



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

April 24, 2026

VIA ELECTRONIC MAIL

Honourable Sylvia Jones  
Deputy Premier and Minister of Health of Ontario  
Ministry of Health  
5th Floor, 777 Bay Street  
Toronto, ON M5G 2C8

Dear Honourable Minister Jones:

**Re: Endorsement of Algoma Public Health Position Statement on  
Infant Hepatitis B Vaccination**

On behalf of the Board of Health for Public Health Sudbury & Districts, we thank your government for its continued leadership in protecting children's health through publicly funded immunization programs, including the recent introduction of infant RSV immunization which is keeping children healthy and out of hospitals.

We write to advise you of our Board's recent endorsement of Algoma Public Health's call for hepatitis B vaccination to be moved from Grade 7 to infancy, through introduction of the combined DTaP-HB-IPV-Hib vaccine into Ontario's publicly funded immunization schedule (see enclosed).

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Bureau 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Bureau 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

**phsd.ca**

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Letter

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In Ontario, hepatitis B is responsible for the fourth highest burden of years of life lost among infectious diseases.<sup>1</sup> The current Grade 7 hepatitis B vaccination program delivered by local public health prevents over 90% of hepatitis B infections in older ages, which means less chronic illness and fewer liver cancers. Economic modelling<sup>2</sup> shows that the current vaccination program is cost-saving by preventing chronic hepatitis B, liver cancer, and related deaths that would otherwise require lifelong treatment and hospitalization.

Prior to grade 7 vaccination, however, children are not immune to hepatitis B. And the risk of chronic illness, liver cancer, and death is much greater for children infected with hepatitis B than adults. Moving to vaccination of newborns rather than at Grade 7 would further reduce the illness and health care burden caused by hepatitis B.

Ontario research<sup>3</sup> shows that a newborn vaccination program could prevent much of the current remaining burden of disease:

- 16.1% of hepatitis B infections
- 43.2% of chronic hepatitis B illness
- 48.2% of liver cancers
- 51.9% of hepatitis-B related deaths.

In addition to relieving the suffering of children and families, such a program would save millions of dollars in health care costs, simplify the complexity of vaccination schedules for families, and align Ontario with other Canadian jurisdictions at the forefront of vaccination.

This evidence-informed change aligns with Ontario's priorities in prevention, supporting children, and reducing health care costs. We respectfully encourage the Ministry of Health to update the immunization schedule and to engage public health partners in implementation planning.

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<sup>1</sup> Kwong JC, Ratnasingham S, Campitelli MA, et al. The Impact of Infection on Population Health: Results of the Ontario Burden of Infectious Diseases Study. *PLOS ONE*. 2012;7(9):e44103. doi:10.1371/journal.pone.0044103

<sup>2</sup> Biondi MJ, Estes C, Razavi-Shearer D, et al. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. *CMAJ Open*. 2023;11(1):E24-E32. doi:[10.9778/cmajo.20210284](https://doi.org/10.9778/cmajo.20210284)

<sup>3</sup> Kim JJ, Alsabbagh W, Wong WWL. Cost Effectiveness of Implementing a Universal Birth Hepatitis B Vaccination Program in Ontario. *Pharmacoeconomics*. 2023;41(4):413-425. doi:10.1007/s40273-022-01236-5

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We would welcome the opportunity for our staff to support this change in any way helpful, including sharing local operational insights and considerations to support a smooth and effective transition.

Sincerely,



Mark Signoretti  
Chair, Board of Health

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Dr. Kate Bingham & Dr. Daniel Warshafsky, Associate Chief Medical Officer  
of Health, Ministry of Health  
Dr. M. M. Hirji, Medical Officer of Health and Chief Executive Officer  
Ontario Immunization Advisory Committee  
All Board of Health

Encl:  
Board of Health for Public Health Sudbury & Districts  
Resolution #19-26 | April 16, 2026:

**Combined DTAP-HB-IPV-HIB Vaccine Board of Health for Public Health  
Sudbury & Districts  
Resolution #19-26 | April 16, 2026**

*Combined DTAP-HB-IPV-HIB Vaccine*

**WHEREAS** Algoma Public Health has advocated for the transition to a combined DTaP-HB-IPV-Hib vaccine in Ontario’s publicly funded immunization schedule to strengthen early protection against hepatitis B; and

**WHEREAS** delivering hepatitis B immunization in early childhood through a combination vaccine provides earlier protection, improves equitable access, increases vaccine coverage, and represents a cost effective, evidence informed approach aligned with other Canadian jurisdictions ; and

**WHEREAS** a combination vaccine offers long term cost savings by reducing healthcare visits and in school delivery, while continued school based hepatitis B programs unnecessarily divert public health resources and create avoidable operational and financial pressures.

**THEREFORE BE IT RESOLVED THAT** the Board of Health endorses Algoma Public Health’s position statement advocating for the incorporation of the combined DTaP HB IPV Hib vaccine into Ontario’s publicly funded immunization schedule as a measure to advance health equity and support cost effective immunization delivery;

**AND FURTHER THAT** this endorsement be communicated to the Ontario Minister of Health, the Chief Medical Officer of Health, and other relevant stakeholders.