State of New Jersey
DEPARTMENT OF HEALTH
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PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

EXECUTIVE DIRECTIVE No. 25-005

WHEREAS, pursuant to N.J.S.A. 26:4-1 to -26, the New Jersey Department of Health is statutorily charged with preventing and controlling the spread of communicable diseases in the State; and

WHEREAS, to discharge these duties and responsibilities, the Department of Health's Vaccine Preventable Disease Program works to reduce and eliminate vaccine-preventable diseases affecting children, adolescents, and older adults by raising the immunization coverage rates of New Jersey citizens; and

WHEREAS, the prevention of individual cases and outbreaks of vaccine-preventable diseases require high immunization levels, which, in turn, help individuals and communities avoid the physical sequelae, morbidities, and mortalities that these diseases can cause, and curtail the associated high social costs that otherwise would burden children, families, older adults, and the community at large; and

WHEREAS, hepatitis B is a highly contagious viral infection that affects the liver and is caused by the hepatitis B virus; and

WHEREAS, hepatitis B often has no symptoms, which means the virus can be spread easily by individuals who do not know they are infected; and

WHEREAS, New Jersey has longstanding policies both to offer hepatitis B screening to all pregnant persons and to offer universal hepatitis B vaccination of newborns; and

WHEREAS, according to the American Academy of Pediatricians (AAP), "[n]ewborns infected with hepatitis B at birth and infants infected in the first year of life have a 90% chance of developing chronic hepatitis B, and 25% of those who develop chronic hepatitis B will die from the disease;"[1] and

WHEREAS, the AAP also advises that "[c]hildren infected between one and five years of age have a 25-50% chance of becoming chronically infected [and] [t]wenty-five percent of children who develop a chronic hepatitis B infection will die from the disease;"[2] and

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[1] https://www.aap.org/en/news-room/fact-checked/fact-checked-hepatitis-b-vaccine-given-to-newborns-reduces-risk-of-chronic-infection/#:~:text=Newborns%20infected%20with%20hepatitis%20B%20at%20birth,hepatitis%20B%20will%20die%20from%20the%20disease.

[2] Ibid.

[3] https://www.cdc.gov/vaccines/data-reporting/index.html

WHEREAS, in 1991, the Centers for Disease Control and Prevention (CDC) began recommending the administration of a birth dose of the hepatitis B vaccine to newborns, which is administrated to a newborn within 24 hours of birth; and

WHEREAS, prior to the universal hepatitis B vaccination recommendation in 1991, approximately 18,000 children in the United States were infected each year before they reached 10 years of age, with half of these infections coming from mother-to-child during birth and half resulting from more casual contact with the blood of an infected person, such as might occur during contact sports or by sharing washcloths and toothbrushes;[3] and

WHEREAS, the administration of the birth dose of the hepatitis B vaccine, coupled with completing the vaccine series thereafter, is highly effective as it has proven to achieve full immunity to the virus in 98% of healthy babies who receive the vaccine; and

WHEREAS, the hepatitis B vaccine has been administered over one billion times since its introduction in 1986 and is safe and effective; and

WHEREAS, promoting vaccination is a key strategy in New Jersey's efforts to eliminate viral hepatitis; and

WHEREAS, great strides have been made in protecting children against hepatitis B, with 71.5% of children born in New Jersey in 2021 receiving a birth dose within one day and 75.6% nationally;[4] and

WHEREAS, 91.5% of children born in New Jersey in 2021 have received ≥3 doses by age 35 months and 92.4% nationally;[5] and

WHEREAS, on August 19, 2025, the AAP published a vaccination schedule, which includes recommendations for the administration of the hepatitis B vaccine to newborns and children and provides the recommended schedule for completion of the full hepatitis B vaccine series for children; and

WHEREAS, the Advisory Committee on Immunization Practices (ACIP) is an advisory panel that makes recommendations to the U.S. Department of Health and Human Services regarding the use of vaccines for the prevention and control of vaccine-preventable disease in the United States and its recommendations inform the CDC's annual immunization schedules of recommended vaccines; and

WHEREAS, on September 18, 2025, ACIP held a meeting and intended to vote on a recommendation to delay hepatitis B vaccination of newborns if the pregnant person tests negative for hepatitis B antigen and until there is shared clinical decision-making; and

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[4] https://www.hepb.org/assets/Uploads/birth-dose-talking-points-1.pdf

[5] Ibid.

WHEREAS, on September 19, 2025, ACIP deferred voting on modifying its longstanding hepatitis B vaccination recommendation of a dose at birth; and

WHEREAS, on December 4 and 5, 2025, ACIP held a meeting to continue reviewing the hepatitis B vaccine; and

WHEREAS, on December 5, 2025, ACIP recommended to continue the administration of hepatitis B vaccine within 12 hours to babies born to birthing parents known to be positive for hepatitis B surface antigen and to birthing parents of unknown hepatitis B antigen status; and

WHEREAS, on December 5, 2025, ACIP voted to recommend shared clinical decision making for babies born to birthing parents who test negative for hepatitis B antigen and to recommend that post-vaccination serology be offered prior to subsequent hepatitis B doses; and

WHEREAS, ACIP's recommendations regarding hepatitis B vaccination for newborns contradict the CDC and AAP's long-standing recommendation for the administration of the universal hepatitis B vaccination to all newborns within 24 hours of birth, which over the past 30 years, have provided substantial long-lasting protection to newborns from this highly contagious and potentially fatal disease; and

WHEREAS, the AAP continues to strongly recommend the administration of a universal birth dose and completion of the full vaccination series; and

WHEREAS, the ACIP recommendations issued on December 5, 2025 regarding the hepatitis B vaccination administration for newborns and serologic testing in lieu of the completion of the recommended vaccine series are not grounded in sound scientific data or evidence-based research findings; and

WHEREAS, the ACIP recommendations, if followed by medical providers in the State, may lead to infants and children experiencing unnecessary and preventable illness and death and, as a consequence, health care providers in the State require guidance based on clear scientific and evidence-based data and information for the administration of the hepatitis B vaccine to newborns and children.

NOW, THEREFORE, I, Jeffrey A. Brown, Acting Commissioner of the New Jersey Department of Health, hereby ORDER and DIRECT the following:

1. Based upon clear scientific and evidence-based recommendations from trusted medical professionals, specifically the AAP, the Department of Health continues to recommend that newborns and children receive the hepatitis B vaccine. Specifically:
    a. All newborns should receive one dose of the hepatitis B vaccine within 24 hours of birth.

i. For newborns with low birth weight or medical instability, hepatitis B vaccination timing should follow American Academy of Pediatrics (AAP) birth-weight–specific recommendations.

b. Newborns should receive this one dose of the hepatitis B vaccine within 12 hours of birth if the birthing parent either tests positive for hepatitis B infection or if the hepatitis B status of the birthing parent is unknown.

i. For newborns with low birth weight or medical instability, hepatitis B vaccination timing should follow American Academy of Pediatrics (AAP) birth-weight–specific recommendations.

c. All children should complete the AAP-recommended vaccine series.

d. Serologic testing, when indicated, should be done in accordance with current AAP recommendations after completion of the recommended vaccine series.

2. The Department of Health recommends that licensed health care providers in the state follow the scheduling and dosing schedules for the administration of the hepatitis B vaccine for their newborn and infant patients as established, amended, and supplemented by the AAP, which can be found at https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf.

3. The Department of Health shall collaborate with appropriate State agencies, boards, and offices to identify and remove barriers to affordability and accessibility of hepatitis B vaccination.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect until modified, supplemented, and/or rescinded.

Jeffrey A. Brown
Acting Commissioner

12/05/25
Date