

## Health Care Provider FAQ: Hepatitis B Vaccine Birth Dose

### 1. Does the ACIP vote affect insurance coverage for the hepatitis B vaccine in Washington?

No. The ACIP vote on December 5, 2025, does not affect insurance coverage for the hepatitis B birth dose or completion of the hepatitis B vaccine series for children in Washington state.

- The hepatitis B vaccine continues to be covered through Washington state’s universal [Childhood Vaccine Program](#) (CVP) for eligible children.
- For children vaccinated under private insurance, health plans have agreed to continue covering the hepatitis B vaccine, including the birth dose.
- Families should not experience changes in access or insurance coverage of hepatitis B vaccination because of the ACIP vote.

### 2. What did ACIP change regarding the hepatitis B birth dose?

The [Advisory Committee on Immunization Practices](#) (ACIP) voted to recommend shared decision making in consultation with a health care provider, for families considering hepatitis B vaccination for their child, including the dose given at birth. This eliminates the universal recommendation for administering the hepatitis B vaccine within 24 hours of birth. The West Coast Health Alliance, Washington State Department of Health, and leading national medical groups continue to recommend the hepatitis B birth dose for all newborns. This aligns with guidance from the [American Academy of Pediatrics](#), the [American College of Obstetricians and Gynecologists](#), and the [Infectious Diseases Society of America](#).

### 3. What is shared clinical decision-making?

[Shared clinical decision making](#) is a process in which a health care provider and a patient, or a parent or guardian, work together to make vaccine decisions based on the best available evidence and the individual’s values and preferences. This approach does not prevent providers from recommending the hepatitis B vaccine at birth for all newborns. The Washington State Department of Health and leading medical organizations continue to recommend the birth dose as the safest and most effective way to protect infants from hepatitis B.

### 4. Why is this change concerning for infant health?

Removing the universal birth-dose recommendation increases the risk of infants and children developing chronic hepatitis B infection—a lifelong condition that can lead to liver cancer or death.

ACIP's vote to end universal newborn hepatitis B vaccination lacks credible evidence and reverses a strategy that [reduced childhood infections by about 99%](#).

#### **5. Why are infants particularly vulnerable to hepatitis B infection?**

Hepatitis B is an extremely contagious virus that can be transmitted from a mother to her baby during the birth process. Infants are especially vulnerable because those infected at birth have a 90% likelihood of developing chronic hepatitis B, which has no cure. Vaccination at birth protects all newborns from exposure to hepatitis B, including from mothers or other close contacts who may not know they are infected. Preventing infection at birth through timely vaccination is the safest and most effective way to protect infants and reduce lifelong harm.

#### **6. What is Washington Department of Health's recommendation?**

The Washington State Department of Health (DOH) continues to strongly recommend the hepatitis B birth dose for all newborns within 24 hours of birth, followed by completion of the full vaccine series. Infants born to parents who test positive for hepatitis B infection or have an unknown status should continue to be vaccinated and given hepatitis B immunoglobulin within 12 hours of birth. The vaccine is our best defense against disease. It is effective and essential to protect infants from unrecognized exposures and prevent lifelong liver disease and cancer.

#### **7. When should the hepatitis B vaccine series be started for infants born to someone who screened negative during pregnancy, and why is a birth dose still recommended?**

For infants born to someone who screened negative for hepatitis B during pregnancy, the vaccine series should still begin at birth. This is recommended because of possible hepatitis B screening errors as well as infection risks which occur after birth. In addition to protecting against perinatal transmission, the birth dose protects infants from unintentional exposure from household members, family, caregivers, or others involved in the newborn's care who may not know they are infected. The birth dose provides immediate protection during a period of highest vulnerability and serves as a critical safety net against early exposure.

#### **8. Should providers routinely order hepatitis B antibody testing before subsequent vaccination, as suggested by ACIP?**

No. While ACIP recommended families ask their healthcare provider about hepatitis B antibody testing to assess the need for additional doses, the Centers for Disease Control and Prevention (CDC) did not immediately adopt this recommendation. The Washington State Department of Health does not recommend routine post-vaccination antibody testing for children because:

- There is no data showing that a positive antibody test after only one or two doses correlates with long-term protection. The most durable protection comes from completing the full three-dose series at the recommended intervals.
- Antibody testing may not be covered by insurance, even if recommended by ACIP.
- Testing requires additional clinic visits and blood draws for children.

#### **9. What should providers communicate to parents?**

Parents may have increased questions after recent media coverage. Please reassure families that:

- There is no new data raising concerns about the hepatitis B vaccine. The evidence supporting the safety and effectiveness of the hepatitis B birth dose has not changed.
- The hepatitis B birth dose is safe, effective, and provides the best protection against a vaccine-preventable disease. This is important because infants exposed at birth are at higher risk of infection and developing chronic (lifelong), liver cancer, or death.
- Delaying the birth dose increases infection risk and lowers the likelihood of children completing the full vaccine series.
- The hepatitis B vaccine is well-studied and has been a standard part of newborn care in the U.S. for nearly 35 years. Completing the full series provides long-term, proven protection.

**10. If a parent does not have risk factors and no one at home has hepatitis B, what is the benefit of vaccinating newborns?**

Many people with chronic hepatitis B do not know they are infected. That means infants can unknowingly be exposed to infected caregivers, household members, visitors, or other children, including in child care settings. Before routine hepatitis B vaccination at birth began in 1991, approximately 18,000 children were infected each year. Since then, infections among infants and children have declined by 99%. While prenatal screening is important, it does not eliminate all risk—hepatitis B infection can occur after testing, results can be delayed or incorrect, and some pregnant people have limited or no access to prenatal care. Infants infected at birth or in early life are at the highest risk of developing chronic infection, liver cancer, or death. The birth dose serves as a critical safety net that protects all newborns from early, unrecognized exposures and advances health equity by ensuring protection from the start.

**11. What resources can providers use to support conversations with families?**

For support on talking with families, please see:

- [Vaccine Confidence Resource Library](#) | Washington State Department of Health
- [Birth Dose Talking Points](#) | Hepatitis B Foundation
- [Hep B Birth Dose Media Toolkit](#) | Hepatitis B Foundation
- [Fact Checked: Hepatitis B Vaccine Given to Newborns Reduces Risk of Chronic Infection](#) | American Academy of Pediatrics
- [Talking with Vaccine Hesitant Parents](#) | American Academy of Pediatrics
- [When Parents Say ‘No’ to Vaccines](#) | Children’s Hospital of Philadelphia