SUMMARY OF NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT OF OCTOBER, 2026

Recommendations for routine pediatric Hepatitis B vaccination

Public Health Agency of Canada
Agence de la santé publique du Canada

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Également disponible en français sous le titre : *Recommandations relatives à la vaccination systématique contre l'hépatite B chez les enfants*

To obtain additional information, please contact:

Public Health Agency of Canada

Toll free: 1-844-280-5020

TTY: 1-800-465-7735

E-mail: publications-publications@hc-sc.gc.ca

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OVERVIEW

- In October 2026, the Public Health Agency of Canada (PHAC) released the National Advisory Committee on Immunization's (NACI) Recommendations for routine pediatric Hepatitis B vaccination. This guidance is based on current evidence and NACI expert opinion.

- **NACI recommends that all infants should receive routine Hepatitis B (HB) vaccination.**

    - The optimal time to start routine HB vaccination for infants is shaped by current provincial and territorial epidemiology and programmatic considerations. The first dose of the HB vaccine series can be offered within the first 24 hours of birth, or at two months of age, as it is typically the earliest visit in the routine childhood immunization schedule. Please see the full NACI statement for more details.

For the full statement please see: **Recommendations for routine pediatric Hepatitis B vaccination (PDF).**

WHAT YOU NEED TO KNOW

- Hepatitis B virus can cause acute and chronic infection of the liver, with infants, young children and immunocompromised persons at highest risk of developing chronic hepatitis B (CHB) infection. The probability of developing CHB after acute infection is 90-95% in infants, 25%-50% in children over one year and less than five years of age, and 3-10% in healthy adolescents and adults.

- Routine HB immunization programs have been established across Canada for decades, and have contributed significantly to the control of HB, alongside universal prenatal screening for HB. Provinces and territories have historically been offering HB vaccine either to adolescents or to infants (at birth or 2 months of age) depending on the program design of the jurisdiction.

- However, routine HB immunization of infants can provide earlier and more equitable protection against HB as there is a higher risk of developing CHB when infected in infancy and early childhood. This is especially important for children who may be at increased risk of infection due to exposure to close contacts with HB, such as household members, childcare contacts, and other caregivers.

- With this latest update from NACI, the committee recommends transitioning to offer routine HB immunization to all infants.

- It is particularly important that robust prenatal screening programs for HB are maintained. Infants born to pregnant women or pregnant individuals who have tested positive for HB, or have unknown HB status, should continue to receive a dose of HB vaccine at birth as part of post-exposure prophylaxis management.

- Unvaccinated individuals at risk for HB should continue to receive HB vaccination as soon as the risk is identified.

- HB vaccine can be given concurrently (i.e., same day) or at any time before or after other live or non-live vaccines.

- When a 3-dose HB vaccine series is being administered to infants and children with monovalent HB and/or hexavalent HB-containing vaccines, the recommended schedule is 0, 1 to 2, and at least 6 months (where 0 is the first dose given). Ensure a minimum 4-week interval between the first and second dose, and an 8-week interval between the second and third dose. Also, between the first and final dose an overall minimum interval of 16 weeks must elapse to properly complete the series.

- It will take time for jurisdictions to transition towards optimal programs to offer immunization to all infants. Continuing to offer vaccine to older children during the transition will ensure continued protection, and all of the Canadian HB vaccine programs have been shown to reduce disease since they were first introduced.

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