Office of the Registrar - Cape Cod Community College -
Student Immunization Records 2240 Iyannough Road, West Barnstable, MA 02668
774-330-4331 • Fax: 5085 (4-)1b6(i: 5085)1b376d-4085

t10 mIU/mL). Persons determined to have anti-HBs concentrations of t10 mIU/mL after receipt of the primary vaccine series are considered immune, and the result should be documented. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels. Postvaccination testing for persons at low risk for mucosal or percutaneous exposure to blood or body fluids (e.g., public safety workers and HCP without direct patient contact) likely is not cost effective (52); however, persons who do not undergo postvaccination testing should be counseled to seek immediate testing if exposed.

- Persons determined to have anti-HBs concentrations of <10 mIU/mL soon after receipt of the primary vaccine series should be revaccinated. For these persons, administration of a second complete 3-dose series on an appropriate schedule, followed by anti-HBs testing 1--2 months after the third dose, usually is more practical than conducting serologic testing after each additional dose of vaccine.
- Persons who do not have a protective concentration of anti-HBs (t10 mIU/mL) after revaccination (i.e., after receiving a total of 6 doses) should be tested for HBsAg and anti-HBc to determine infection status. Those determined not to be infected but who have anti-HBs <10 mIU/mL (nonresponders) should be considered susceptible to HBV infection and should be counseled about precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) postexposure prophylaxis for any known or likely exposure to HBsAg-positive blood (72). Persons determined to be infected (anti-HBc-positive) and positive for HBsAg should be provided counseling regarding how to prevent HBV transmission to others and referred for further evaluation (e.g., HBV viral load testing), care, treatment, and other services, as appropriate (69--71). Persons who are HBsAg-positive and who perform exposure-prone procedures should seek counsel from a review panel comprised of experts with a balanced perspective (e.g., HCPs' personal physicians and infectious disease specialists) regarding the procedures that they can perform safely. They should not be excluded from work (69). Persons who were infected in the past (anti-HBc-positive but negative for HBsAg) require no vaccination or treatment.

Acknowledgement Form Revised 9/1/2015

CAPE COD HEALTHCARE, INC. OCCUPATIONAL HEALTH SERVICES (OHS)

Hyannis Office-26 Gleason St., Hyannis, MA 02601 -Phone: 774-552-6100 Fax: (508) 771-6445
Falmouth Office-67A Ter Huen Dr., Falmouth, MA 02540- Phone: (508) 457-3950 Fax: (508) 457-3793

Acknowledgement of Risk of Acquiring Hepatitis B without Proof of Immunity

I understand that exposure to potentially infectious blood and body fluids may put me at risk for developing Hepatitis B infection. As explained on pages 1 and 2 of the Acknowledgement of Risk of Acquiring Hepatitis B without Proof of Immunity, having completed a Hepatitis B vaccination series does not guarantee immunity. Evidence of immunity is determined by the presence of a reactive Hepatitis B Surface Antibody (also referred to as a "positive titer"). Following a negative or nonreactive Hepatitis B surface antibody result it is my responsibility to follow up with my healthcare provider for further instructions. I understand that it is my responsibility to obtain and pay for the necessary testing to determine my immunity.

Signature: _____ Date: _____

Print Name: _____ Student ID#: _____