



Department
of Health

JAMES V. McDONALD, MD, MPH
Commissioner



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Health Commissioner

December 5, 2025

Dear Colleague,

We are writing to provide an interim update following yesterday and today's Advisory Committee on Immunization Practices (ACIP) meeting on hepatitis B vaccination. The meeting resulted in the passing of votes around the hepatitis B vaccine (see Addendum). **In New York, recommendations to vaccinate infants within 24 hours of birth remain unchanged.**

The New York State Department of Health and the New York City Department of Health and Mental Hygiene continue to strongly recommend:

- **Newborns born to birthing parents who test negative for hepatitis B infection and have a birth weight $\geq 2000\text{g}$ (4.4lbs) should be vaccinated within 24 hours of birth.**
- Newborns born to birthing parents who test positive for hepatitis B infection should be vaccinated *and* receive hepatitis B immunoglobulin within 12 hours of birth, regardless of birth weight.
- Newborns born to birthing parents who have an unknown hepatitis B status and have a birth weight $\geq 2000\text{g}$ (4.4lbs) should be vaccinated within 12 hours of birth.
 - Determine birthing parents' HBsAg status as soon as possible, and if positive or unable to be determined, administer hepatitis B immunoglobulin as soon as possible but no later than 7 days after birth.
- Newborns born to birthing parents who have an unknown hepatitis B status and who have a birth weight $< 2000\text{g}$ (4.4lbs) should be vaccinated *and* receive hepatitis B immunoglobulin within 12 hours of birth.
- **All children should complete the full vaccination series within 18 months, or earlier if the birthing parent had a positive screening or unknown result for hepatitis B.**
 - Completing the full vaccination series is the most reliable and effective way to provide long-term protection.
 - Serological testing should not be used to determine immunity following an incomplete hepatitis B vaccine series.
 - There is no established correlation between serologic test results and protection from disease following an incomplete hepatitis B vaccination series.

These recommendations represent a crucial safety net for newborns, providing protection in cases when screening of the birthing parent is unavailable or inaccurate and at a time when children are most vulnerable to developing chronic infection.

As a reminder, ACIP recommendations must be adopted by the Centers for Disease Control and Prevention to become effective. There is no specific timeline for this action. We are assessing the implications of today's vote and will issue additional guidance as needed for providers after the recommendations are adopted. The ACIP also voted to align the Vaccines for Children (VFC) program with their recommendations (see Addendum). Should CDC adopt these recommendations, we expect no impacts to hepatitis B vaccine access as a result of the votes.

For additional information about hepatitis B vaccination, please refer to:

- [New York State Department of Health and New York City Department of Health and Mental Hygiene Advisory](#) about the importance of hepatitis B vaccination in infants
- [American Academy of Pediatrics Recommended Child and Adolescent Schedule for Immunization](#) for more detailed clinical guidance

We will continue to provide factual guidance to help ensure New Yorkers receive the prevention and care services they need.

Thank you for your commitment to practice evidence-based medicine.

Sincerely,



James V. McDonald, M.D., M.P.H.
New York State Health Commissioner



Michelle Morse, M.D., M.P.H.
New York City Health Commissioner

Addendum

VOTE 1

For infants born to HBsAg-negative women: ACIP recommends individual-based decision-making, in consultation with a health care provider, for parents deciding when or if to give the HBV vaccine, including the birth dose. (A) Parents and health care providers should consider vaccine benefits, vaccine risks, and infection risks. For those not receiving the HBV birth dose, it is suggested that the initial dose is administered no earlier than 2 months of age.

- A. Parents and health care providers should also consider whether there are risks, for example, such as a household member is HBsAg-positive or when there is frequent contact with persons who have emigrated from areas where Hepatitis B is common.

VOTE 2

When evaluating the need for a subsequent HBV vaccine dose in children, parents should consult with health care providers to determine if a post-vaccination anti-HBs serology testing should be offered. Serology results should determine whether the established protective anti-HBs titer threshold of ≥ 10 mIU/mL has been achieved. The cost of this testing should be covered by insurance.