NASPGHAN
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

November 24, 2025

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30333

RE: Comments for the December 2025 Meeting of the Advisory Committee on Immunization Practices (Docket No. CDC-2025-0783); Recommendation for Universal Hepatitis B Birth-Dose Vaccination

Dear Members of the Advisory Committee on Immunization Practices (ACIP):

The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is aware ACIP will consider hepatitis B vaccination during its December meeting. **As the leading pediatric medical society whose members care for children with liver disease, we urge you to maintain the universal hepatitis B birth-dose recommendation.**

NASPGHAN represents more than 3,000 pediatric gastroenterologists, pediatric gastroenterology nurses and advanced practice practitioners, and pediatric registered dietitian nutritionists in the United States, Canada and Mexico. NASPGHAN is the only organization singularly dedicated to advocating for children with gastrointestinal, liver and nutrition-related diseases and disorders.

NASPGHAN's position is that the administration of the first dose of the hepatitis B vaccine should occur within 24 hours of birth, followed by completion of the recommended vaccine series.

Perinatal and early childhood transmission of hepatitis B remain significant sources of chronic liver disease, which can lead to cirrhosis, liver failure, and hepatocellular carcinoma and need for lifelong treatment with antiviral therapies and/or liver transplantation. In the United States, one in four children chronically infected with hepatitis B will die prematurely from cirrhosis or liver

cancer.[1] The administration of the hepatitis B vaccine within 24 hours of life is safe[2] and effective, and it is a critical public health measure to eliminate pediatric hepatitis B and reduce the long-term health burden and cost of liver disease.

Prior to universal vaccination in 1991, an estimated 18,000 children were infected with hepatitis B annually, with half infected during childbirth.[3] Only after adoption of the universal vaccination recommendation did hepatitis B incidence among children drop to historically low levels.[4] According to data from the Centers for Disease Control and Prevention (CDC), reported cases of hepatitis B remained low and decreased among children and adolescents (0-19 years of age) and those aged 20-29 years since 2011.[5] The 1991 hepatitis B vaccine recommendations have contributed to this decline, and explains the declining rate of hepatitis B among those aged 30-29 years because that cohort of the population was vaccinated as infants and children.[6]

More than three decades of evidence demonstrate the safety and success of the universal birth dose. As physicians who have had to witness the devastating effects of hepatitis B, we urge you to maintain current recommendations.

Delaying the first vaccine in the series to one-month, four years, or 12 years of age will undermine the vaccine's effectiveness, and relying on just screening pregnant women for hepatitis B is insufficient. There are gaps in our country's surveillance system, and pregnant women may not be properly screened or may become infected late in pregnancy. Infants and young children can also be exposed to hepatitis B through other routes of transmission, these exposures can be as ordinary as a shared toothbrush or a bite that breaks the skin. Further, the hepatitis B virus is very durable. It can survive in dried blood or other body fluids on environmental surfaces—whether visible or not—for up to seven days, creating a risk of transmission for anyone who comes into contact with it.

Although some of the changes that have been discussed by ACIP sound small, they are not grounded in new evidence and would undo more than three decades of a prevention strategy that has nearly eliminated early childhood hepatitis B in the United States.

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[1] Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: http://dx.doi.org/10.15585/mmwr.rr6701a1

[2] Hepatitis B Vaccine Safety, Centers for Disease Control and Prevention. https://www.cdc.gov/vaccine-safety/vaccines/hepatitis-b.html. Accessed Nov. 22, 2025.

[3] Gregory L. Armstrong, Eric E. Mast, Mary Wojczynski, Harold S. Margolis; Childhood Hepatitis B Virus Infections in the United States Before Hepatitis B Immunization. Pediatrics November 2001; 108 (5): 1123–1128. 10.1542/peds.108.5.1123

[4] Roush SW, Murphy TV, Vaccine-Preventable Disease Table Working Group AT. Historical Comparisons of Morbidity and Mortality for Vaccine-Preventable Diseases in the United States. JAMA. 2007;298(18):2155–2163. doi:10.1001/jama.298.18.2155

[5] 2022 Viral Hepatitis Surveillance Report, Centers for Disease Control and Prevention. https://www.cdc.gov/hepatitis-surveillance-2022/hepatitis-b/figure-2-4.html. Accessed Nov. 22, 2025.

[6] Ibid.

We thank ACIP for consideration of our comments. Requests for further information or questions should be directed to Camille Bonta, NASPGHAN policy advisor, at cbonta@summithealthconsulting.com or at (202) 320-3658.

Sincerely,

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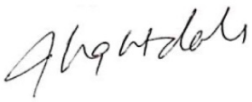

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