

Consideration of Single Dose Revaccination for Unprotected Infants Born to Hepatitis B Virus-Infected Mothers

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Work Group Considerations

- The Hepatitis Vaccines Work Group convened for two teleconference meetings on this topic and has reached consensus regarding the proposed update to the hepatitis vaccine statement regarding single-dose revaccination for infants born to HBsAg-positive mothers

Work Group Considerations:

Single dose Revaccination vs. Three dose Revaccination

■ Pros:

- Fewer vaccine doses for most infants
- Shorter duration of case management
- Less costly overall

■ Cons:

- Additional blood draw for some infants
- Having two options (single-dose revaccination and three-dose revaccination) requires provider/parent decision making

Discussion and Vote: Does ACIP approve the proposed revised language for inclusion in the updated hepatitis B vaccine statement?

■ Existing Language

- HBsAg-negative infants with anti-HBs levels <10 mIU/mL should be revaccinated with a second 3-dose series and retested 1–2 months after the final dose of vaccine.^{1,2}

■ Revised Language (Proposed)

- HBsAg-negative infants with anti-HBs <10 mIU/mL should be re-vaccinated with a single dose of HepB vaccine and receive **postvaccination serologic testing 1-2 months later. Infants whose anti-HBs remains <10 mIU/mL following single dose revaccination should receive two additional doses of HepB vaccine, followed by PVST 1-2 months after the last dose.**
 - Based on clinical circumstances or family preference, HBsAg-negative infants with anti-HBs <10 mIU/mL may instead be revaccinated with a second, complete 3-dose series, followed by postvaccination serologic testing (PVST) performed 1-2 months after the final dose of vaccine.
- Available data do not suggest a benefit from administering additional HepB vaccine doses to infants who have not attained anti-HBs ≥10 mIU/mL following receipt of two complete HepB vaccine series.

¹Schillie S, et. al. MMWR Morb Mortal Wkly Rep. 2015 Oct 9;64(39):1118-20.

²Mast EE, MMWR Recomm Rep. 2005 Dec 23;54(RR-16):1-31.

For more information, contact CDC
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