

LETTERS

Hepatitis B vaccination for Canadian children: time for an adult conversation

The recent article by Biondi and colleagues described the epidemiology of the hepatitis B virus (HBV) and HBV vaccination in Ontario.¹ The authors concluded that there is substantial opportunity for improvements in prenatal screening, diagnosis and infant vaccination for hepatitis B in the province.

Despite the implementation of universal HBV vaccination in Canada more than 25 years ago, there remain disparities in vaccination schedules across the country (i.e., www.canada.ca/content/dam/phac-aspc/documents/services/provincial-territorial-immunization-information/childhood-vaccination-schedule-2020.pdf). The World Health Organization recommends universal birth dose vaccination for HBV within 24 hours of birth, and has set a 2030 target that 90% of infants worldwide receive 3 doses of vaccine. Canada is not on track to achieve this goal. A 2017 study found that by age 7, only 74.5% children in Canada had received 3 doses of HBV vaccine.² However, regions implementing birth dose vaccination, such as Nunavut, have shown success in reducing HBV prevalence to below endemic levels³ (as in the rest of Canada). Implementing a national standardized schedule would continue

these successes and allow for harmonized monitoring of pediatric HBV infection.

Our recent study highlighted the demographics of people living with HBV in Canada, most of whom were born outside of Canada.⁴ The 2016 Canadian Census results show that more than 30% of children were born, or have parents who were born, outside of Canada, often in HBV-endemic regions. Given changing Canadian demographics, Canada should join the other 97 countries⁵ that have already introduced the universal birth dose vaccination for HBV.

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■ Cite as: *CMAJ* 2021 January 4;193:E26. doi: 10.1503/cmaj.77356

References

1. Biondi MJ, Marchand-Austin A, Cronin K, et al. Prenatal hepatitis B screening, and hepatitis B burden among children, in Ontario: a descriptive study. *CMAJ* 2020;192:E1299-305.

2. Public Health Agency of Canada. *An Advisory Committee Statement (ACS), National Advisory Committee on Immunization (NACI): update on the recommended use of Hepatitis B vaccine*. Ottawa: Public Health Agency of Canada; 2017. Available: www.canada.ca/en/public-health/services/publications/healthy-living/update-recommended-use-hepatitis-b-vaccine.html (accessed 2020 Oct. 26).
3. Huynh C, Minuk GY, Uhanova J, et al. Serological and molecular epidemiological outcomes after two decades of universal infant hepatitis B virus (HBV) vaccination in Nunavut, Canada. *Vaccine* 2017;35:4515-22.
4. Coffin CS, Ramji A, Cooper CL, et al. Epidemiologic and clinical features of chronic hepatitis B virus infection in 8 Canadian provinces: a descriptive study by the Canadian HBV Network. *CMAJ Open* 2019;7:E610-7.
5. World Health Organization. WHO position paper on hepatitis B vaccines - July 2017. *Wkly Epidemiol Rec* 2017;92:369-92.

Competing interests: None declared.

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