Update: ACIP Recommendations for Hepatitis B Vaccination

Sarah Schillie, MD, MPH, MBA

Summit for the Elimination of Hepatitis B and Hepatitis C as Public Health Threats in the United States

Atlanta, GA
April 28, 2017
Updated recommendations for Hepatitis B (HepB) vaccination

- Advisory Committee on Immunization Practices (ACIP) voted on updates to HepB recommendations in October 2016 and February 2017

- Updated statement currently in CDC clearance
  - Will be submitted to MMWR for publication when CDC clearance completed
Existing HepB Statements (ACIP)

Infants, Children, Adolescents (2005)  
Adults (2006)
Existing HepB Statements (ACIP, CDC)


Diabetes (ACIP, 2011)

Health-care personnel (CDC, 2013)

Testing interval for infants (CDC, 2015)
Updated recommendations for HepB vaccination, cont.

- Single statement with guidance for:
  - Testing pregnant women for hepatitis B surface antigen (HBsAg), and, if positive, HBV DNA
  - HepB vaccination of infants, children, adolescents, and adults
  - HepB pre- and post-vaccination serologic testing
  - HBV post-exposure prophylaxis (occupational and non-occupational exposures)
Updated recommendations for HepB vaccination, cont.

- Incorporated previously-published recommendations from:
  - ACIP
  - CDC

- Augmented with American Association for the Study of Liver Diseases (AASLD) recommendation for antiviral therapy to reduce the risk of perinatal transmission in pregnant women with HBV DNA >200,000 IU/mL\(^1\)

- Aligned with National Academies’ recommendations

\(^1\)Terrault et al. Hepatology 2015.
States should expand access to adult hepatitis B vaccination, removing barriers to free immunization in pharmacies and other easily accessible settings.

The Centers for Disease Control and Prevention, the American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the American College of Obstetricians and Gynecologists should recommend that all HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests to evaluate whether antiviral therapy is indicated for prophylaxis to eliminate mother-to-child transmission or treatment of chronic active hepatitis.
Recommendations

- The National Committee for Quality Assurance should establish measures to monitor compliance with viral hepatitis screening guidelines and hepatitis B vaccine birth dose coverage and include the new measures in the Healthcare Effectiveness Data and Information Set.

- The criminal justice system should screen, vaccinate, and treat hepatitis B and C in correctional facilities according to national clinical practice guidelines.
Updates to recommendations

**Pregnant women**

- Testing HBsAg-positive pregnant women for HBV DNA to guide the use of maternal antiviral therapy for preventing perinatal HBV transmission
  - AASLD recommends antiviral therapy to reduce the risk of perinatal transmission in pregnant women with HBV DNA >200,000 IU/mL\(^1\)

- Identifies infants at greatest risk for perinatal infection and prioritizes women for referral for HBV management

\(^1\)Terrault et al. Hepatology 2015.
Updates to recommendations

**Infants**

- Universal HepB vaccination within 24 hours of birth for medically stable infants weighing ≥2,000 grams
  - Existing recommendations: “Before hospital discharge”

- Removal of permissive language to delay birth dose until after hospital discharge for infants born to HBsAg-negative mothers
  - Universal birth dose serves as safety net to prevent HBV transmission when infants not identified due to errors in maternal HBsAg testing or transcription/reporting of test results
Updates to recommendations

**Infants**

- Postvaccination serologic testing for infants whose mother’s HBsAg status remains unknown indefinitely
  - For example, when a parent or person with lawful custody surrenders an infant confidentially shortly after birth

- Single-dose revaccination for infants born to HBsAg-positive mothers (2nd HepB series completed if necessary)
  - Limited data suggest many non-responding infants only need one additional HepB dose
  - Conserves public health resources by shortening the duration of case management
Updates to recommendations

**Adults**

- Examples of chronic liver disease (CLD) added to existing recommendation for vaccination of persons with CLD
  - Including, but not limited to, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and liver function tests >2 times the upper limit of normal
- Explicit recommendation for vaccination of persons with HCV infection
- Explicit inclusion of incarcerated persons among individuals recommended for HepB vaccination
Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.