



Universal Adult Hepatitis B Vaccination: Introduction

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Hepatitis Vaccines Work Group, Advisory Committee on Immunization Practices
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ACIP Hepatitis Work Group Guiding Principles

Rationale for Universal Adult Hepatitis B Vaccination Recommendations

- **Decrease new infections**
- **Prevent transmission**
- **Reduce health disparities**

National Viral Hepatitis Elimination Goals

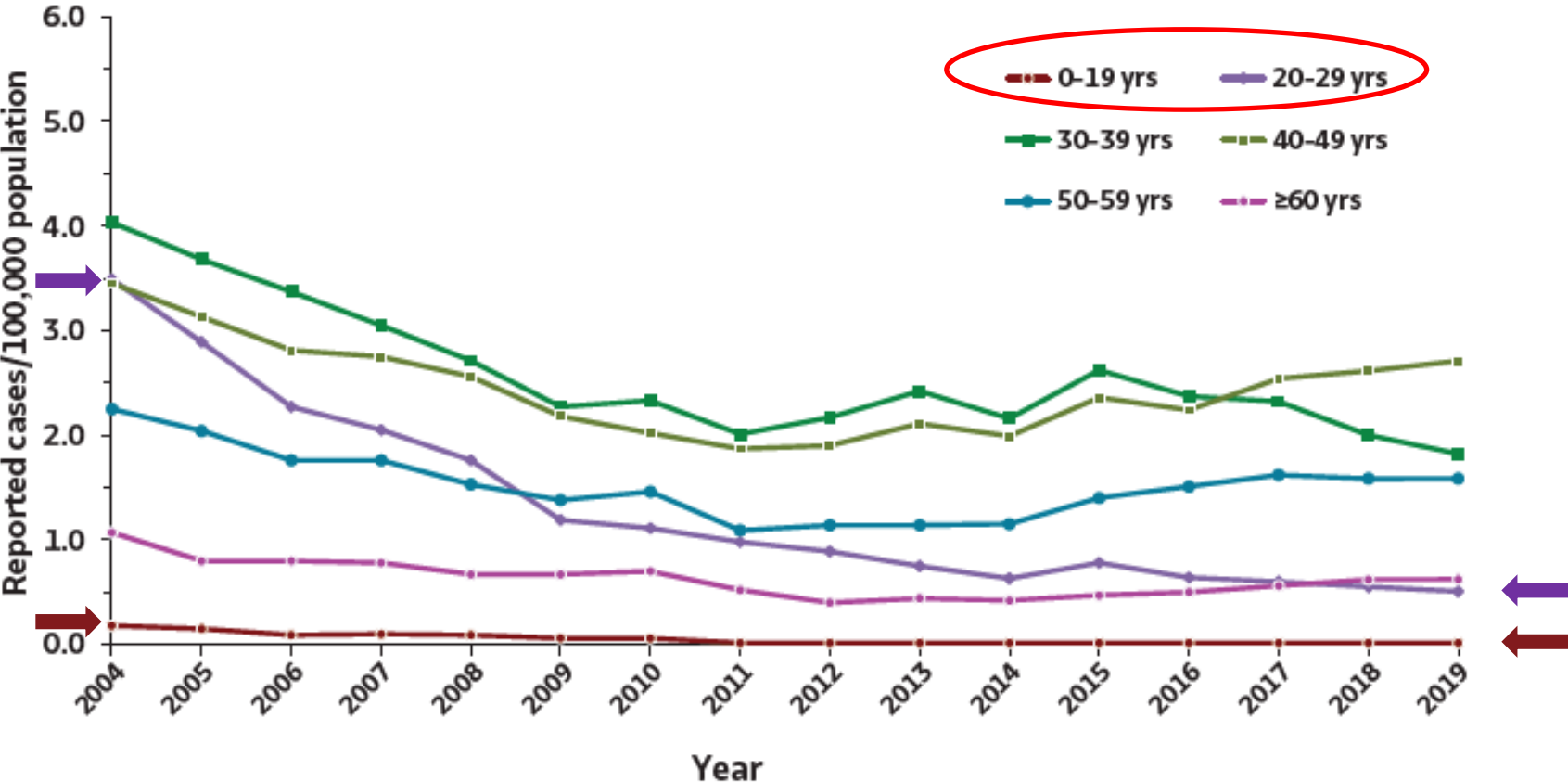
- **HHS has called for the elimination of viral hepatitis as a public health threat by 2030¹**
- **The National Academies of Science, Engineering, and Medicine provided a roadmap to achieve viral hepatitis elimination²**
 - **Emphasized the role of vaccination, and**
 - **Called for the expansion and simplification of adult hepatitis B immunization**

1. <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>

2. <https://www.nationalacademies.org/our-work/a-national-strategy-for-the-elimination-of-hepatitis-b-and-c>

Childhood vaccination success: acute hepatitis B on path to elimination for ≤ 29 year-olds in the United States

Figure 2.4. Rates of reported acute hepatitis B virus infection, by age group — United States, 2004–2019



Source: <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>

Rates of acute hepatitis B in the United States are highest among adults and are rising among ≥ 40 year-olds

Figure 2.4. Rates of reported acute hepatitis B, by age group — United States, 2004–2019

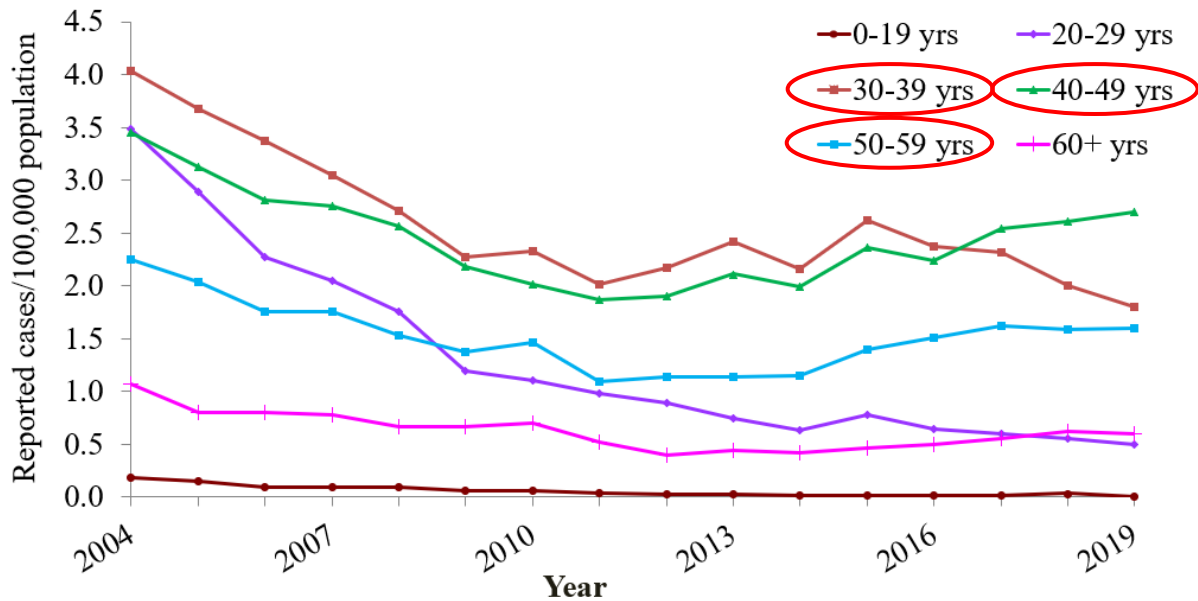
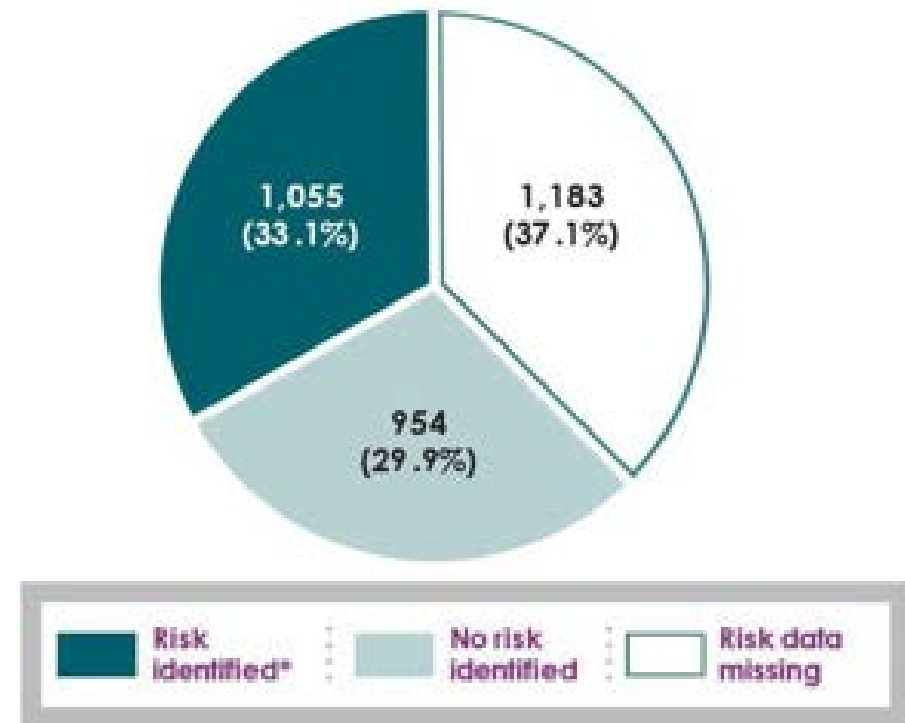


Figure 2.7. Availability of information regarding risk behaviors or exposures associated with reported cases of acute hepatitis B virus infection — United States, 2019



Current Status of Hepatitis B in the United States

- **For the past 10 years**
 - Total number of acute hepatitis cases have plateaued
 - Rates have been *increasing* among middle-aged and older adults
- **Risk-based HepB vaccination strategy among adults has fallen short**
 - Numerous risk factors; not easily integrated into provider screening
 - Assumes patient recognition and disclosure of risk
 - Exacerbates health disparities

Recap of ACIP Hepatitis Discussions

2016

ACIP suggested the WG examine a universal adult HepB recommendation

2017

Evaluation of HEPLISAV-B vaccine

2018

Updates to HepA policy

2019

2020

Sept-19 to May-21: 15 Hepatitis Work Group conference calls

2021

Feb-21: Background, Economic Evaluation

Sep-21: EtR + GRADE

Nov-21: ACIP Vote

ACIP Hepatitis Work Group Deliberations

- **The ACIP Hepatitis Vaccine Work Group unanimously agreed that the current risk-based recommendations need revision, with the majority preferring a universal adult HepB strategy with no upper age limit.**

Scenarios for ACIP Consideration

WG Preferred

All adults previously unvaccinated for hepatitis B should receive hepatitis B vaccination.

WG Alternative

All adults aged ≤ 59 years and previously unvaccinated for hepatitis B should receive hepatitis B vaccination.

Note: Adults >59 years would continue to follow existing risk-based recommendations.

No WG support for retaining current risk-based recommendations

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- **Rebecca Morgan**
 - GRADE and Evidence to Recommendation framework
- **FDA**
- **CDC Subject Matter Experts**
 - Erin Conners
 - Mona Doshani
 - Penina Haber
 - Megan Hofmeister
 - Mohammed Khan
 - Neil Murthy
 - Lakshmi Panagiotakopoulos
 - Noele Nelson
 - Priti Patel
 - Tom Shimabukuro
 - Phil Spradling
 - Carolyn Wester