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Hepatitis B Vaccine Recommendations

Key Points and Recommendations:

- CDC's Advisory Committee on Immunization Practices (ACIP) voted on Friday 12/5 to no longer universally recommend the hepatitis B vaccine for all infants and children.
 - ACIP changed their recommendation to shared clinical decision making, which will preserve access for hepatitis B vaccination for all children through the Vaccines for Children (VFC) program.
 - The ACIP meeting did not include new safety data regarding hepatitis B vaccination.
- The New Hampshire Division of Public Health (DPH) and expert medical organizations like the
 <u>American Academy of Pediatrics</u> (AAP) and the <u>American Academy of Family Physicians</u> (AAFP)
 continue to recommend the 3-dose hepatitis B vaccine series for all children, with the first dose
 given within 24 hours of birth for healthy medically stable infants.
- Decades of use and study show that the hepatitis B vaccine is safe with low risks and high levels of protection (CDC Review, 2025; VIP Review 2025).
 - The 3-dose vaccine series produces seroprotection in ~98% of healthy term infants (<u>Schillie</u> and <u>Murphy</u>. <u>Vaccine</u>. 2013).
 - Vaccine side effects primarily include localized reactions like injection site pain, swelling, and erythema; and systemic side effects like fever, irritability, fatigue, and headache.
 - Serious side effects are rare and association between hepatitis B vaccination and long-term or serious adverse events has not been identified (<u>VIP Review 2025</u>).
- Universal prenatal screening of all pregnant women for hepatitis B surface <u>antigen</u> (HBsAg) continues to be <u>recommended</u> early in pregnancy (ideally in the first trimester) to identify perinatally exposed infants that require immediate <u>post-exposure prophylaxis</u>, but testing alone cannot eliminate risk (see **Background Information**).

Background Information:

- The hepatitis B virus (HBV) is highly infectious and viable virus can persist on contaminated environmental surfaces for up to seven days.
- Up to 50% of people in the U.S. living with HBV infection are unaware of their infection and can unknowingly spread the virus to others (Bixler et al. Hepatol Commun. 2023).
- 90% of newborns infected perinatally will develop a chronic HBV infection, and 25% of children that become chronically infected will die prematurely from liver disease, cirrhosis, and/or hepatocellular carcinoma.

- Before routine hepatitis B vaccination, an estimated 16,000 children younger than 10 years of age
 were non-perinatally infected each year with HBV, excluding perinatal infections (<u>Armstrong et al.</u>
 <u>Pediatrics. 2001</u>).
- Since implementation of universal hepatitis B vaccination in 1991, there has been a 99% reduction in the incidence of HBV infection among infants and children (Bixler et al. Public Health Rep. 2023).
- Hepatitis B surface antigen (HBsAg) is the serologic marker of acute HBV infection. However, it can
 take 1 to 10 weeks after exposure to HBV for HBsAg to become detectable in serum, which can
 contribute to "false-negative" test results early in infection.

- For any questions regarding this notification, please call the NH DHHS, DPH, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
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Attachments: None