



# BOARD OF HEALTH

MOTION: 2026-19		Support For Transitioning To The Combined Dtap-HB-IPV-Hib Vaccine Into Ontario’s Publicly Funded Immunization Schedule To Strengthen Early Protection against Hepatitis B	
DATE:	February 25, 2026		
MOTION MOVED BY:	D. McConnell		
SECONDED BY:	S. Hagman		

## BACKGROUND

The publicly funded immunization schedule for Ontario currently recommends/funds immunization against Hepatitis B in grade 7 (12 years of age). These immunizations are delivered by Public Health Nurses in schools over two appointments at least 6 months apart. Drawbacks of this approach include high delivery costs within schools, multiple injections over the life course, and children are unprotected from hepatitis B for the first 12 years of life.

This is not the same approach in all provinces. British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI have hepatitis B programs that immunize children in infancy. For example, in British Columbia infants receive a combination vaccine protecting against 6 diseases including hepatitis B, where Ontario provides infants with a combination vaccine against 5 diseases with the hepatitis B vaccine given much later in grade 7. A shift to a similar program in Ontario would protect our children earlier and provide long-term cost-savings.

## PROPOSED MOTION

**WHEREAS** hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood<sup>1</sup>; and

**WHEREAS** chronic HB infection can result in serious long-term health consequences, including cirrhosis, liver failure, and liver cancer, leading to significant morbidity, mortality, and health-system costs; and

**WHEREAS** Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection<sup>2</sup>; and

**WHEREAS** surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence<sup>3</sup>; and

**WHEREAS** universal infant HB immunization at 2, 4, and 6 months of age would significantly reduce the period of vulnerability from approximately 12 years to the first six months of life and better

protect infants and children in higher-risk circumstances, including those living with chronic carriers, attending child care, or from families who have immigrated from other countries with higher prevalence of HB; and

**WHEREAS** the National Advisory Committee on Immunization (NACI) has concluded that HB vaccination in infancy provides long-lasting protection, with durable immune memory persisting even when antibody levels decline, and does not recommend routine booster doses for immunocompetent individuals who complete a full infant series<sup>1,3,4</sup>; and

**WHEREAS** the cost of providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy is comparable or lower in cost than the currently utilized schedule of administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy and HB vaccines in grade 7; and

**WHEREAS** a recent analysis modelling Ontario's HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine<sup>5</sup>; and

**WHEREAS** long-term cost-savings will be realized through the administration of a combination vaccine which requires less visits to a healthcare provider over the life course and less in-school vaccine delivery; and

**WHEREAS** routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program<sup>5</sup> resulting in increased herd immunity; and

**WHEREAS** this change would further align Ontario's HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection<sup>4</sup>; and

**THEREFORE BE IT RESOLVED THAT** The Board of Health for the District of Algoma Health Unit calls upon the Ontario Ministry of Health to amend the publicly funded immunization schedule to incorporate the DTaP-HB-IPV-Hib vaccine in order to strengthen early protection against HB, reduce preventable chronic infections, and advance health equity for children and families across Ontario; and

**FURTHER THAT**, the Minister of Health, the Office of the Chief Medical Officer of Health, and local MPPs be so advised; and

**FURTHER THAT**, The Board of Health sponsors a resolution to further promote this change to the publicly funded schedule at the ALPHA AGM.

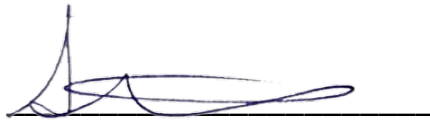
#### References:

1. National Advisory Committee on Immunization. Update on the recommended use of Hepatitis B (HB) vaccine, 2017, Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/update-recommended-use-hepatitis-b-vaccine/update-recommended-use-hepatitis-b-vaccine-eng.pdf>
2. Publicly Funded Immunization Schedules for Ontario, current edition. 2022, Available from: <https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

3. Public Health Ontario. Hepatitis B Immunization Technical Report. 2017, Available from: [https://www.publichealthontario.ca/-/media/Documents/H/2017/hepb-technical-report.pdf?rev=441f1e45ffc74b878685409780228e98&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/H/2017/hepb-technical-report.pdf?rev=441f1e45ffc74b878685409780228e98&sc_lang=en)
4. Canadian Immunization Guide, Evergreen Edition. Hepatitis B Chapter, 2024, Available from: [Hepatitis B vaccines: Canadian Immunization Guide - Canada.ca](#)
5. Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, Capraru C, Janssen HLA, Razavi H, Feld JJ. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023 Jan 10;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

Suzanne Trivers

Board of Health Chair:



Carried  Defeated

**RECORDED VOTE:**

Sally Hagaman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Julila Hemphill	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Donald McConnell	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Luc Morrissette	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonny Spina	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonia Tassone	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Suzanne Trivers	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Jody Wildman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Natalie Zagordo	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>