



**University of Virginia  
Elson Department of Student Health  
PO Box 800760  
Charlottesville VA 22908  
434-982-3915**

**ADACEL<sup>®</sup> (Tdap)**

Diphtheria, tetanus and pertussis are serious diseases caused by bacteria. With diphtheria, a membrane grows which can cover the tonsils and throat. Pertussis is a highly contagious respiratory disease causing severe coughing. Both diphtheria and pertussis are spread person to person. Tetanus enters the body through a wound or an opening in the skin. The disease can cause rigidity, convulsive spasms of the muscles, paralysis and death.

Tetanus/diphtheria vaccines should be updated every ten years. Adacel is a one-time-only vaccine indicated for the prevention of tetanus, diphtheria and pertussis in adolescents and adults ages 11-64. Subsequent tetanus/diphtheria vaccines should not contain the pertussis booster.

**Contraindications:**

1. Previous reactions to pertussis, diphtheria or tetanus vaccine.
2. Bleeding disorders or anticoagulant therapy.
3. Uncontrolled epilepsy or progressive neurologic disorder.
4. Less than 2 years since last tetanus vaccine.
5. Pregnancy or breast-feeding - check first with your obstetrician or pediatrician.

**Adverse Effects:**

Reactions might include pain, redness and swelling at the injection site; transient fever, body or joint aches; temporary tiredness.

I have read the information on Adacel and the Tdap vaccine information statement dated 7/12/06 and has had the opportunity to ask questions.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Adacel vaccine 0.5 IM      DELTOID SITE \_\_\_\_\_

Manuf. \_\_\_\_\_ Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## GARDASIL® (HPV VACCINE)

Human Papillomavirus (HPV) is the name of a group of more than 100 viruses. Many of these viruses can be passed from one person to another through skin to skin contact. HPV is the most common sexually transmitted infection in the United States.

For most women, the body's defense system can clear the virus so that health problems do not develop. However, persistent infection with some types can cause cervical cancer, abnormal Pap tests, and genital warts. Gardasil® is effective against 4 types of HPV which cause approximately 70% of cervical cancers and 90% of genital warts. Gardasil® helps prevent the infection that causes these diseases. Gardasil® does not treat these diseases. You cannot acquire these diseases from Gardasil®.

Gardasil® is recommended for women between 9 and 26 years old. The vaccine does not protect against the types of HPV that are not in the vaccine, nor will they protect against HPV infections which occurred prior to receiving the vaccine. After receiving Gardasil® you will still need to have regular Pap tests as recommended by your health care provider.

**Contraindications** (Persons with any of the following should not receive Gardasil®.)

1. Previous reactions to Gardasil® vaccine.
2. Allergy to common baker's yeast (used in all common bread).
3. Currently pregnant or planning to become pregnant within one month of the last dose.
4. An acute illness with fever
5. Coagulation disorder or thrombocytopenia (injection may cause bleeding at injection site, not worsening of disorder)
6. One of the following specifically diagnosed diseases or taking these specific therapies: HIV, genetic immunodeficiency, radiation therapy, chemotherapy, high dose steroids.

Latex allergy is not a contraindication.

What are the ingredients in Gardasil®?

The main ingredients are purified inactive proteins that come from HPV Types 6, 11, 16 and 18. It also contains amorphous hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, and water for injection.

Treatment Schedule:

- First dose: at a time you and your health care provider choose
- Second dose: 2 months after first dose
- Third dose: 6 months after first dose

Adverse Effects:

Reactions might include pain, redness and tenderness at the injection site.

I have read the information on Gardasil®, received the Vaccine Information Sheet dated 2/2/07, and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Student ID# \_\_\_\_\_

Gardasil® vaccine 0.5 IM DELTOID SITE \_\_\_\_\_

Dose	Lot #	Exp. Date	MFG	Nurse Sig.
Date:				
Site:				
Date:				
Site:				
Date:				
Site:				

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## Hepatitis A Vaccine Consent Form

Hepatitis A is a serious liver disease with symptoms similar to flu-like illness, such as jaundice (yellowish skin and eyes), decreased appetite, nausea, stomach pains and diarrhea. The virus is found in the stool of infected persons. It is highly contagious with the common mode of transmission being person to person. Infection may be spread: 1) by contaminated water or food, 2) by infected food handlers, 3) after a breakdown in usual sanitary conditions, or after floods or natural disasters, 4) by ingestion of raw or uncooked shellfish from contaminated water, and 5) by needle transmission either by blood transfusion or sharing needles with infected persons. A person with Hepatitis A can easily pass the disease on to others within the same household. The incubation period for Hepatitis A is 15-50 days with an average of 25-30 days.

Hepatitis A vaccine is indicated for active immunization in persons 1 year of age and older against disease caused by Hepatitis A virus. Please review the vaccine information sheet attached. Hepatitis A vaccine should be given at least 1 month prior to the possibility of exposure to the virus, such as when traveling to counties where there are high rates of Hepatitis A virus. **Two doses of the vaccine given at least 6 months apart are needed for lasting protection.**

**Adverse reactions:**

The Hepatitis A vaccine has been generally well-tolerated. The most frequent reaction was soreness at the injection site. Redness and swelling occurred in 1-10% of the clinical trials. Persons allergic to formalin, aluminum or neomycin should not receive the vaccine. Any vaccine, like any medication, is capable of causing an allergic reaction. The risk of Hepatitis A vaccine causing serious harm or death is extremely small. Persons who are mildly ill should consider rescheduling the time they get their injection.

I have read the information presented to me both on the consent form and the Vaccine Information Sheet dated 3/21/06 and have had the opportunity to ask questions.

Print name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID # \_\_\_\_\_

**Hepatitis A Vaccine 1 ml IM**

Dose	Lot #	Exp. Date	Manufact.	Nurse's signature
Date:				
Site:				
Date:				
Site:				



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## Consent to Receive Hepatitis B Vaccine

Hepatitis B is an infection of the liver caused by the Hepatitis B Virus (HBV) which causes deaths in 1-2% of patients. In the US approximately 300,000 persons, mostly young adults, are infected by HBV each year. Between 6-10 of every 100 young adults who have Hepatitis B become chronic carriers (have HBV in their blood for 6 or more months), and may be able to spread the infection to others for a long period of time. The serious complications of HBV are chronic hepatitis, cirrhosis, hepatocellular carcinoma (liver cancer), and immune complex diseases (i.e., glomerulonephritis).

Hepatitis B is highly infective if there is contact with infected blood or serum via wounds or splashed into mucous membranes. It can also be transmitted sexually and during birth. Immunization against Hepatitis B can prevent acute hepatitis and also reduce sickness and morbidity from chronic active hepatitis, cirrhosis, and liver cancer.

Symptoms of Hepatitis B infection include loss of appetite, extreme fatigue, nausea and vomiting, abdominal pain, dark urine, jaundice (yellow eyes and skin), skin rashes and joint pain.

### Vaccine Recommendations for High Risk Groups:

1. Health care workers
2. Contacts of HBV carriers
3. Men who have sex with men
4. Users of illegal injectable drugs
5. Recipients of certain blood products
6. Specific populations from areas with high rates of Hepatitis B (i.e., Alaskan natives, Pacific islanders)

The Hepatitis B vaccine is a series of three injections given on a 0-1-6 month schedule. After the series is complete, the vaccine efficacy rate is 85%-95% in preventing the disease. The vaccine provides long-term protection and booster doses are not routinely recommended at the present time.

Side effects include soreness at the site of injection, fatigue, headache fever, nausea, diarrhea, sore throat, upper respiratory infection.

### Contraindications:

- Allergy to yeast or other vaccine components
- Allergy to aluminum hydroxide, thimerosal, or other components of the vaccine
- The vaccine should only be given to a pregnant woman if clearly indicated

Continued on back.....

I have read the information presented to me both on the consent form and the Vaccine Information Sheet dated 7/18/07 and have had the opportunity to ask questions.

Print name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID# \_\_\_\_\_

## Hepatitis B Vaccine 1cc IM

Dose	Lot #	Exp. Date	Manufact.	Nurse's signature
Date:				
Site:				
Date:				
Site:				
Date:				
Site:				



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## Consent to Receive Japanese Encephalitis Vaccine

Japanese encephalitis, a mosquito-borne infection, is the leading cause of viral encephalitis in Asia. A three dose vaccination is recommended for US travelers visiting specific parts of Asia.

**Contraindications:**

- Adverse reaction to a prior dose of Japanese Encephalitis Vaccine
- Hypersensitivity to Thimerosal
- Suspected hypersensitivity to proteins of rodent or neural origin

**Adverse Reactions:**

Generalized itching (urticaria) or swelling (angioedema) may occur within minutes after receiving the vaccine. A possible related reaction has occurred as late as 17 days after the vaccination. Most reactions occur within 10 days, with the majority occurring within 48 hours.

**General Information:**

- The injections are given in day intervals of 0-7-30 respectively.
- We will observe you for 30 minutes after the vaccination,. There is a possibility of a delayed generalized itching and swelling of the extremities, the face and mouth area, and especially the lips.
- You should remain in areas where you have ready access to medical care for 10 days after a vaccination.
- Please seek medical attention immediately upon any onset of any reaction, for example, swelling, itching, becoming short of breath.
- If you have a history of itching after bee stings or medications, please inform the care provider.
- Side effects of this vaccination include but are not limited to fever, headache, discomfort, rash, chills, dizziness, nausea, vomiting and abdominal pain.

I have read the information on the vaccine I am to receive, and have read the Vaccine Information Sheet dated 5/11/05. I feel adequately informed and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Japanese Encephalitis Vaccine 1 ml in the arm subcutaneously

Dose	Lot #	Exp. Date	Manufact.	Nurse's signature
Date:				
Site:				
Date:				
Site:				
Date:				
Site:				

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**Meningococcal Conjugate Vaccine (Menactra)  
Vaccine Consent Form**

Meningitis and meningococemia are caused by Neisseria Meningitis serogroups A, B, C, Y and W-135. The Menactra vaccine will stimulate protection against serogroups A, C, Y and W-135, which accounts for 3/4 of the cases in the U.S.

Menactra vaccine is recommended for adolescents and adults 11-55 years of age for the prevention of meningococcal disease, including travel to areas of the world having endemic meningitis.

Contraindications:

1. Known hypersensitivity to any component of the Menactra vaccine including diphtheria toxoid, or life-threatening reaction after previous administration of a vaccine containing similar components.
2. Latex allergy
3. Persons with any bleeding disorder, such as hemophilia or thrombocytopenia, or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration.
4. Menactra should be used during pregnancy only if clearly needed.
5. Adults over 55 years of age.

Adverse Reactions:

Reactions might include pain, redness and swelling at the injection site; headache; and fatigue.

I have read the information on Menactra vaccine and feel adequately informed. I have received and read the Vaccine Information Sheet dated 8/16/07 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature \_\_\_\_\_

**Menactra vaccine 0.5ml IM**

Manuf: \_\_\_\_\_ Lot #: \_\_\_\_\_

Exp. Date : \_\_\_\_\_ Site: \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Meningococcal Polysaccharide Vaccine - Vaccine Consent Form

Meningitis and meningococemia are caused by Neisseria Meningitis serogroups A, B, C, Y and W-135. The meningitis vaccine will stimulate protection against serogroups A, C, Y and W-135, which accounts for 3/4 of the cases in the U.S.

Meningococcal vaccine is recommended for persons at increased risk of meningococcal disease, including those who might have been exposed to meningitis during an outbreak, college freshmen living in dormitories, individuals with immunosuppression or without a spleen, and those traveling to areas of the world having endemic meningitis.

### Contraindications:

6. The vaccine should not be given to an individual with an acute illness.
7. Pregnant women should be immunized only if clearly needed.
8. Persons with allergies to thimerosal or latex.

### Adverse Reactions:

Reactions might include pain, redness and swelling at the injection site; or headache.

I have read the information on the meningococcal polysaccharide vaccine and feel adequately informed. I have received and read the Vaccine Information Sheet dated 1/28/08 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Meningococcal polysaccharide vaccine 0.5ml SC**

Manuf: \_\_\_\_\_ Lot #: \_\_\_\_\_

Exp. Date : \_\_\_\_\_ Site: \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Measles, Mumps and Rubella  
Vaccine Consent Form**

**Measles** is a serious communicable disease. It causes rash, high-fever, cough, runny nose and watery eyes, lasting 1-2 weeks. Other complications are ear infection, pneumonia, seizures, brain damage and death.

**Mumps** is a common communicable disease. Usually it causes fever, headache and inflammation of the salivary glands, causing cheeks to swell. It can lead to deafness, meningitis, painful swelling of the testicle or ovaries, and, rarely, death.

**Rubella (German Measles)** is a common disease in children and may affect adults. Usually it is very mild, causing a slight fever, red rash, and swelling of the glands of the neck. The sickness lasts about 3 days. **Caution: In females, it is hazardous to become pregnant during the incubation period of the rubella vaccine.** The possible effects are miscarriage or delivering a child with birth defects. Females should avoid getting pregnant for at least 3 months after the vaccination. The immunization should be given within the first 5 days of a menstrual cycle, or when there is no risk of the patient being pregnant.

**Contraindications:**

- Cancer, leukemia, lymphomas, untreated tuberculosis
- Allergy to eggs, neomycin, gelatin, or to a previous dose of MMR
- Persons who are moderately or severely ill at the time of the vaccine should wait
- Pregnancy
- Please note Section 3 of the Vaccine Information Sheet for further explanations

Please note: Getting the TB test with the MMR immunization is allowed. However, if the vaccine has already been given, there must be a waiting period of 30 days before a TB test is considered valid.

I have received and read the Vaccine Information Sheet dated 1/15/03. I feel adequately informed, have had the opportunity to ask questions, and have had questions answered to my satisfaction.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Lot # \_\_\_\_\_ Manuf: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_



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## **Pneumococcal Polysaccharide Vaccine Consent Form**

Pneumococcal disease is caused by streptococcus pneumoniae, a bacterium that causes many illnesses in the United States. This bacterium can cause serious infection of the lungs (pneumonia), the blood stream and the covering of the brain (meningitis). Anyone can be infected with pneumococcal disease; however persons who have certain health problems are at greatest risks.

The pneumococcal polysaccharide vaccine contains strains from many types of pneumococcal bacteria that cause 87% of pneumococcal blood stream infections. The vaccine is given one time.

The vaccine is recommended for:

- Persons with long-term heart, lung, kidney, liver illnesses; alcoholism; malignancies
- Those over age 50
- Those without a spleen or otherwise immune compromised

Side effects are very mild, such as redness and pain at the injection site. Less than 1% develops fever or muscle aches.

### **Contraindications to the vaccine:**

- Hypersensitivity to thimerosal
- Persons with acute febrile illness
- Pregnant women should only be given the vaccine when clearly indicated.

I have received and read the pneumococcal polysaccharide information on both the consent form and Vaccine Information Sheet dated 7/29/97 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**Pneumococcal polysaccharide vaccine 0.5 ml SC or IM** Site: \_\_\_\_\_

Lot # \_\_\_\_\_ Expir. Date \_\_\_\_\_ Manufact. \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## **Polio Vaccine Vaccine Consent Form**

Poliomyelitis is a generalized disease which causes destruction of the motor cells. The disease is caused by a virus, and spreads from the gastrointestinal tract to the nervous system. Some people develop paralysis of the respiratory muscles or a paralysis of the extremities.

Most adults are immune and have a small risk of exposure to poliomyelitis in the United States. However, for unvaccinated adults with risk of exposure, primary immunization with inactivated polio vaccine is preferred, because the risk of vaccine-associated paralysis following oral polio vaccine is slightly higher in adults than in children.

### **Who Should be Immunized:**

Immunization is recommended for adults who are at greater risk of exposure to wild polioviruses than the general population, such as:

- Travelers to areas or countries where polio is epidemic or endemic
- Members of communities or specific groups with disease caused by polioviruses
- Laboratory workers handling specimens which may contain the polio virus
- Health care workers in close contact with patient who may be excreting polio viruses
- Incompletely vaccinated or unvaccinated adults living in a household with a child who is receiving oral polio vaccine

### **Contraindications:**

1. Persons with a history of hypersensitivity to formaldehyde, neomycin, streptomycin and polymyxin B.
2. Persons with febrile illnesses
3. Persons with allergic reaction to a previous dose of the vaccine

I have received and read the information about the inactivated polio vaccine on the consent form and the Vaccine Information Statement dated 1/1/2000 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature : \_\_\_\_\_

**Polio vaccine 0.5ml SC**      **Site** \_\_\_\_\_

Lot # \_\_\_\_\_ Expir. Date: \_\_\_\_\_ Manuf. \_\_\_\_\_

Nurses's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## **Rabies Vaccine Vaccine Consent Form**

Rabies is an acute, almost always fatal disease caused by a virus that is almost always transmitted by an animal bite. A large number of animals in the United States are infected with the rabies virus, including skinks bats, raccoons, bobcats, foxes and other species. In some areas these wild animals infect domestic animals.

The incubation in humans ranges from 5 days to more than 1 year, with 2 months being the average. Rarely do patients survive human rabies, even with intensive supportive care. Once symptoms develop, there is no drug or vaccine to improve the prognosis.

### **Indications Pre-Exposure:**

- Veterinarians
- Some laboratory workers
- Animal handlers
- Forest rangers
- Cave club members (spelunkers)
- Persons staying over one month in countries where rabies is a constant threat.

### **Contraindications:**

1. Anyone with known allergy to rabies vaccine
2. Allergy to neomycin or Amphotericin B

### **Adverse Reactions:**

There may be transient pain, redness, swelling or itching at the injection site. Less likely reactions include headache, nausea, abdominal pains or dizziness.

### **Indications Post-Exposure:**

Persons who have been bitten by an animal suspect or proven rabid should begin treatment as soon as possible.

1. Not previously vaccinated
  - a. Rabies Immune Globulin – 20 iu/kg body weight  
RIG provides passive transient post exposure prevention of rabies infection. It is administered only once, as soon as possible after exposure and up to 7 days after starting post-exposure vaccines. Infiltrate as much as possible of the recommended dose around the wound if anatomically feasible, administer the remaining HRIG IM in the gluteal area.
  - b. Rabies Vaccine 1 ml; IM in the deltoid area on days 0, 3, 7, 14, 2
2. Previously Vaccinated
  - a. Has rabies antibodies – DO NOT ADMINISTER RIG
  - b. Rabies Vaccine 1 ml IM in the deltoid area on days 0 and 3

**Primary Pre-Exposure:**

Rabies Vaccine 1 ml IM deltoid area

	Day 0	Day 7	Day 21 or 28
Date:			
Site:			
Manuf:			
Lot #:			
Exp. Date:			
Nurse's Signature:			

**Post-Exposure:**

Rabies Vaccine 1 ml IM deltoid area

	Day 0	Day 3	Day 7	Day 14	Day 28
Date:					
Site:					
Manuf:					
Lot #:					
Exp. Date:					
Nurse's Signature:					

Rabies Immune Globulin:

Infiltrate as much as possible of the recommended dose at the wound site, if anatomically feasible:

\_\_\_\_\_

Remaining HRIG should be given IM gluteal area \_\_\_\_\_

Manuf	Lot #	Exp. Date:	Nurse's Signature

I have read the information on Rabies Vaccine and the Vaccine Information Sheet dated 1/12/06 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Consent to receive Tetanus and Diphtheria Vaccine

Tetanus (lockjaw) is a neurologic disease with severe muscle spasms. Severe spasms can persist for a week or more and subside after a period of weeks in those who recover. Tetanus is not transmissible person-to-person. The organism clostridium tetani is a normal inhabitant of soil and animal and human intestines, therefore the organism usually enters they body through a cut or wound. Tetanus toxoid is a highly effective and safe antigen, and should be given every ten years.

Diphtheria is a membranous throat infection associated with a low-grade fever and gradual onset of symptoms in 1-2 days. The illness is the most common in low socioeconomic groups living in crowded conditions. Infection can occur in immunized and partially immunized persons, with a greater incidence in the fall and winter months. Continuing immunity is assured with a booster of Diphtheria Toxoid every 10 years.

### Adverse Reactions:

A small area of redness and swelling surrounding the injection site, and soreness persisting for a few days is not unusual. A nodule may be palpable at the injection site for a few days.

I have read the information on tetanus and Diphtheria Toxoid Vaccine and feel adequately informed. I have also read the Vaccine Information Sheet dated 6/10/94 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Td 0.5 ml IM deltoid

Lot #: \_\_\_\_\_ Manuf: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Site: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Consent to Receive Twinrix (Hepatitis A & B Combination) Vaccine

**Hepatitis A** is a highly contagious liver disease caused by the Hepatitis A Virus (HAV). HAV is found in the stool of infected persons and the common mode of transmission being person to person. Infection may spread by contaminated water or food, by infected food handlers, after a breakdown in sanitary conditions or after floods or natural disasters, by ingestion of raw or uncooked shellfish from contaminated water, by needle transmission (blood transfusion or sharing needles with infected persons), in daycare centers, during anal intercourse, and during travel to countries in the world with poor hygienic conditions. A person with Hepatitis A can easily pass the disease on to others within the same household or dormitory.

**Symptoms of Hepatitis A** include decreased appetite, nausea and stomach pains, diarrhea and jaundice (yellow skin and eyes).

**Hepatitis B** is an infection of the liver caused by the Hepatitis B Virus (HBV). Between 6-10 of every 100 young adults who have Hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. Hepatitis B is highly infective if there is contact with infected blood or serum from wounds, splashes into mucous membranes, and injecting illegal drugs. It can be transmitted sexually, during birth, and by sharing personal items (razors, toothbrushes) with an infected person. The serious complications of HBV are chronic cirrhosis and liver cancer.

**Symptoms of Hepatitis B** include loss of appetite, extreme fatigue, nausea and vomiting, abdominal pain, dark urine, jaundice (yellow eyes and skin), skin rashes and joint pain.

**TWINRIX** is a combination of Hepatitis A and B vaccine, given in a series of three injections on a 0-1-6 month schedule. *Twinrix is a safe and effective alternative for adult travelers who need vaccination against HAV and HBV, as long as two doses can be given before departure. If there is time for only one dose, vaccination against HAV would be best handled by a dose of regular Hepatitis A vaccine.*

**TWINRIX is** especially indicated for the following individuals:

7. Travelers to areas with high or intermediate risk for both HAV and HBV
8. Persons at risk through work (laboratory workers, police, emergency personnel, health care workers)
9. Day care personnel, residents of drug and alcohol treatment centers
10. Users of illegal injectable drugs
11. Individuals who receive blood products frequently
12. Persons at increased risk of disease due to their sexual lifestyle
13. Patients with chronic liver disease
14. Close household contacts of patients with acute/relapsing Hepatitis A and/or acute/chronic Hepatitis B

### **Contraindications:**

- Allergic to previous doses of Hepatitis A or B or Twinrix vaccines
- Allergy to aluminum phosphate, formalin, thimerosal, neomycin or yeast

**Side effects** include soreness at the site of injection, fatigue, headache. Serious allergic reaction is very rare.

I have read the information presented to me both on the consent form and the Vaccine Information Sheets dated 3/21/06 and 7/18/07. I have had the opportunity to ask questions.

Print name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Twinrix Vaccine 1cc IM**

Dose	Lot #	Exp. Date	Manufact.	Nurse's signature
Date:				
Site:				
Date:				
Site:				
Date:				
Site:				

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**Typhoid Vaccine**  
**Purified Typhoid Vi Polysaccharide Vaccine**

Typhoid fever is an infectious disease caused by *S. typhi*. Infections result from the consumption of contaminated food or water. The symptoms include fever, muscle aches, loss of appetite, abdominal discomfort, headache and diarrhea. Fever may remain over 102 ° from 10-14 days. Most cases in the US are acquired during foreign travel.

**Indications:** Typhoid vaccine is recommended for active immunization against typhoid fever for persons two years of age or older. The vaccine should be given at least two weeks prior to the expected exposure to *S. typhi*.

**Recommendations:**

- Travelers to areas where a risk of exposure to typhoid exists, particularly persons who will have prolonged exposure to potentially contaminated food and water.
- Persons with continued household contact to a documented typhoid carrier.
- Workers in microbiology laboratories who frequently work with *S. typhi*.

**Adverse Reactions:** Predominately local reactions, such as injection site pain, swelling and redness, fever and headache resolving in 48 hours.

**Information for the patient:**

- Notify the care provider of any possible hypersensitivity to the vaccine or similar vaccine. Vaccination should not be given if you have an acute infection or fever.
- Pregnant women should check with their physician before receiving the vaccine.
- An expected immune response may not be obtained if you are on immunosuppressive therapy.
- This is a single dose vaccine; however, a second dose is recommended every two years for those who are continually exposed to the *S. typhi* organism.

I have read the information on the typhoid vaccine, have read and received the Vaccine Information Sheet dated 5/19/04 and have had the opportunity to ask questions.

Vi CPS (typhoid vaccine) 0.5 ml IM in deltoid

Patient's signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Site: \_\_\_\_\_ Lot # \_\_\_\_\_ Expiration date \_\_\_\_\_ Manuf. \_\_\_\_\_

Nurse's signature \_\_\_\_\_



University of Virginia  
Elson Department of Student Health  
PO Box 800760  
Charlottesville VA 22908  
434-982-3915

## Varicella Virus Vaccine

Varicella (chickenpox) is the result of primary infection with the Varicella Zoster virus. The disease is highly communicable in children, adolescents and adults. Generally it is a benign, self-limiting disease, but the virus may be associated with serious complications, e.g. bacterial super infection, pneumonia, encephalitis, and Reye's syndrome. The clinical features are fever, itchy blister-like lesions appearing first on the trunk and then on the face and scalp. The incubation period is 11-21 days with the communicability period lasting until the rash crusts over.

### Contraindications:

1. Hypersensitivity to any component of the vaccine, i.e. gelatin, neomycin
2. Individuals with blood disorders, leukemia, lymphomas of any type
3. Immunosuppressive therapy or immune deficiencies
4. Active untreated tuberculosis
5. Clinical manifestations of infection with HIV
6. Any febrile illness
7. Pregnancy

### Drug Interactions to Avoid:

1. Immune Globulin – the vaccination should be deferred for at least 5 months following blood or plasma transfusions or administration of immune globulin or varicella zoster immune globulin. Following the administration of the vaccine, immune globulin should not be given for two months, unless its use outweighs the benefits of vaccination.
2. Immunosuppressants – individuals who are on immunosuppressant drugs are more susceptible to infections than are healthy individuals. If individuals on immunosuppressant doses of corticosteroids receive the live attenuated varicella vaccine, they could develop a more extensive vaccine-associated rash or disseminated disease.
3. Salicylates – avoid use of salicylates for 6 weeks after Varicella Vaccine. Reye's Syndrome has been reported following salicylate use during varicella infection.

### Adverse Reactions:

The vaccine is generally well tolerated, except for pain and redness at the injection site. Less frequent reactions include upper respiratory infection, fever, cough and muscle aches.

### Patient Information:

Report any adverse reactions to a health care provider. Avoid pregnancy for 3 months. It is unknown at present the duration of protection of the varicella vaccine, and the need for boosters has not been defined.

I have read the information on the Varicella Virus Vaccine and feel adequately informed. I have also received and read a vaccine information sheet dated 3/13/08 and have had the opportunity to ask questions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Varicella Virus Vaccine 0.5ml SQ; Second dose 4-8 weeks later.

Dose	Lot #	Exp. Date	Manufact.	Nurse's signature
Date:				
Site:				
Date:				
Site:				



**University of Virginia  
Elson Department of Student Health  
PO Box 800760  
Charlottesville VA 22908-0760**

**YF-VAX®  
Yellow Fever Vaccine**

**Patient Information/Consent Form  
Yellow Fever**

Yellow fever is a viral disease transmitted by mosquitoes. It is prevalent in parts of Africa and South America. International regulations require proof of vaccination of travel to certain countries.

**Vaccine**

YF-VAX® is prepared using the 17D strain of yellow fever virus. It is a live virus vaccine. Protection is conferred 10 days after vaccination and last 10 years.

**Risks and Possible Side Effects**

Adverse reactions to 17D yellow fever vaccinations are generally mild. After vaccination, 2% to 5% of vaccines have mild headaches, myalgia, low grade fever, or other minor symptoms for 5 to 10 days.

Immediate hypersensitivity reactions, characterized by rash, urticaria, and/or asthma are uncommon and occur primarily among persons with histories of egg allergy.

Encephalitis and anaphylaxis may rarely occur.

**Special Notice-** Check with your health care provider if vaccination is being considered for:

- Persons allergic to eggs
- Pregnant women
- Children less than 6 months of age
- Persons who are immunosuppressed or on steroids
- Persons who received other vaccines in the last 30 days

If you have any questions, please ask now. If you experience any significant reactions, contact a physician.

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I have read the above information and have had a chance to ask questions. I understand the benefits and risks of vaccination and request that the vaccine be given to me.

YF-VAX (Yellow Fever Vaccine) 0.5 ml subcutaneous injection

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Manufacturer

\_\_\_\_\_  
Site

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Nurse's Signature