



April 25, 2022

Dear Colleague:

On April 1, 2022, the Centers for Disease Control and Prevention (CDC) published a [report](#) on the new Advisory Committee on Immunization Practices (ACIP) recommendations that **all adult aged 19-59 years should receive hepatitis B (HepB) vaccine**, removing the need for risk factor screening in this age group. Recommendations remain unchanged for other age groups, including HepB vaccine for infants and children <19 years of age and for persons with [HepB risk factors](#) aged  $\geq 60$  years of age. Persons aged  $\geq 60$  years of age without risk factors may receive HepB vaccine.

There were several reasons for removing risk-based screening for persons ages 19-59 years. [Approximately 30% of reports of acute HepB](#) received by CDC in 2019 had no identified risk factors for HepB, underscoring the need for a universal HepB vaccination recommendation. In addition, a universal recommendation would likely increase the number of persons who receive vaccination when they are younger and more likely to develop protective antibodies, before the onset of medical conditions (e.g., chronic liver disease and diabetes) where HepB vaccine is indicated but the response to vaccination may be lower. Further, risk factors assessed under prior recommendations include potential criminal or stigmatizing behavior, limiting the veracity of provider risk assessment.

Acute HepB infections among adults leads to chronic HepB disease in an estimated 2%–6% of cases. Chronic HepB can result in liver cirrhosis, hepatocellular carcinoma, liver failure, and death. HepB vaccination coverage among adults, including those with known risk factors for HepB, is low and has limited the ongoing decline in acute HepB over the past decade in the U.S. [In 2018, self-reported HepB vaccination coverage](#) ( $\geq 3$  doses) among adults aged  $\geq 19$  years in the U.S. was 30%. In New York City in 2018, 55% of adults reported having received at least one dose of HepB vaccine. In 2019, there were an estimated 20,700 cases of acute HepB.

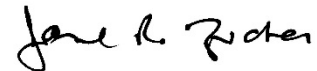
Hep B vaccination should be incorporated into your routine vaccination activities. If you don't provide HepB vaccine in your practice, you can refer your patients to a facility that does or to a pharmacy; pharmacists are now authorized to administer all ACIP-recommended adult vaccines. People wishing to be vaccinated at pharmacies should call in advance to ensure the vaccine is available and to confirm the hours of operation.

If you are or will be administering HepB vaccine, we recommend setting up non-patient standing orders so that your ancillary staff can screen and administer vaccine without a patient-specific order. We also recommend setting up a HepB vaccine prompt in your electronic health record (EHR). If you use paper charts, you can review charts before scheduled visits and indicate at the front of the chart if the patient needs the vaccine. Include the universal HepB vaccine recommendation in newsletters or other messages to patients.

Consider reminder/recall activities using your EHR or the Citywide Immunization Registry (CIR). Reporting all vaccines, including adult vaccines (which, with the exception of COVID-19 vaccines, requires verbal or written consent to be reported), administered to the CIR will provide you with consolidated immunization records and recommendations for vaccines that are due for your patients and allow you to use the many online registry resources that can assist you in getting and keeping your patients up to date. These resources include tools with which you can create letters and/or texts to send to patients informing them of the recommendation to be vaccinated with what they specifically require to be up to date.

For questions on HepB vaccination, or any other vaccine-related issues, please call (347) 396-2400 or email [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov). We thank you for your continuing efforts at protecting NYC residents from vaccine-preventable diseases.

Sincerely,

A handwritten signature in black ink that reads "Jane R. Zucker". The signature is written in a cursive style with a large initial "J" and "Z".

Jane R. Zucker, MD, MSc  
Assistant Commissioner  
Bureau of Immunization