent hepatitis A.

### 2 Who should get hepatitis A vaccine and when?

#### WHO?

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children 1 year (12 through 23 months) of age.
- Persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see [www.cdc.gov/travel](http://www.cdc.gov/travel).
- Children and adolescents through 18 years of age who live in states or communities where

routine vaccination has been implemented because of high disease incidence.

- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor concentrates.
- Persons who work with HAV-infected primates or who work with HAV in research laboratories.

Other people might get hepatitis A vaccine in special situations:

- Hepatitis A vaccine might be recommended for children or adolescents in communities where outbreaks of hepatitis A are occurring.

*Hepatitis A vaccine is not licensed for children younger than 1 year of age.*

#### WHEN?

For children, the first dose should be given at 12-23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For travelers, the vaccine series should be started at least one month before traveling to provide the best protection.

Persons who get the vaccine less than one month before traveling can also get a shot called immune globulin (IG). IG gives immediate, temporary protection.

For others, the hepatitis A vaccine series may be started whenever a person is at risk of infection.

**Two doses** of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

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

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## 3 Some people should not get hepatitis A vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if you have any severe allergies. All hepatitis A vaccines contain alum and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.
- Tell your doctor if you are **pregnant**. The safety of hepatitis A vaccine for pregnant women has not been determined. But there is no evidence that it is harmful to either pregnant women or their unborn babies. The risk, if any, is thought to be very low.

## 4 What are the risks from hepatitis A vaccine?

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

Getting hepatitis A vaccine is much safer than getting the disease.

### Mild problems

- soreness where the shot was given (*about 1 out of 2 adults, and up to 1 out of 6 children*)
- headache (*about 1 out of 6 adults and 1 out of 25 children*)
- loss of appetite (*about 1 out of 12 children*)
- tiredness (*about 1 out of 14 adults*)

If these problems occur, they usually last 1 or 2 days.

### Severe problems

- serious allergic reaction, within a few minutes to a few hours of the shot (*very rare*)

Vaccine Information Statement  
Hepatitis A (3/21/06) 42 U.S.C. § 300aa-26

## 5 What if there is a moderate or severe reaction?

### What should I look for?

- Any unusual condition, such as a 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.

### 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.
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- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
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  - Visit CDC websites at: [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis) or [www.cdc.gov/nip](http://www.cdc.gov/nip)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL IMMUNIZATION PROGRAM

# Hepatitis A and B Vaccination for Inmates

## ALERT Submission Form For Use By OYA/Dept. of Corrections/Job Corps/Jail Staff Only

**Submit one page per client for each date of service, mail to ALERT**

### Demographic Information

Place OYA/Dept. of Corrections/Job Corps/Jail Client Sticker/Identifier Here	Special Instructions/Comments:
Local ID #:	
Client Name: _____ <small style="display: block; text-align: center;">Last                      First                      Middle</small>	Date of Birth ____ / ____ / ____ <small style="display: block; text-align: center;">MM              DD              YYYY</small>
Home Address (if known): _____ <small style="display: block; text-align: center;">Street Number                      Apt. Number                      City                      State                      Zip</small>	
Phone Number: (    )    -    _____	Mother's Maiden Name: _____
Medicaid #: _____	Social Security #: _____

### Immunization Information

Date of Service      ____ / ____ / ____ <small style="display: block; text-align: center;">MM              DD              YYYY</small>			
<b>Site Location</b>  OYA: <input type="checkbox"/> Eastern OR <input type="checkbox"/> Hillcrest <input type="checkbox"/> MacClaren <input type="checkbox"/> North Coast <input type="checkbox"/> Oak Creek <input type="checkbox"/> Riverbend <input type="checkbox"/> Rogue Valley <input type="checkbox"/> Tillamook  DOC: <input type="checkbox"/> Coffee Creek <input type="checkbox"/> Columbia River <input type="checkbox"/> Deer Ridge <input type="checkbox"/> Eastern Oregon <input type="checkbox"/> Mill Creek <input type="checkbox"/> Oregon Corrections Intake Center <input type="checkbox"/> Oregon State Correctional Institution <input type="checkbox"/> Oregon State Penitentiary <input type="checkbox"/> OSPM <input type="checkbox"/> Powder River <input type="checkbox"/> Santiam <input type="checkbox"/> Shutter Creek <input type="checkbox"/> South Fork <input type="checkbox"/> Snake River <input type="checkbox"/> Two Rivers <input type="checkbox"/> Warner Creek  Job Corps: <input type="checkbox"/> Angell <input type="checkbox"/> Springdale <input type="checkbox"/> Timberlake <input type="checkbox"/> Tongue Point <input type="checkbox"/> Wolf Creek  County Jail: _____ <small>(must specify site name)</small>	<b>Vaccine (Check all shots given)</b>	<b>Brand name</b>	<b>Code</b>
	<input type="checkbox"/> Hep A	Vaqta/Havrix	85
	<input type="checkbox"/> Hep B, adolescent or pediatric	Recombivax/ Engerix	8
	<input type="checkbox"/> Hep B, adult	Recombivax/ Engerix	43
	<input type="checkbox"/> Hep A – Hep B	Twinrix	104
	<input type="checkbox"/> Influenza – split – Inactivated	Fluzone	15
	<input type="checkbox"/> Influenza – Intranasal	Flu Mist	111
	<input type="checkbox"/> Meningococcal (MCV4)	Menactra	114
	<input type="checkbox"/> Meningococcal (MPSV4)	Menomune	32
	<input type="checkbox"/> MMR	MMR	3
	<input type="checkbox"/> Pneumococcal (PPV23)	Pneumovax 23	33
	<input type="checkbox"/> Td/Preservative Free	Td Adult	113
	<input type="checkbox"/> Tdap	Adacel/ Boostrix	115
	<input type="checkbox"/> Varicella	Varivax	21
	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Other _____		
<b>To contact ALERT:</b> Phone: 800-980-9431; 971-673-0275 Fax: 971-673-0276 Email: OHD.ALERT@state.or.us	<b>ALERT Mailing Address:</b> Oregon Immunization ALERT 800 NE Oregon St, Suite 370 Portland, OR 97232	ALERT will provide postage-paid envelopes	

**Optional: Attach a copy of the client's prior immunization record to this form and ALERT will enter the full immunization history.**

Oregon Department of Corrections

**IMPORTANT --- INFORMED CONSENT**  
**Hepatitis A and Hepatitis B Vaccination**

I have read or have had explained to me the information about **Hepatitis A and Hepatitis B** and Twinrix® Hepatitis vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

\_\_\_\_\_ Date \_\_\_\_\_ Witness

**Dose #1**

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Site of Injection: \_\_\_\_\_  
\_\_\_\_\_ Nurse Signature

**Dose #2 (Due date \_\_\_\_\_)**

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Site of Injection: \_\_\_\_\_  
\_\_\_\_\_ Nurse Signature

**Dose #3 (Due date \_\_\_\_\_)**

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Site of Injection: \_\_\_\_\_  
\_\_\_\_\_ Nurse Signature

Name _____
SID# _____