Hepatitis B Vaccine Recommendation Changes - What You Should Know

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HepFreeNYC Coalition Call
March 4, 2026

Why do we vaccinate babies at birth in the U.S.?

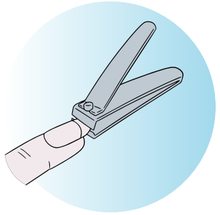
Hepatitis B can be spread to infants unknowingly and through common everyday interactions.

- Babies can have lots of tiny breaks in their skin.
  - Eczema, diaper rash, cradle cap, atopic dermatitis
  - Scratching their face or body with sharp nails
  - Cuts or scrapes from crawling or bumping into things
  - Teething (drooling and rubbing can break skin)



Early ear piercing

- A piercing is an open wound
- If tools are not properly cleaned, there is a risk of transmission.



Shared or used items

- Nail clippers, razors, and tweezers can carry trace amounts of blood.
- Babies wiggle and are easy to accidentally nick.
- If the clippers are not cleaned properly, the virus can stay on them for days.



Siblings/children

- Kids often have cuts, scrapes, scabs, or loose teeth.
- Kids roughhouse, wrestle, hug, bite, and scratch one another - all of which can lead to open wounds and exposures to infected blood.

Created in partnership with Su Wang, MD, MPH

Why do we vaccinate babies at birth in the U.S.?

Babies are completely dependent on caregivers - who might not know that they have hepatitis B.

- Cuts, sores, and wounds on hands and skin can have small amounts of blood on or around them.

- Parents and grandparents might prechew food for infants, but if the adult has bleeding or infected gums, canker sores, or recent dental work, their saliva may contain blood.
  - If the blood touches a baby's broken skin or sore in the mouth, the virus can enter the baby's body.

Hepatitis B is a blood-borne disease; it is not just sexually transmitted.

Vaccination protects against all possible exposures.

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ACIP Changes to Hepatitis B Recommendations

- **September 2025**
  - Recommended screening all pregnant women for hepatitis B infection
- **December 2025**
  - Voted to remove federal recommendation for universal HepB birth dose, and shift back to a risk-based recommendation
  - Recommended “if” the vaccine is to be given, it should be given at 2 months
    - No catch-up period is recommended
- **January 2026**
  - Reduce childhood immunization schedules from 17 to 11

What does it mean?

Birth Dose Federal Recommendation:

For infants born to HBsAg-negative women: ACIP recommends **individual-based decision-making**, in consultation with a health care provider, for parents deciding ***when or if*** to give the HBV vaccine, including the birth dose. Parents and health care providers should consider vaccine benefits, vaccine risks, and infection risks. For those not receiving the HBV birth dose, it is suggested that the initial dose is **administered no earlier than 2 months of age.**

Translation:

- Only babies born to mothers living with hepatitis B AND of unknown status should receive the hepatitis B birth dose, which is a risk-based recommendation.
- Babies born to mothers who do not have hepatitis B should start the hepatitis B vaccine series at 2 months of age, and that decision should be made in consultation with a provider.

https://www.cdc.gov/acip/meetings/upcoming.html
https://www.hhs.gov/press-room/fact-sheet-hepatitis-b-immunization.html

What does it mean?

Childhood HepB Federal Recommendation:

- Hepatitis B vaccine is recommended for all children who are considered **“high-risk”** for hepatitis B.

Translation:

- There is no longer a federal recommendation for universal childhood hepatitis B vaccination.
- Only children with risk factors should receive the full hepatitis B vaccine series.

https://www.cdc.gov/acip/meetings/upcoming.html

What to Know

The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Association of Family Physicians, the American Medical Association, and the World Health Organization continue to recommend universal HepB birth dose and HepB childhood vaccination.

- The evidence supporting universal birth dose has not changed. *No new evidence or science has been presented to suggest that the birth dose is no longer necessary.*

- Three doses of the hepatitis B vaccine achieves lifelong immunity in healthy infants. Protective antibody response is achieved in:
  - ~25% of infants after the first dose,
  - ~63% of infants after the second dose, and
  - ~95% of infants after the third dose.

Schillie, S. et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 67, 1-31 (2018)

What to Know

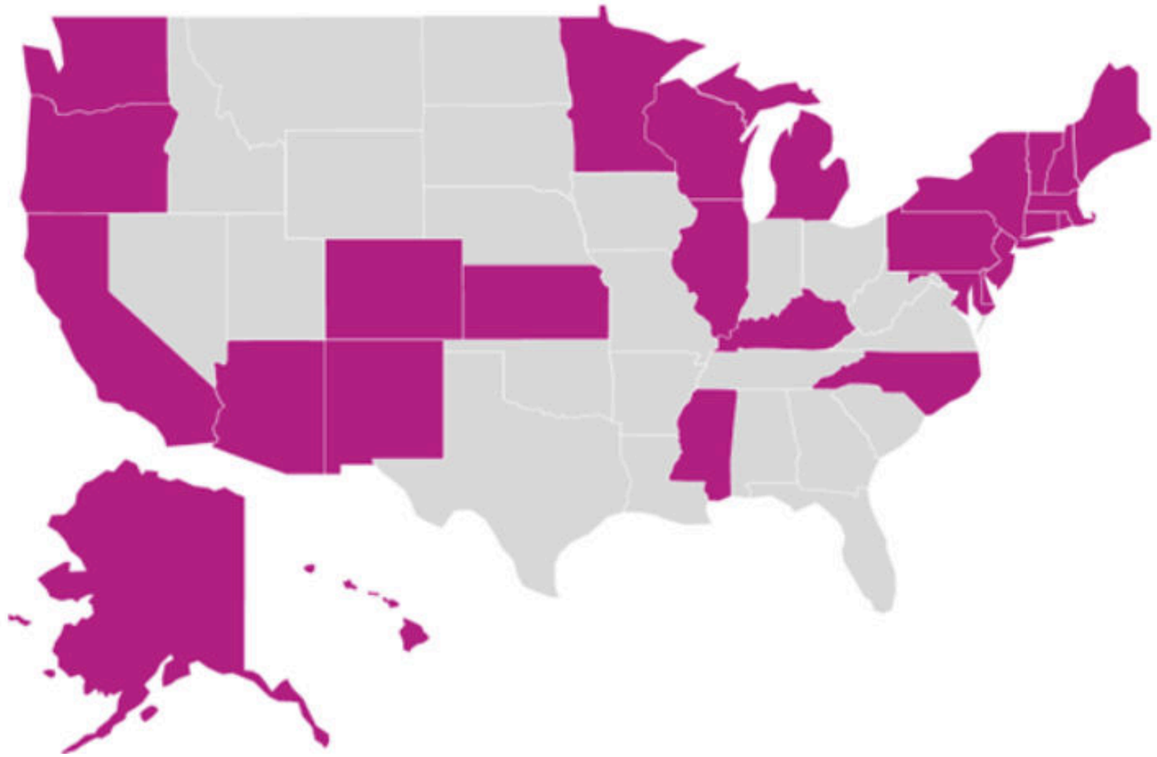
The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Association, and the World Health Organization continue to recommend vaccinating every baby against hepatitis B within 24 hours of birth and universal HepB childhood vaccination.

- All forms of insurance still cover the vaccine: Commercial, Vaccines for Children (VFC), Medicaid
  - No deductible and no copay for plans under the Affordable Care Act.

- CDC says that Shared Clinical Decision Making (SCDM) can be made in consultation with any nurse, pharmacist, or doctor.

You can still offer the birth dose and all 3 doses of the vaccine.

State-led Public Health Guidance



As of January 20, 2026, this is the list of states following HepB immunization recommendations set forth by medical bodies like the American Academy of Pediatrics instead of the federal Advisory Committee on Immunization Practices.

West Coast Health Alliance

1. California
2. Hawaii
3. Oregon
4. Washington

Northeast Public Health Collaborative

5. Connecticut
6. Maine
7. Maryland
8. Massachusetts
9. New Jersey
10. **New York (and NYC)**
11. Pennsylvania
12. Rhode Island
13. **Alaska (HepB only)**
14. **Arizona (HepB & Covid-19)**
15. Colorado
16. Illinois
17. Kansas
18. Kentucky
19. Michigan
20. **Mississippi (HepB Only)**
21. New Mexico
22. Minnesota
23. New Hampshire
24. Nevada
25. North Carolina
26. Vermont
27. Washington D.C.
28. Wisconsin

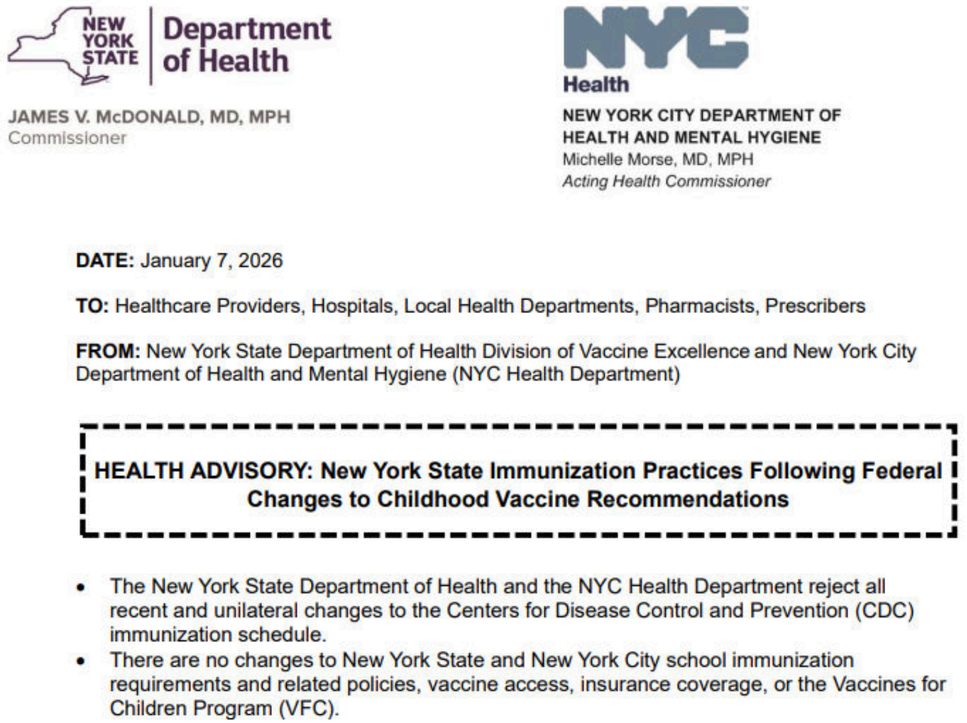
https://www.kff.org/state-health-policy-data/state-recommendations-for-routine-childhood-vaccines-increasing-departure-from-federal-guidelines
The Vaccine Intelligence Report: January 14-21. (2026). Vaccinate Your Family. https://viraltruths.org/newsletter/the-vaccine-intelligence-report-january-14-21/

NYS and NYC HepB Guidance

Hepatitis B: Remains covered by ALL forms of insurance

- All babies within 24 hours of birth, followed by doses 2 (1 month of age) and 3 (6 months of age).
- Children 18 and younger (catch-up period)
- All adults 19-59
- Adults 60+ with risk factors for hepatitis B
  - Anyone who wants the vaccine *may* receive it

- **Hepatitis B vaccines are still required to meet school requirements**
- **Follow 2026 AAP Childhood Immunization Guidelines for all other vaccines**
- **Universal hepatitis B screening for all adults per CDC guidance**



NEW YORK STATE Department of Health

JAMES V. McDONALD, MD, MPH
Commissioner

NYC Health

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Health Commissioner

DATE: January 7, 2026

TO: Healthcare Providers, Hospitals, Local Health Departments, Pharmacists, Prescribers

FROM: New York State Department of Health Division of Vaccine Excellence and New York City Department of Health and Mental Hygiene (NYC Health Department)

HEALTH ADVISORY: New York State Immunization Practices Following Federal Changes to Childhood Vaccine Recommendations

- The New York State Department of Health and the NYC Health Department reject all recent and unilateral changes to the Centers for Disease Control and Prevention (CDC) immunization schedule.
- There are no changes to New York State and New York City school immunization requirements and related policies, vaccine access, insurance coverage, or the Vaccines for Children Program (VFC).

https://www.nyc.gov/assets/doh/downloads/pdf/han/advisory/2026/han-advisory-1-childhood-vaccine-recommendations.pdf

New York's Immunization Guidance

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics
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These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)							1 or more doses of 2025–2026 vaccine (See Notes)						
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															2-dose series	See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy if not previously vaccinated			
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in areas with endemic dengue (See Notes)			
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination for those who desire protection
Recommended vaccination based on shared clinical decision-making

https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf

THANK YOU

HEPATITIS B FOUNDATION

www.hepb.org

Our vision is a world free of hepatitis B and liver cancer.

Visit our website

CITATIONS

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02 Wong RJ, Brosgart CL, Welch S, et al. An Updated Assessment of Chronic Hepatitis B Prevalence Among Foreign-Born Persons Living in the United States. Hepatology. 2021;74(2):607-626. doi:10.1002/hep.31782

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10 hhttps://www.nyc.gov/assets/doh/downloads/pdf/han/advisory/2026/han-advisory-1-childhood-vaccine-recommendations.pdf

11 https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf