



## Typhoid Vaccination Acceptance/Declination Form

Due to your occupational exposure to Salmonella Typhi you may be at risk of acquiring typhoid fever, a potentially severe disease which may cause death in up to 30% of people infected. Symptoms may include sustained high fever, weakness, stomach pains, headache, or loss of appetite. In some cases, patients have a rash of flat, rose-colored spots. Even if your symptoms seem to go away, you may still be carrying *Salmonella* Typhi. If so, the illness could return, or you could pass the disease to other people.

The Typhoid vaccination is offered (voluntary) to all individuals working with S. Typhi. The NIH/CDC recommends Typhoid vaccination for Microbiology laboratorians who work frequently with S. Typhi.

Typhoid vaccination may not be recommended if you have documentation of recent vaccination or if medical evaluation identifies that vaccination is contraindicated.

You may obtain screening and/or the Typhoid vaccination from the Center for Occupational & Environmental Medicine (COEM) at no cost to you. **The vaccination is not kept in stock and will require advance notice for ordering.** Contact the EHS Occupational Health Nurse for an authorization form if you are requesting vaccination (858-534-8225) or to discuss any questions or health concerns.

**Please review the Vaccine Information Statement (attached, see page 2-3) or available at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/typhoid.pdf> , then choose one of the following options:**

- I certify that I have been offered and request to receive the Typhoid vaccination and/or screening (as medically indicated). I understand that I must request an appointment for these medical services by contacting UCSD Center for Occupational and Environmental Medicine (COEM).
- I understand that due to my occupational exposure to S. Typhi, I may be at risk of acquiring Typhoid Fever disease. I have been given the opportunity to receive the Typhoid vaccination and/or screening (as medically indicated), at no charge to myself. However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Typhoid Fever disease. If in the future I continue to have occupational exposure and I want to be vaccinated, I can receive the vaccination at no charge to me.

**List date(s) of prior Typhoid vaccination, if applicable** \_\_\_\_\_ . Provide documentation to the EHS Occupational Health Nurse at Fax# 858-534-7561 or mail code 0091.

Employee Name (print) \_\_\_\_\_ Phone#: \_\_\_\_\_

UCSD Employee ID#: \_\_\_\_\_ Email address \_\_\_\_\_

Dept Name: \_\_\_\_\_ Dept Recharge Index#: \_\_\_\_\_  
(required for tracking purposes only)

Principal Investigator you work for \_\_\_\_\_

Participant Status (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> UCSD Faculty                    | <input type="checkbox"/> Visiting Scientist                              |
| <input type="checkbox"/> UCSD Staff                      | <input type="checkbox"/> Affiliate                                       |
| <input type="checkbox"/> UCSD Registered Volunteer       | <input type="checkbox"/> Non-registered Volunteer                        |
| <input type="checkbox"/> UCSD-Paid Undergraduate Student | <input type="checkbox"/> Non-Paid Undergraduate Student                  |
| <input type="checkbox"/> UCSD-Paid Graduate Student      | <input type="checkbox"/> Non-Paid Graduate Student                       |
| <input type="checkbox"/> Non-Senate UCSD Academic Staff  | <input type="checkbox"/> Other (specify if UCSD-paid assignment or not): |

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date signed

**Return to: EH&S Occupational Health Nurse, Mail Code 0091**

# Typhoid Vaccines

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is typhoid?

Typhoid (typhoid fever) is a serious disease. It is caused by bacteria called *Salmonella Typhi*.

Typhoid causes a high fever, fatigue, weakness, stomach pains, headache, loss of appetite, and sometimes a rash. If it is not treated, it can kill up to 30% of people who get it.

Some people who get typhoid become “carriers,” who can spread the disease to others.

Generally, people get typhoid from contaminated food or water. Typhoid is rare in the U.S., and most U.S. citizens who get the disease get it while traveling. Typhoid strikes about 21 million people a year around the world and kills about 200,000.

### 2 Typhoid vaccines

Typhoid vaccine can prevent typhoid.

There are two vaccines to prevent typhoid. One is an inactivated (killed) vaccine gotten as a shot.

The other is a live, attenuated (weakened) vaccine which is taken orally (by mouth).

### 3 Who should get typhoid vaccine and when?

Routine typhoid vaccination is not recommended in the United States, but typhoid vaccine is recommended for:

- Travelers to parts of the world where typhoid is common. (NOTE: typhoid vaccine is not 100% effective and is not a substitute for being careful about what you eat or drink).
- People in close contact with a typhoid carrier.
- Laboratory workers who work with *Salmonella Typhi* bacteria.

#### Inactivated typhoid vaccine (shot)

- One dose provides protection. It should be given at least 2 weeks before travel to allow the vaccine time to work.
- A booster dose is needed every 2 years for people who remain at risk.

#### Live typhoid vaccine (oral)

- Four doses: one capsule every other day for a week (day 1, day 3, day 5, and day 7). The last dose should be given at least 1 week before travel to allow the vaccine time to work.
- Swallow each dose about an hour before a meal with a cold or lukewarm drink. *Do not chew the capsule.*
- A booster dose is needed every 5 years for people who remain at risk.

Either vaccine may safely be given at the same time as other vaccines.

### 4 Some people should not get typhoid vaccine or should wait.

#### Inactivated typhoid vaccine (shot)

- Should not be given to children younger than 2 years of age.
- Anyone who has had a severe reaction to a previous dose of this vaccine should not get another dose.
- Anyone who has a severe allergy to any component of this vaccine should not get it. Tell your doctor if you have any severe allergies.
- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting the vaccine.

#### Live typhoid vaccine (oral)

- Should not be given to children younger than 6 years of age.
- Anyone who has had a severe reaction to a previous dose of this vaccine should not get another dose.
- Anyone who has a severe allergy to any component of this vaccine should not get it. Tell your doctor if you have any severe allergies.
- Anyone who is moderately or severely ill at the time the vaccine is scheduled should usually wait until they recover before getting it. Tell your doctor if you have an illness involving vomiting or diarrhea.



- Anyone whose immune system is weakened should not get this vaccine. They should get the typhoid shot instead. This includes anyone who:
  - has HIV/AIDS or another disease that affects the immune system,
  - is being treated with drugs that affect the immune system, such as steroids for 2 weeks or longer,
  - has any kind of cancer,
  - is taking cancer treatment with radiation or drugs.
- Oral typhoid vaccine should not be given until at least 3 days after taking certain antibiotics.

Ask your doctor for more information.

## 5 What are the risks from typhoid vaccine?

Like any medicine, a vaccine could cause a serious problem, such as a severe allergic reaction. The risk of typhoid vaccine causing serious harm, or death, is extremely small. Serious problems from either typhoid vaccine are very rare.

### Inactivated typhoid vaccine (shot)

#### **Mild reactions**

- Fever (up to about 1 person in 100)
- Headache (up to about 1 person in 30)
- Redness or swelling at the site of the injection (up to about 1 person in 15)

### Live typhoid vaccine (oral)

#### **Mild reactions**

- Fever or headache (up to about 1 person in 20)
- Stomach pain, nausea, vomiting, rash (rare)

## 6 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7 How can I learn more?

- Ask your doctor.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines/vpd-vac/typhoid/default.htm](http://www.cdc.gov/vaccines/vpd-vac/typhoid/default.htm)

Vaccine Information Statement  
**Typhoid Vaccine**

5/29/2012

Office Use Only

