Age Range Is Expanded for Universal Hepatitis B Vaccination

An update from the CDC’s Advisory Committee on Immunization Practices (ACIP) is intended to boost low hepatitis B vaccination rates and decrease disease cases among adults aged 19 to 59 years.

Instead of screening this age group for vaccination based on risk factors such as injection drug use, having multiple sex partners, or men having male sex partners, the ACIP now endorses universal vaccination between the ages of 19 and 59 years. The advisory committee already recommends universal hepatitis B vaccination for those younger than 19 years.

Although hepatitis B cases decreased greatly since the vaccine’s introduction in 1982, only 30% of adults aged 19 years or older report being vaccinated. Low vaccination rates have contributed to increasing incidence of hepatitis B between 2011 and 2019, from 1.9 to 2.7 per 100,000 people among adults in their 40s and from 1.1 to 1.6 per 100,000 among those in their 50s.

The ACIP’s systematic review found drawbacks in the risk-based vaccination approach that may hinder coverage. For example, a survey of primary care physicians showed that only about one-third assessed patients’ risk factors for hepatitis B and vaccinated those at high risk. The physicians said too little time and patients’ reticence about disclosing risk factors pose barriers. The new recommendation aims to overcome those obstacles and boost vaccination rates by eliminating the risk assessment, which can save physicians’ time and remove the need for patients to disclose stigmatized or illegal behavior.

The ACIP also recommends hepatitis B vaccination for adults aged 60 years or older with risk factors and suggests that physicians offer it to those without known risk factors rather than rely on patients asking for the vaccine.

mRNA Booster Improves a COVID-19 Vaccine’s Effectiveness

After a single shot of the Ad26.COV2.S (Janssen/Johnson & Johnson) adenovirus-based COVID-19 vaccine, an mRNA booster shot protected people with COVID-19 from an emergency department visit, a trip to an urgent care clinic, or hospitalization more effectively than 2 doses of Ad26.COV2.S, according to a study from the CDC’s VISION Network.

The VISION Network is a collaboration between the CDC and 7 US health care systems that tracks COVID-19 vaccine effectiveness. The network’s recent study analyzed data from 80,287 emergency department or urgent care visits and 25,244 hospitalizations between mid-December 2021 and early March 2022 to assess different booster regimens. The analysis found that after an mRNA-based booster, Ad26.COV2.S was 78% effective in protecting against COVID-19-related hospitalization compared with 31% effectiveness of 1 dose and 67% effectiveness of 2 doses. In contrast, 3 doses of an mRNA vaccine were 90% effective in protecting against disease severe enough to require hospitalization.

One dose of Ad26.COV2.S followed by an mRNA booster was 79% effective in protecting against COVID-19-related visits to an emergency department or urgent care center compared with 83% effectiveness of 3 mRNA vaccine doses. A single Ad26.COV2.S dose was only 24% effective against needing emergency or urgent medical visits; 2 doses were 54% effective in protecting against the need for those services.

“All adults who have received mRNA vaccines for their COVID-19 primary series vaccination should receive an mRNA booster dose when they are eligible,” the authors wrote. “Adults who received a Janssen vaccine as their first dose should preferentially receive a heterologous mRNA vaccine booster dose [at least] 2 months later, or a homologous Janssen vaccine booster dose if mRNA vaccine is contraindicated or unavailable.” — Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.