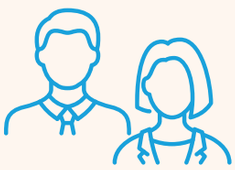
Age-Based Hepatitis B Vaccine Recommendations for Adults

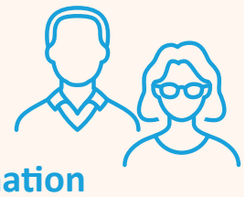
CDC Universal Recommendations for Hepatitis B Vaccination in Previously Unvaccinated Adults[1,2]

19-59 year olds

SHOULD receive hepatitis B vaccination



≥60 year olds



With risk factors:
SHOULD receive vaccination

Without known risk factors:
MAY receive vaccination

Why Hepatitis B Vaccination Matters

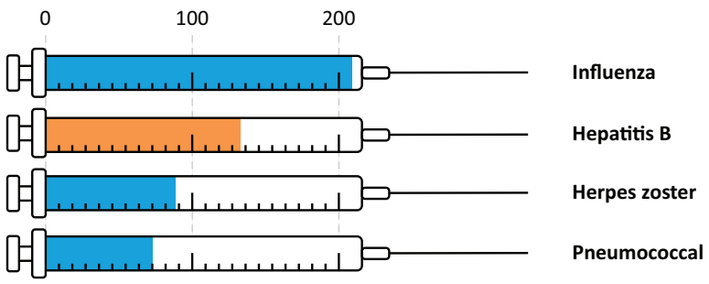
CDC recommends catch up vaccination as a crucial step towards the goal of eliminating hepatitis B

With Low Hepatitis B Vaccination Rates in Adults, Most Adults Aged 19-59 Years Are Eligible For Hepatitis B Vaccination

Only **~30%** of **adults 19 years of age and older** were fully vaccinated for hepatitis B in the US in 2018[1]

Hepatitis B vaccines are likely to become the 2nd most widely used adult vaccines in healthcare systems[3,5]

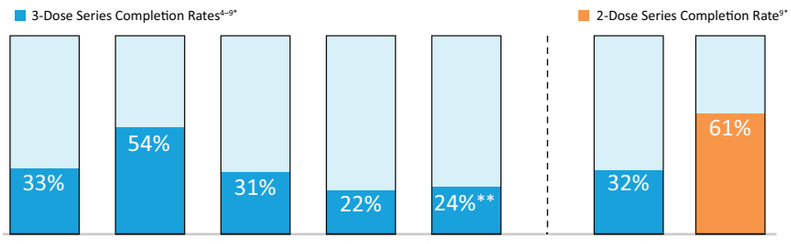
Millions of US Adults Eligible for Vaccination in 2022[3,5‡]



Series Completion is Critical To Achieving Protective Immunity

Both 2-dose and 3-dose hepatitis B vaccine series are available

Multiple studies demonstrate low series completion rates for hepatitis B vaccination[4–9]



Talk to your patients about hepatitis B vaccination

‡Adults eligible for influenza vaccines calculated from population aged 18+ years in 2022; during the hepatitis B adult catch up campaign, adults eligible for hepatitis B vaccination included general population aged ≤59 years and at-risk adults aged 19+ years calculated based on CDC ACIP assessment, converted to patient numbers using compliance data from Nelson et al.[5] Analysis excluded COVID-19 vaccination. *Follow-up period was >1 year (Gunn), within 1 year of first dose (Nelson), within 2 years (Trantham), during 3 year project period (Bridges), ≥1.5 years (Ghaswalla), and within 1 year of first dose for both 2-dose and 3-dose series (Bruxvoort). **Reflective of series completion in the Medicaid cohort. In this study, a commercial/Medicare cohort showed 40% completion rate over the same time period. CDC, US Centers for Disease Control. ACIP, Advisory Committee on Immunization Practices.

References: [1]Weng MK, et al. *MMWR Morb Mortal Wkly Rep*. 2022;71(13):477-483. [2]Weng M. CDC ACIP presentation. November 2021. Accessed August 2023. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/02-HepWG-weng-508.pdf. [3]Data on file. Dynavax Technologies Corporation; 2022. [4]Gunn RA, et al. *Sex Transm Dis*. 2007;34(9):663-668. [5]Nelson J, et al. *Am J Public Health*. 2009;99:S389-S397. [6]Trantham L, et al. *Vaccine*. 2018;36(35):5333-5339. [7]Bridges CB, et al. *Vaccine*. 2019;37(35):5111-5120. [8]Ghaswalla PK, et al. *Hum Vaccin Immunother*. 2018;14(11):2780-2785. [9]Bruxvoort K, et al. *JAMA Network Open*. 2020;3(11):e2027577.

Contact us at contact@dynavax.com for more information.