

December 1, 2025

Dear Medical Providers,

We want to make you aware of upcoming discussions within the Advisory Committee on Immunization Practices (ACIP), which will meet December 4–5, 2025. The [agenda](#) includes a review of Hepatitis B vaccine recommendations as well as broader considerations related to the childhood immunization schedule.

The U.S. adopted the universal birth-dose recommendation in 1991 after risk-based vaccination strategies failed to prevent perinatal and early childhood hepatitis B transmission. Around 90% of infants who are infected with Hepatitis B will develop a chronic infection. Prior to the universal strategy, approximately 18,000 infants and young children were infected annually, with most cases going undetected until later in life, often when patients presented with advanced liver disease or cancer. Over 1.5 million people in the US are living with hepatitis B but nearly 70% are unaware of their infection, making the risk of transmission high since the virus can easily spread amongst household contacts. The birth dose of hepatitis B is one of the best defenses against hepatitis B.





During ACIP's September session, committee members raised questions regarding the ongoing necessity of administering a universal Hepatitis B vaccine dose at birth. In light of these renewed discussions, the [American Academy of Pediatrics](#) (AAP), [National Foundation for Infectious Diseases](#) (NFID), [Hepatitis B Foundation](#), and numerous other professional organizations have reiterated their strong support for maintaining the universal Hepatitis B birth dose. Vermont Department of Health also recommends maintaining the universal birth dose of Hepatitis B vaccine. See below for detailed Hepatitis B vaccine recommendations for infants.

Vermont Department of Health recommends providers continue to follow existing evidence-based science for universal administration of HepB birth dose.

We will continue to monitor ACIP's review process and keep you updated on any developments regarding both the Hepatitis B vaccine recommendations and the overall childhood vaccination schedule.





Hepatitis B vaccine schedules for infants, by infant birthweight and maternal HBsAg status.

All infants **should** receive a dose of hepatitis B vaccine at birth regardless of the Hepatitis B virus (HBV) infection status of the birth parent. For infants born to a parent with HBV infection or unknown HBV status, the birth dose, along with hepatitis B immune globulin (HBIG) serve as postexposure immunoprophylaxis. For additional details on the birth dose recommendations, see the AAP childhood immunization schedule:

[AAP-Immunization-Schedule.pdf](#)

[AAP Immunization Schedule | Red Book Online | American Academy of Pediatrics](#)



Routine vaccination

- **Birth parent is HBsAg-negative**
 - 3-dose series at age 0, 1–2, 6–18 months (**use monovalent HepB vaccine for doses administered before age 6 weeks**)
 - Birth weight ≥ 2000 grams: 1 dose within 24 hours of birth if medically stable
 - Birth weight < 2000 grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still < 2000 grams)
 - Infants who did not receive a birth dose should begin the series as soon as possible.
 - Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.

- **Birth parent is HBsAg-positive**
 - Birth dose (**monovalent HepB vaccine only**): administer HepB vaccine **and** hepatitis B immune globulin (HBIG) in separate limbs within 12 hours of birth, regardless of birth weight.
 - Birth weight < 2000 grams: administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses).
 - Final (3rd or 4th) dose: administer at age 6 months.
 - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.



- **Birth parent is HBsAg-unknown**

If other evidence suggestive of maternal hepatitis B infection exists (eg, presence of HBV DNA, HBeAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive.

- Birth dose (**monovalent HepB vaccine only**):
 - Birth weight ≥ 2000 grams: administer HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer HBIG as soon as possible (in separate limb), but no later than 7 days of age.
 - Birth weight < 2000 grams: administer HepB vaccine and HBIG (in separate limbs) within 12 hours of birth. Administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses).
- Final (3rd or 4th) dose: administer at age 6 months (minimum age 24 weeks).
- If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.





Resources to share with patients

AAP - [Why Do Babies Need the Hepatitis B Vaccine? - HealthyChildren.org](#)

CHOP - [Hepatitis B | Children's Hospital of Philadelphia](#)

NFID - [Why We Give Hepatitis B Vaccines to Infants](#)

Johns Hopkins - [Why Hepatitis B Vaccination Begins at Birth | Johns Hopkins | Bloomberg School of Public Health](#)

Vaccine Information - [Hepatitis B | Vaccine Information](#)

Vaccinate Your Family - [Hepatitis B - Vaccinate Your Family](#)

[Hepatitis B | Let's Get Real](#)

[HBV Vaccine Education](#)

For questions related to this information or general vaccine questions, e-mail the Program at

AHS.VDHImmunizationProgram@vermont.gov

or call us at 1-800-640-4374 or (802) 863-7638.

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