

December 2025 ACIP Meeting: Hepatitis B Updates for Health Leaders

On December 4–5, 2025, the Advisory Committee on Immunization Practices (ACIP) voted on changes to the Hepatitis B (Hep B) vaccine recommendations. This document outlines the recommendations but no changes are final until the interim CDC Director endorses the recommendations, which has not yet happened.

In summary, the evidence continues to support a universal birth dose of Hep B vaccine (part of the infant 3-dose series), as recommended by [AAP](#). ACIP recommendations diverge from this - but do not place any barriers upon a clinician, hospital, or state choosing to continue with existing (routine) practices for Hep B vaccination.

What did ACIP recommend for the hepatitis B birth dose?

The recommendation states that infants born to mothers who test positive for hepatitis B infection should continue to receive the birth dose, as should infants whose maternal status is unknown. Infants born to mothers who test negative should receive vaccination based on shared clinical decision-making with their healthcare provider. This represents a shift from universal newborn vaccination to a risk-based and shared clinical decision-making approach, but families can still choose (and providers can still recommend) the standard 3-dose Hep B infant series, regardless of maternal status.

Will the vaccine still be covered?

Coverage is expected to remain in place because federal law requires Medicaid, CHIP, Medicare, most private insurance plans, and the Vaccines for Children (VFC) program to cover ACIP-recommended vaccines without cost sharing, including those recommended under shared clinical decision-making. Additionally, in September 2025, AHIP [affirmed](#) that its member plans would continue to cover vaccines recommended by ACIP as of September 1, 2025, without cost sharing vaccines through 2026.

What did ACIP recommend regarding serologic testing?

ACIP voted to approve a statement that parents should consult with clinicians to consider an antibody blood test before dose 2 and/or dose 3 of the hepatitis B vaccine series to help determine whether additional doses are needed. However, parents can still choose for their child to receive the additional doses in line with medical society-recommendations.

Notably, scientists do not know what antibody level guarantees long-term protection for babies, especially after just one dose, so this test cannot reliably tell families whether their child is

protected. Using a blood test to decide on Hep B vaccination requires a separate infant blood draw, additional appointment(s), and added costs.

Additionally, skipping Hep B doses 2 and 3 could disrupt how other routine infant vaccines are given, since many are bundled together (such as DTaP and Hib). Under-immunized babies are at higher risk for preventable chronic liver disease.

What are the potential implications of these recommendations?

Both risk-based and shared clinical decision-making recommendations often lead to lower vaccine uptake, leaving more babies unprotected from chronic liver disease caused by Hep B. While flexibility remains for vaccines to be provided in line with best practices, clinical workflows would likely need to change and may become more burdensome, including hospitals ensuring maternal Hep B lab results are available at delivery alongside revised newborn order sets, vaccine supply management, and documentation processes. VFC ordering may shift away from hospitals and toward outpatient clinics.

Health insurance coverage for the vaccines should remain intact. Federal law requires Medicaid, CHIP, Medicare, most private insurance, and the VFC program to cover ACIP-recommended vaccines—including those recommended under shared clinical decision-making—without cost sharing. And while the recommendation suggests insurers should cover the serology testing between doses, ACIP does not have authority to require coverage.

What does this mean for state-by-state access?

To avoid confusion for clinicians and patients, states - including those that have diverged from ACIP recommendations - can affirm that hospitals and clinicians can continue offering the birth dose without administrative barriers. States can also help affirm Medicaid and private coverage, and clinical and liability guidance.

For additional vaccine analyses and toolkits, please visit “Vaccine Resources” on the [Common Health Coalition website](#).