

HEPTAC^{2.0}

VIRTUAL LEARNING COLLABORATIVE

Supporting hepatitis B birth dose

May 20, 2026

3:00 PM ET

Welcome! We're glad you can join us

- Today's session will include presentations from:
 - Michaela Jackson (HBF)
 - Shari Minnier (PA DOH)
 - Lauren Orkis (PA DOH)
- And a moderated discussion lead by Jennifer Sharp (HepTAC Advisory Committee member)
- We will begin with presentations followed by discussions/Q&A
- Feel free to use the chat to introduce yourself and ask questions!

Hepatitis B Vaccination in the U.S.: Where Do We Stand?

May 20, 2026

Michaela Jackson, MPH, MS
Program Director, Prevention Policy
Hepatitis B Foundation



The only national nonprofit dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide.

Hepatitis B Foundation

- Outreach and Education
- Public Health Research
- Policy and Advocacy
- Education and Training

Baruch S. Blumberg Research Institute

- Biomedical Research – drug discovery and early detection methods for cirrhosis and HCC
- PA Biotechnology Center and Biotech Incubator



2025 ACIP Recap - What Happened?

- **September 2025**
 - Recommended screening all pregnant women for hepatitis B infection
- **October 2025**
 - Childhood and Adolescent Immunization Schedule Workgroup established
- **December 2025**
 - Removed federal recommendation for universal HepB birth dose
- **January 2026**
 - ACIP alters entire childhood immunization schedule, reducing routine immunizations from 17 to 11
 - Childhood hepatitis B vaccine shifts from “routine” to “high risk” recommendation

2:53 p.m. EST, December 5, 2025

Local health departments brace for impacts of ACIP vote to end universal hepatitis B vaccinations at birth

From CNN's Jacqueline Howard



What did the recommendations mean?

Birth Dose Federal Recommendation:

- 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.

Childhood HepB Immunization

- No federal recommendation for universal childhood hepatitis B vaccination.
- Hepatitis B vaccine is only recommended for children who are considered “high-risk” for hepatitis B.

Federal recommendations are currently returned to the July 2025 recommendations.

December/January HepB recommendations are NOT in effect.

(AAP v. Kennedy)

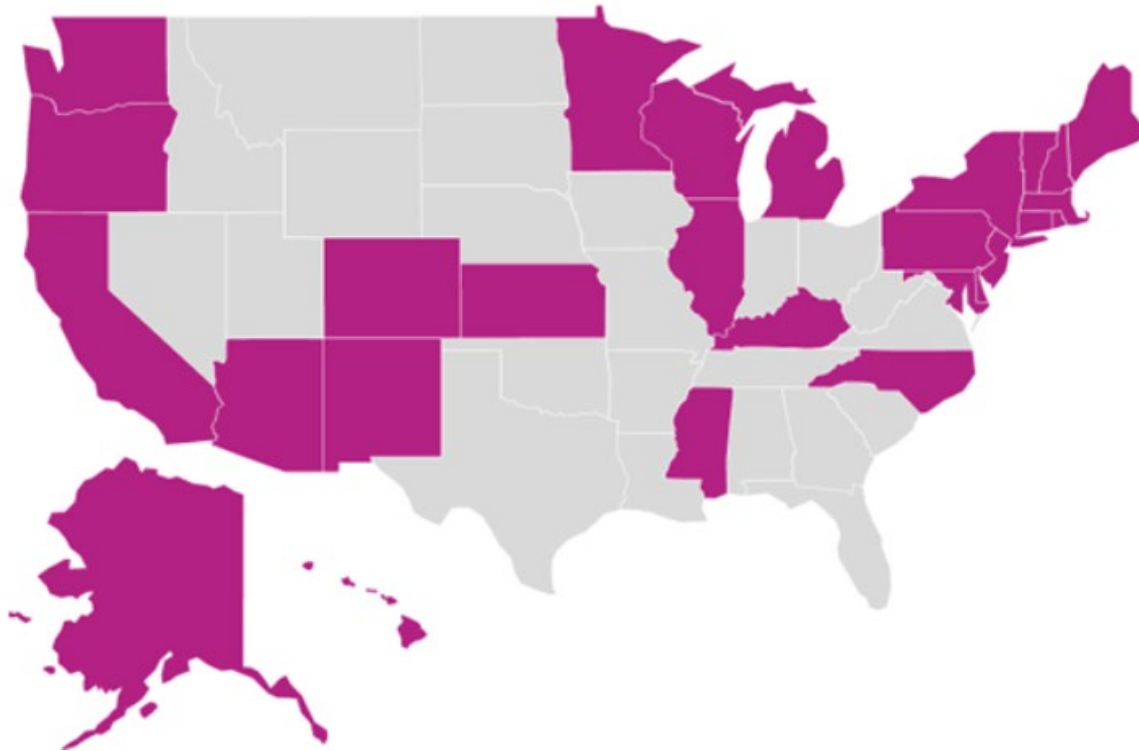


<https://www.cdc.gov/acip/meetings/upcoming.html>

<https://www.hhs.gov/press-room/fact-sheet-hepatitis-b-immunization.html>

<https://publications.aap.org/aapnews/news/34722/AAP-s-historic-victory-in-vaccine-lawsuit-a?autologincheck=redirected>

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

1. Connecticut
2. Maine
3. Maryland
4. Massachusetts
5. New Jersey
6. New York

7. Pennsylvania

8. Rhode Island

9. Alaska (HepB only)

10. Arizona (HepB & Covid-19)

11. Colorado
12. Illinois

13. Kansas

14. Kentucky
15. Michigan

16. Mississippi (HepB Only)

17. New Mexico
18. Minnesota
19. New Hampshire

20. Nevada

21. North Carolina
22. Vermont
23. Washington D.C.

24. 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/>



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.



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.

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

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



What should states do now?

- **What are the current federal recommendations for HepB?**
 - 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
- **Ensure that we are vaccinating adults**
 - 70% of all adults are not fully protected against hepatitis B
 - Newly reported chronic cases are highest among 30-39
 - and 40-49
 - Highest acute cases are occurring in: Florida, West Virginia, Maine, Alabama, and Tennessee
- **Universal hepatitis B screening for all adults per CDC guidance**
 - Screen first, then first dose of the vaccine



Key Takeaways

- **Clear messaging**
 - Birth dose and HBIG are essential to preventing transmission.
 - Full series completion is needed for lifelong protection.
 - You can still access the vaccine with no cost-sharing!
- **Education**
 - Be prepared to answer questions from parents (and pediatricians!)
 - Safety of the vaccine
 - Why the vaccine is given at birth
 - High-risk groups
- **Affirm evidence-based science & issue clear guidance**
 - State & local health departments
 - Medical & Health professional societies

HEPATITIS B WHAT PARENTS SHOULD KNOW

What is hepatitis B?
Hepatitis B is a viral infection of the liver. It can lead to serious liver disease, cirrhosis (scarring) and liver cancer.
If children are infected early in life, they have a **90% chance** of developing a chronic (lifelong) hepatitis B infection.
The virus can live on surfaces for as long as a week.

How is it transmitted?
Without vaccination, anyone can get hepatitis B, including **babies and children**.
The virus is transmitted through direct contact with infected blood. For an infection to occur, infected blood must enter the bloodstream of someone who is not infected. Hepatitis B can be sexually transmitted, but other common routes of transmission can be scratches, cuts, and open wounds from everyday activities.
Mother-to-child transmission of hepatitis B at birth is the most common method of transmission. Caregivers and other children may be living with hepatitis B without knowing it. Simple activities, like using shared items that can carry dried blood too small to be seen, such as nail clippers, can expose your child to infected blood and lead to a lifelong infection.

Protect Your Child For Life With the First Anti-cancer Vaccine

Did you know?
Hepatitis B is the world's leading cause of **liver cancer** - but it can be prevented.
The hepatitis B vaccine is the world's **1st anti-cancer vaccine**.
It can keep your child protected from both **hepatitis B** and liver cancer in the future.

The hepatitis B vaccine gives your child's immune system a strong start, helping them stay healthy so they can focus on what matters most - growing, playing, discovering, and reaching their potential.
When your child completes all three doses of the vaccine series, they gain the full, lifelong protection that helps them thrive.
You can keep your child healthy at **no cost** - the hepatitis B vaccine is fully covered through Medicaid, CHIP, VFC, and most health insurance plans.
Talk with your child's pediatrician to learn more about insurance or the vaccine schedule.

References:
1. U.S. CDC. (2023). Clinical Overview of Hepatitis B. Retrieved 11/4/2023, from <https://www.cdc.gov/hepatitis/b/hcp/clinical-overview/>.
2. Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). Nov. 2, 1991. Centers for Disease Control and Prevention. Accessed Nov 4, 2025.
3. McIntosh, E. D. G., & Bekk, M. D. (1997). Horizontal transmission of hepatitis B in a children's day-care centre: a preventable event. Australian and New Zealand Journal of Public Health, 21(7), 791-792.

HEPATITIS B FOUNDATION
www.hepb.org



Key Takeaways

- Resources are available to help you address parent questions and concerns
 - Hepatitis B Foundation
 - Immunize.org/askexperts
 - American Academy of Pediatrics
 - American Academy of Family Physicians



HEPATITIS B FOUNDATION
www.hepb.org

A LIFETIME of PROTECTION

Providing a **hepatitis B** birth dose to all U.S. newborns prevents chronic infection and **liver cancer**.

Protect Your Baby from Day One

Strong immunization recommendations have saved millions of lives, and hepatitis B is no exception. Hepatitis B, a virus that attacks and damages the liver, is the world's leading cause of liver cancer. While the virus can only be transmitted through direct blood contact with infected blood, starting with the birth dose ensures your child is protected from day one - preventing chronic infection and reducing the risk of liver cancer for life.

Liver Cancer Prevention Starts at Birth

Vaccination protects against what we can't see

- Not all mothers are tested correctly—or at all—for hepatitis B. Even when testing is done, results may be missed, delayed, or inaccurate, leaving babies unprotected.
- In some cases, household and caregiver transmission can occur if an adult or child has hepatitis B but is unaware or untested. This may happen through common, small open wounds, like a scratch or diaper rash, or from dried blood on shared items like nail clippers.

Three doses for a healthy future

The World Health Organization (WHO) and the American Academy of Pediatrics (AAP), driven by decades of well-researched scientific evidence, recommend that the hepatitis B vaccine be given to all infants within the first 24 hours of birth, with two additional doses given at 1 month and 6 months of age to achieve lifelong protection.

Protecting our most vulnerable

Infants are especially vulnerable to hepatitis B. When infected early in life, up to 90% will develop chronic infection, placing them at significant risk of cirrhosis, liver cancer and premature death. Timely vaccination provides each baby with a healthy start and a lifetime of protection.

The hepatitis B vaccine is the best tool we have to prevent liver cancer from the start.

It protects all babies—regardless of risk or circumstance—and helps close gaps in a fragmented healthcare system.



Start with the birth dose.

THE HEPATITIS B VACCINE CAN PROTECT YOUR BABY FOR LIFE AGAINST HEP B AND LIVER CANCER.

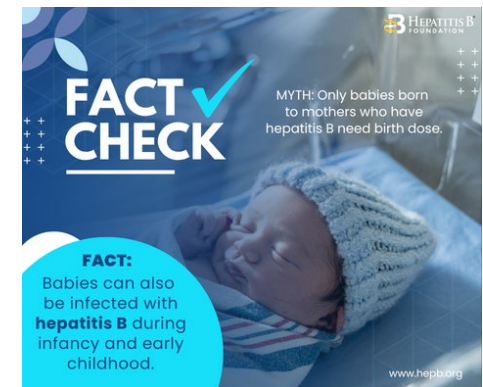
Arrange it with your doctor!

HEPATITIS B FOUNDATION



HEPATITIS B FOUNDATION

The **hepatitis B vaccine** is the first anti-cancer vaccine because it protects against hepatitis B - the leading cause of **liver cancer**.



HEPATITIS B FOUNDATION

FACT CHECK

MYTH: Only babies born to mothers who have hepatitis B need birth dose.

FACT: Babies can also be infected with **hepatitis B** during infancy and early childhood.

www.hepb.org



<https://www.hepb.org/resources-and-support/hep-b-birth-dose-media-toolkit/>

THANK YOU



www.hepb.org

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



Visit our website

CITATIONS

- 01 <https://www.cnn.com/health/live-news/cdc-vaccine-meeting-hepatitis-b-12-05-25%20G>
- 02 <https://www.kff.org/state-health-policy-data/state-recommendations-for-routine-childhood-vaccines-increasing-departure-from-federal-guidelines>
- 03 The Vaccine Intelligence Report: January 14-21. (2026). Vaccinate Your Family. <https://viraltruths.org/newsletter/the-vaccine-intelligence-report-january-14-21/>
- 04 <https://www.astho.org/communications/blog/2025/outcomes-implications-of-acip-vote-on-hepatitis-b-vaccine-for-newborns/>
- 05 <https://www.cdc.gov/acip/meetings/upcoming.html>
- 06 <https://www.hhs.gov/press-room/fact-sheet-hepatitis-b-immunization.html>
- 07 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)





Pennsylvania
Department of Health

JANUARY 2026

Perinatal Hepatitis B and How to Handle Refusals

Bureau of Immunizations and Epidemiology
Shari Minnier, RN and Lauren Orkis, DrPH

Why is Hepatitis B Important?

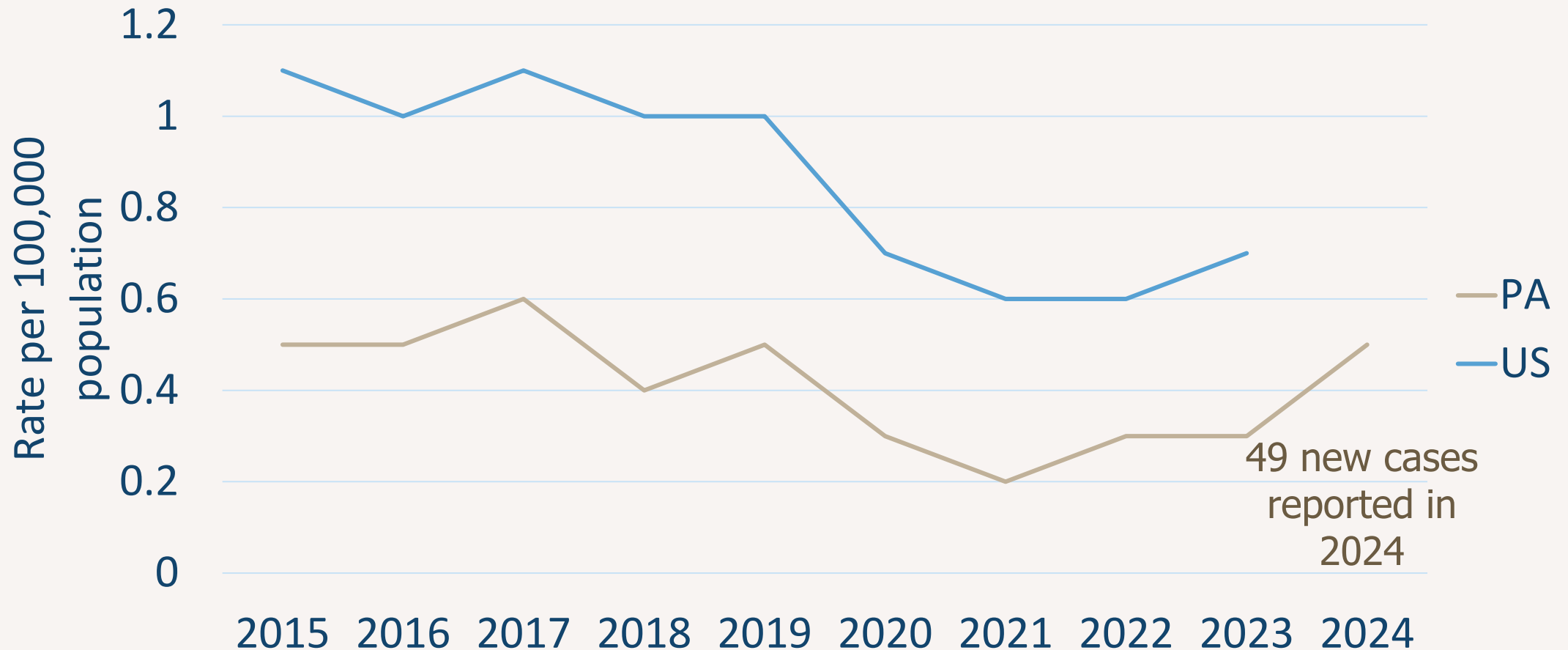
- About 25% of people who become infected during childhood will die from cirrhosis or liver cancer vs 15% that contract it after childhood
- Most babies under 2 years are asymptomatic



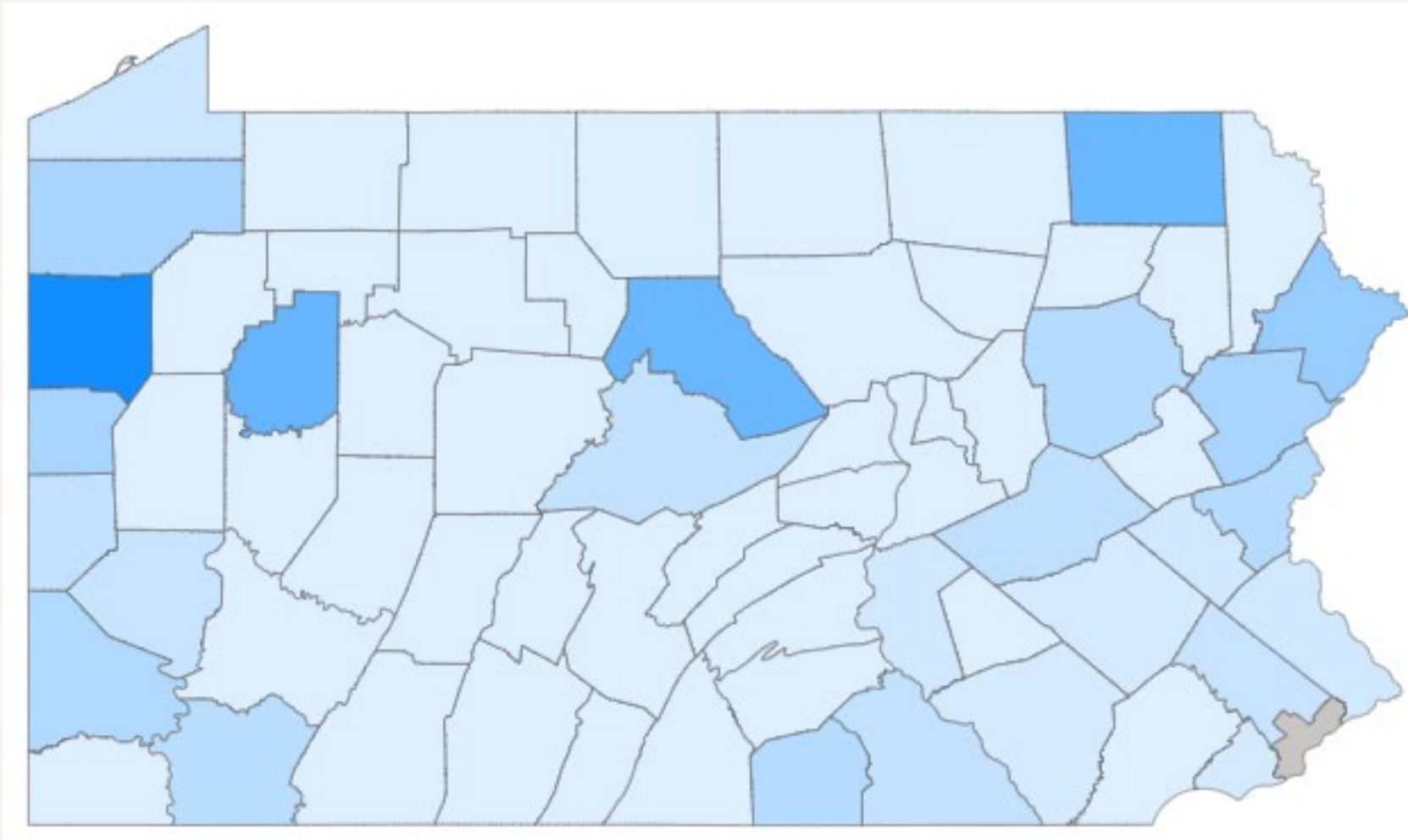
- Babies born to HBsAg (Hepatitis B Surface Antigen) positive women:
 - Absence of postexposure prophylaxis – 90% will become chronically infected
 - If given HBIG (Hepatitis B Immune Globulin) and Hepatitis B vaccine – 85-95% effective in preventing chronic Hepatitis B infection



Rates of Reported Acute Hepatitis B per 100,000 Population, U.S. and Pennsylvania, Excluding Philadelphia, 2015 to 2024.



Acute Hepatitis B Rates by County, per 100,000 Population, Pennsylvania, Excluding Philadelphia, 2024.*

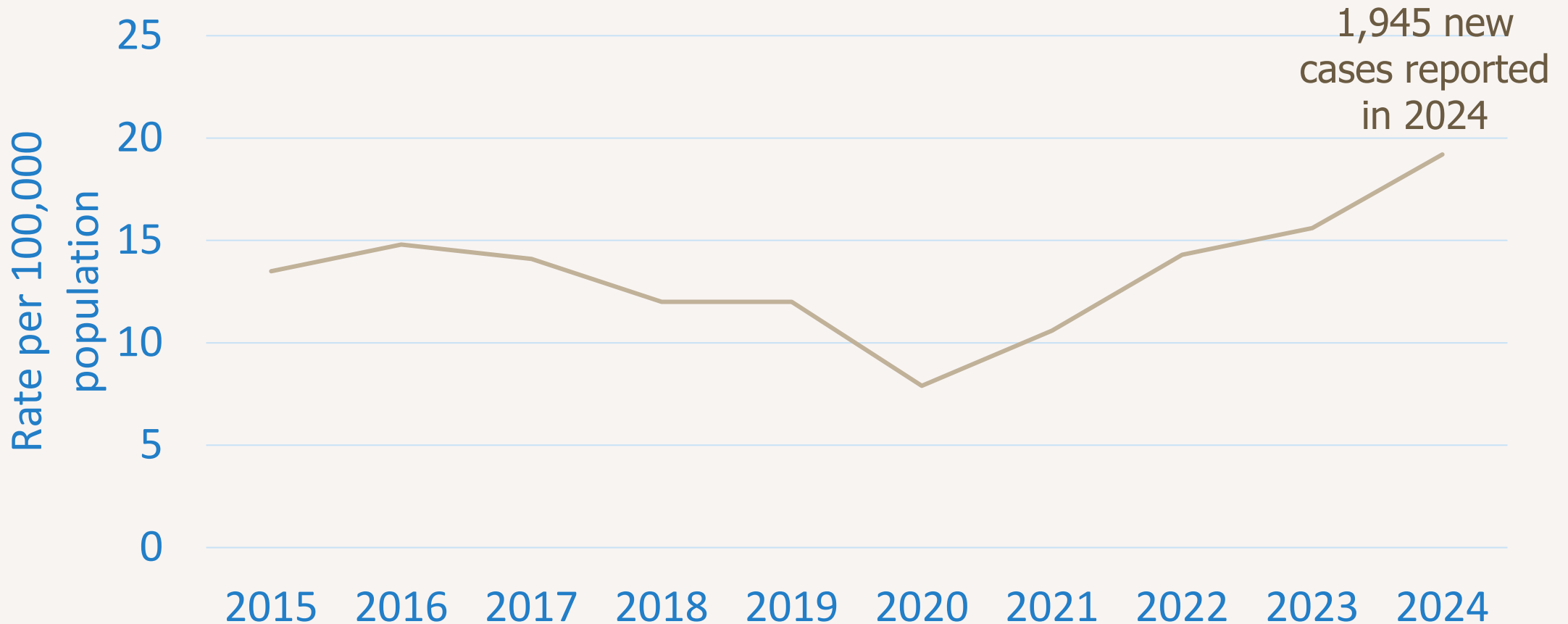


In 2024, **Mercer county** had the highest rate of 4.6 per 100,000 population.

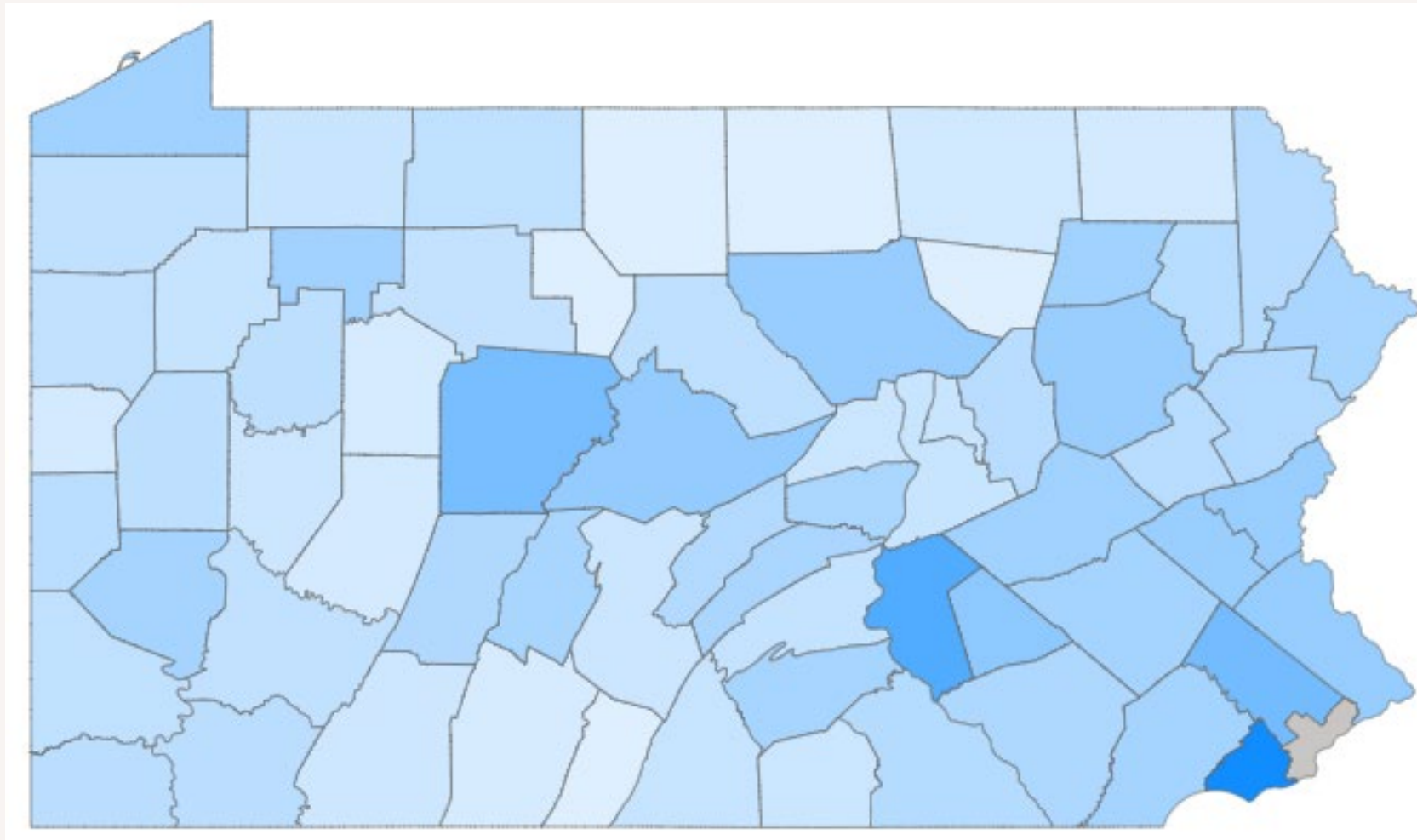
*Gradient Scale -
Darker color denotes higher rate



Rates of Newly Reported Chronic Hepatitis B, per 100,000 Population, Pennsylvania, Excluding Philadelphia, 2015 to 2024.



Newly Reported Chronic Hepatitis B Rates by County, per 100,000 Population, Pennsylvania, Excluding Philadelphia, 2024.*

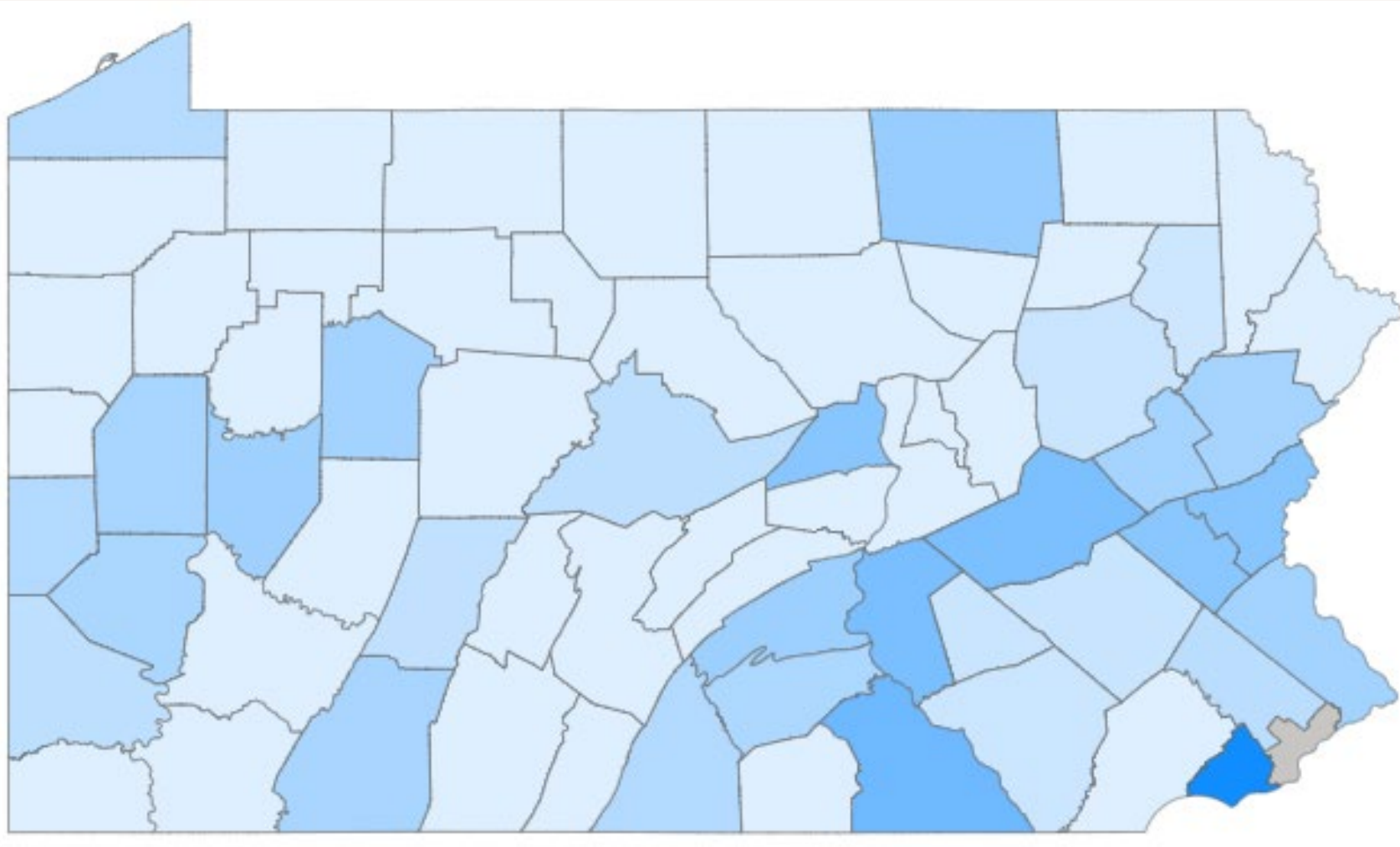


In 2024,
Delaware county
had the highest
rate of 44.5 per
100,000
population.

*Gradient Scale -
Darker color
denotes higher
rate



Perinatal Hepatitis B Exposure Rates, per 100,000 births, Pennsylvania, excluding Philadelphia, 2024.*



In 2024,
Delaware county
had the highest
rate of 636.5 per
100,000 births.

*Gradient Scale -
Darker color
denotes higher
rate



Perinatal hepatitis B case counts, Pennsylvania, excluding Philadelphia, 2013 to 2022.

Disease	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Perinatal hepatitis B	7	5	4	1	2	3	2	0	1	0	0	0



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

[Guidelines for Medical Care Providers](#)

- Pa Code §27.99(a) states ALL pregnant women be screened for HBsAg on 1st prenatal visit, or within 15 days, but no later than delivery
 - ***Even if you know Hepatitis B history
 - This positive laboratory result is what notifies the DOH
- If practitioners get a positive result:
 - Report to DOH Perinatal Hepatitis B Prevention Program by contacting your local SHC (state health center) or County/Municipal health dept OR through electronic laboratory reporting (ELR)
 - Hepatitis, viral, acute and chronic MUST be reported via PA-NEDSS (national electronic disease surveillance system) within five working days
 - Recall patient to clinic to inform positive status, provide education and perform a medical evaluation



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

[Guidelines for Medical Care Providers](#)

- If practitioners get a positive result: (cont.)
 - Order an HBV DNA test first trimester and again at 26-28 weeks
 - This test at 26-28 weeks will guide the use of maternal antiviral therapy during pregnancy for prevention of perinatal Hepatitis B transmission
 - AASLD (American Association for the Study of Liver Diseases) suggests maternal antiviral therapy when maternal HBV DNA is >200,000 IU/mL
 - Notify hospital maternity/neonatal/pediatric services of mother's HBsAg status
 - Include copy of laboratory reports to hospital and HCP of newborn infant



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

Guidelines for Medical Care Providers

- If practitioners get a positive result: (cont.)
 - Once woman presents to hospital for delivery
 - Medical records should be reviewed for HBsAg test
 - If pregnant or delivering woman is admitted to hospital...
 - If not screened or test is unavailable, HBsAg testing should be performed immediately
 - Within 12 hours of birth, ALL newborn infants born to **positive HBsAg mother OR unknown status** should receive single-antigen hepatitis B vaccine and HBIG in different limbs
- If mother is HBsAg negative:
 - Full term medically stable infants that weigh 2000 grams or more should receive single-antigen Hepatitis B vaccine within 24 hours of birth
 - Preterm infants weighing less than 2000 grams should receive single-antigen Hepatitis B vaccine 1 month after birth or at hospital discharge (even if weight is less than 2000 grams)



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

[Guidelines for Medical Care Providers](#)

- Repeat HBsAg at time of admission to hospital for delivery if patient is in any of the high-risk categories:
 - Recent or current injection drug user
 - More than one sex partner in previous six months
 - HBsAg positive sex partner
 - Evaluation or treatment for a sexually transmitted disease
 - Symptoms of clinical hepatitis



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

[Guidelines for Medical Care Providers](#)

- Management of infant born to HBsAg positive women and birth weight of 2,000 grams or more
 - Within 12 hours, administer single-antigen Hepatitis B vaccine AND Hepatitis B Immune Globulin (HBIG) at different sites
 - Second dose 1 to 2 months old, minimum of four weeks from 1st dose
 - Third dose no earlier than 24 weeks, but with interval of eight weeks from 2nd dose
 - Infants should be tested for HBsAg & anti-HB (Hepatitis B Surface Antibody) after completing the Hepatitis B vaccine series at age 9 months (1-2 mths after the third dose)



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

Guidelines for Medical Care Providers

- Management of pre-term infant born to HBsAg positive women and birth weight less than 2,000 grams
 - Within 12 hours, administer single-antigen Hepatitis B Vaccine AND Hepatitis B Immune Globulin (HBIG) at different sites
 - This birth dose does not count as part of the vaccine series because of the potentially reduced immunogenicity of Hepatitis B vaccine
 - Three additional doses for total of four doses should be administered
 - Second dose given at chronological age of 1 to 2 months old, minimum of four weeks from 1st dose
 - Third dose given 1-2 months after second
 - Fourth dose given at chronological age of 6 months but with an interval of at least eight weeks between third and fourth dose
 - Infants should be tested for HBsAg & anti-HB after completing the hepatitis B vaccine series at age 9 months (1-2 mths after the fourth dose)



Post Vaccination Serology Test (PVST)

Guidelines for Medical Care Providers

- Testing for Post-Exposure Prophylaxis
 - Infants born to HBsAg positive mothers should be tested for HBsAg & anti-HBs after completion of Hepatitis B vaccine series at age 9 months with 1-2 months after last dose of hepatitis B vaccine
 - Testing will occur at pediatricians
 - If infant is still at hospital at 9 months of age refer to “Guidelines for Medical Care Providers” for further medical management



Mother/Baby Must be Reported to Local Health Department When Mother Comes in for Delivery

- Hospital reporting these cases is a very important piece to finding these infants
- Especially if mother had no prenatal care
- Department of Health may follow these children for up to 2 years
- If baby contracts hepatitis B at birth, 90% will develop chronic infection and 25% of those people will die prematurely



Mother/Baby Must be Reported to Local Health Department When Mother Comes in for Delivery

PA Code 28, 27.21 (a)(a) – regulation that hepatitis B cases be reported when presents to hospital within 5 days

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.

(5) Only physicians and hospitals are required to report cases of AIDS.

(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite. Anthrax. Arboviruses. Botulism. Cholera. Diphtheria. Enterohemorrhagic E. coli. Food poisoning outbreak. Haemophilus influenzae invasive disease. Hantavirus pulmonary syndrome. Hemorrhagic fever. Lead poisoning. Legionellosis. Measles (rubeola). Meningococcal invasive disease. Plague. Poliomyelitis. Rabies. Smallpox. Typhoid fever.



Mother/Baby Must be Reported to Local Health Department When Mother Comes in for Delivery

PA Code 28, 27.21 (a)(a) – regulation that hepatitis B cases be reported when presents to hospital within 5 days, cont.

(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

- AIDS.
- Amebiasis.
- Brucellosis.
- CD4 T-lymphocyte counts and percentages.
- Campylobacteriosis.
- Cancer.
- Chancroid.
- Chickenpox (varicella) (effective January 26, 2005).
- Chlamydia trachomatis infections.
- Congenital adrenal hyperplasia (CAH) in children under 5 years of age.
- Creutzfeldt-Jakob Disease.
- Cryptosporidiosis.
- Encephalitis.
- Galactosemia in children under 5 years of age.
- Giardiasis.
- Gonococcal infections.
- Granuloma inguinale.
- Guillain-Barre syndrome.
- HIV (Human Immunodeficiency Virus).
- HIV viral load test results, including detectable and undetectable viral load results, and all HIV genotyping results.
- Hepatitis, viral, acute and chronic cases.
- Histoplasmosis.
- Influenza.
- Leprosy (Hansen's disease).



Mother/Baby Must be Reported to Local Health Department When Mother Comes in for Delivery

- Reporting can be completed by using the Perinatal Hepatitis B Case Report
 - See next slide
- Or by putting baby in PA-NEDSS (PA national electronic disease surveillance system) as “baby born to HBsAg positive mother”



Mother/Baby Must be Reported to Local Health Department When Mother Comes in for Delivery



Perinatal Hepatitis B Case Report

Hospitals must report within 5 days when a positive hepatitis B pregnant woman comes in for delivery, a HBsAg status is "unknown," or infant HBIG administration is related to positive total anti-HBc.

***If HBsAg/DNA positive pregnant woman refuses infant prophylactic treatment, report immediately, before discharge.

Person reporting & email or phone number:	Report Date:
Hospital reporting:	

Data on Prenatal Person

Last Name:	First Name:	
*Address:	Phone:	
City:	State:	Zip Code:
Date of Birth:	County:	
Lab/facility reporting hep B lab:	Date of positive hep B lab:	
Specify positive test: (HBsAg, HBeAg, DNA, Total anti-HBc or IgM anti-HBc)	Hep B status unknown: (yes or no)	

Data on Newborn

Infant Last Name:		Infant First Name:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Weight (grams):	
Ethnicity: Hispanic <input type="checkbox"/> non-Hispanic <input type="checkbox"/>			
Race: White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/>			
Date vaccinated	Vaccine used	Insurance	Pediatrician:
Date HBIG:			
Date Hep B vaccine:			

Please fax completed report to corresponding Local Health Department, [State Health Centers](#) or [County-Municipal Health Depts.](#)

*If mom lives in Philadelphia, fax to Philadelphia Department of Public Health at 215-238-6947 or email Jennifer Malins, RN at jennifer.malins@phila.gov.

For questions, contact Shari Minnier, RN, Perinatal Hepatitis B Consultant at shminnier@pa.gov or 717-547-3455. [Perinatal Hepatitis B Case Report for Hospitals.docx](#)

Bureau of Immunizations | Room 1026 H&W Building | 625 Forster Street | Harrisburg, PA 17120-0701

Rev 01/26

[Perinatal Hepatitis B Case Report for Hospitals.docx](#)



Hepatitis B Infected Mother Refusals

- With the current ACIP discussion around birth dose of hepatitis, PA Department of Health (DOH) and Philadelphia Department of Public Health (PDPH) are starting to see confirmed hepatitis B mothers refuse infant prophylactic treatment (hepatitis B vaccine series, HBIG, and serology).
- This may result in dire outcomes to the infant later in life, to include early death. [Clinical Overview of Perinatal Hepatitis B | Hepatitis B | CDC](#)

Public health efforts and research

HBV infection in a pregnant patient poses a serious risk to an infant at birth. Without timely postexposure immunoprophylaxis, approximately 90% of infants born to HBsAg-positive people in the US will acquire chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.



Hepatitis B Infected Mother Refusals – Next Steps

- It is important that every *birthing hospital and children's hospital* has a policy in place to anticipate refusals.
- Educate mother/parents to include CDC statistics and infant prophylactic treatment (hep B vaccine series, HBIG, and serology) can be lifesaving:
 - This is not “just” a vaccine
 - There is no cure for hepatitis B
 - It is highly contagious, and spread through:
 - Pregnancy/childbirth, blood, body fluids, sharing personal items such as *fingernail clippers, toothbrushes, or razors*, sexual contact, or sharing needles
 - Majority of hepatitis B infected pregnant women have chronic (lifelong) hepatitis B, contracted at birth, foreign born (almost 90%), asymptomatic, and do not understand the infection.
 - While they're highly contagious, especially to household members, hepatitis B infection will likely not affect them until later in life when they're done having children.



Hepatitis B Infected Mother Refusals – Next Steps

- Consult your legal department for guidance if mother/parents still refuse infant prophylactic treatment after education. Ideally, a policy should be in place prior to any refusals.
- If hepatitis B mother/parents refuse infant treatment, notify DOH/PDPH at time of delivery (*before discharge*) via phone call *and* fill out [Perinatal Hepatitis B Case Report for Hospitals.docx](#).
 - Mothers that live in Pennsylvania jurisdiction: Shari Minnier, 717-547-3455, shminnier@pa.gov or your local health department [State Health Centers | Department of Health | Commonwealth of Pennsylvania](#)
 - Mothers that live in Philadelphia jurisdiction: Jennifer Malins, 215-218-2118, jennifer.malins@phila.gov



Pennsylvania DOH Requirements, Guideline for Medical Care Providers:

Guidelines for Medical Care Providers

- **All infants** born to women of **unknown** HBsAg status:

- [Fact Sheet: Hepatitis B Immunization | HHS.gov](#)

- Infants born to mothers who test positive for hepatitis B or whose status is unknown should continue to receive the hepatitis B vaccine within 12 hours of birth.

- Infants born to hepatitis B-positive or unknown-status mothers should receive hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) shortly after birth.



Immunization Guidance and Schedules

- ACIP meeting December 5th, 2025, [Fact Sheet: Hepatitis B Immunization | HHS.gov](#), changed federal recommendations for Hepatitis B birth dose.
- To ensure that mothers have consistent information available, PA has created a webpage for our own [general immunization guidance](#).
- [Gov. Shapiro's September 22 Press Release](#)
- <https://www.pa.gov/agencies/health/newsroom/federal-changes-do-not-impact-vaccine-access--recommendations>
- These schedules were sourced from the following trusted institutions:
 - American Academy of Pediatrics (AAP)
 - American Academy of Family Physicians (AAFP)
 - American College of Obstetricians and Gynecologists (ACOG)



Safeguarding Vaccine Access: PA CARES

- [Executive Order 2025-02](#)
 - Establishes a vaccine advisory workgroup
 - Increases collaboration both within PA and with other states
 - [The Northeast Public Health Collaborative](#)
 - PA CARES
 - Ensures continued coverage for all vaccines that are currently covered under the VFC program in case federal recommendations change.



PA DOH Perinatal Hepatitis B Brochures

“Perinatal Hepatitis B Rack Card” (English or Spanish) can be printed out at [Immunization Materials and Resources | Department of Health | Commonwealth of Pennsylvania](#)



Pregnant?



All pregnant people are routinely tested for Hepatitis B every pregnancy.

If you have Hepatitis B you can transmit it to your baby. 25% of people infected with Hepatitis B in childhood will die from cirrhosis or liver cancer. However, proper treatment will prevent transmission in 85-95% of babies.

Hepatitis B positive mothers:

- Make sure ALL your healthcare providers are aware, especially your baby's pediatrician.
- At birth your baby should receive HBIG (Hepatitis B Immune Globulin) and Hepatitis B vaccine.
- Follow up with your child's pediatrician to complete the Hepatitis B vaccines.
- **It is very important to have your baby's blood tested at approximately 9 months old to ensure immunity has been obtained.**

Hepatitis B during pregnancy?

Treatment for baby:



Vaccines



Birth – Hepatitis B & HBIG

1-2 months old – Hepatitis B

4 months old – Hepatitis B (if birth weight less than 2000g)

6 months old – Hepatitis B

Bloodwork



At 9 months old and a minimum of 1 month past most recent Hepatitis B vaccination. **Testing should be for both HBsAg AND anti-HBs.**



PA DOH Immunization and Perinatal Hepatitis B Program Additional Resources

[Perinatal Hepatitis B Program | Department of Health | Commonwealth of Pennsylvania](#)

[Universal Infant Vaccine Birth Dose Saves Thousands of Lives: A response from the Hepatitis B Foundation » Hepatitis B Foundation](#)



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Discussion/Q&A with the audience

Feel free to raise your hand or
pop your questions into the chat