Hepatitis B

PROTECT YOURSELF AGAINST BIOLOGICAL HAZARDS

APSSAP

VIA PRÉVENTION

Santé et Services sociaux Québec

apsam

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HEPATITIS B

Hepatitis B is a **liver infection** caused by a virus. It is a **serious disease** that can be fatal in 1% of cases. Hepatitis B virus spreads mostly through sexual contact or by sharing needles. In the workplace, it can spread through contact between a wound and the blood of an infected person, a needlestick injury from a contaminated syringe, or a bite that causes bleeding (rare).

The most common symptoms are fatigue, stomach aches, nausea, fever and sometimes jaundice. **Many people who have the virus don't have symptoms; as a result, they can unknowingly spread the infection.** Some people who have the infection might develop cirrhosis or liver cancer later on. **Hepatitis B is the main cause of liver cancer worldwide.**

Every year in Québec, fewer than 1000 people* are diagnosed with hepatitis B. Fewer than 1 in 20 people risk getting hepatitis B in their lifetime.

THE VACCINE

Hepatitis B vaccine is safe and very effective. It doesn't contain live virus and cannot cause the disease. The vaccine protects about 90% of people who get the three doses required, administered according to the recommended schedule. All three doses are necessary and must be given in the arm muscle for maximum effectiveness. The vaccine has been used for nearly 35 years, and no cases of chronic hepatitis B have been reported in people protected by the vaccine.

Once vaccination is completed in workers for whom it is recommended, it is important to check if the body has generated enough antibodies.

*Source : MSSS, *Vigie et surveillance des maladies à déclaration obligatoire d'origine infectieuse – Rapport annuel 2014*.

The only way to check the degree of effectiveness of the vaccine is by **antibody determination**. To do so, a blood test must be done 1 to 6 months after the last dose of vaccine was given. Based on current knowledge and with hindsight, it is now accepted that an individual who has developed enough antibodies is **probably protected for life**.

SIDE EFFECTS

Most people don't have side effects after getting the vaccine. Local reactions such as redness, swelling or pain at injection site may occur. In those cases, a cold compress should be applied.

Other side effects that can develop are headaches, mild fever, and muscle or joint paint, which can be relieved with **acetaminophen** (e.g. Tylenol, Tempra). **All these symptoms disappear on their own in a few days.** If symptoms persist, see a doctor and notify the person who administered the vaccine.

Rumours have been circulating in the media that the vaccine can cause certain chronic diseases. However, sound scientific studies have not shown any link between the vaccine and health problems.

There is a very low risk of severe allergic reaction. However, if there is a reaction, the person administering the vaccine has been trained to deal with it immediately.

The vaccinator should absolutely be informed of any adverse reactions to prior vaccination.

VACCINATION AUTHORIZATION

FILE No.

NURSE'S NAME

Worker Identification

Last name: _____ First name: _____

SIN: _____

Health Ins No.: _____

Date of birth: _____ Sex: F ☐ M ☐

Address : _____

City: _____ Province: _____ Postal code: _____

Tel. (home): _____ Tel. (work): _____

Last and first names of parents

Father: _____ Mother: _____

Work place

Company name: _____

Company no.: _____

Job title: _____ Start date: _____

Vaccination Authorization

☐ I want to get the hepatitis B vaccine.

☐ I don't want to get the hepatitis B vaccine. ☐ I don't want to get the hepatitis A vaccine.

Notes: _____

_____

Signature: _____ Date: _____

Authorization to disclose information to the employer

☐ **I agree** that information about this vaccination be given to my employer.

☐ **I refuse** that information about this vaccination be given to my employer.

Signature: _____ Date: _____

INFORMATION ON HEPATITIS B VACCINATION

1st dose

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

2nd dose

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

3rd dose

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

Serologic Test Results

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

THE ABOVE INFORMATION IS CONFIDENTIAL AND CANNOT BE RELEASED WITHOUT THE WORKER'S AUTHORIZATION.

This pamphlet includes a vaccination authorization form.

IMPORTANT

You must indicate if you agree
or refuse to get Hepatitis B vaccine.

You must sign the form after having
read and understood the information.
in this pamphlet.

If you would like more information, or to talk with a health professional, please contact your regional occupational health team.

To contact us
cnesst.gouv.qc.ca
1 844 838-0808

DC100-474-2A (2019-09)