

Windsor-Essex County Health Unit Board of Health

RESOLUTION – Recommendations for Improvements to the Provincial Publicly Funded Immunization Program

2026-09-24

ISSUE/PURPOSE

Hepatitis B (HB) virus is a vaccine-preventable infection that affects the liver. Infection can become chronic and lead to cirrhosis, liver failure, liver cancer, disability, and premature death. The risk of chronic infection is greatest when HB is acquired early in life. Approximately 90% to 95% of infants infected with HB will develop chronic infection, compared with approximately 3% to 10% of infected adolescents and adults.¹

Currently Ontario publicly funds HB vaccine as a two-dose series offered in Grade 7. The WECHU provides this series through school-based immunization clinics to ensure equitable access. Ontario's routine infant schedule does not include HB in the DTaP-IPV-Hib vaccine at 2, 4, 6, and 18 months of age. As a result, most children do not receive routine protection against HB until approximately 12 years of age.²

Several Canadian jurisdictions already provide universal HB vaccination in infancy including British Columbia, Alberta, Prince Edward Island, Yukon, and Quebec. Introducing DTaP-**HB**-IPV-Hib vaccine in Ontario would add HB protection to existing infant vaccination visits without requiring an additional injection.³

On February 25, 2026, the [Board of Health for the District of Algoma Health Unit passed Resolution 2026-19](#), calling on the Ontario Ministry of Health to incorporate DTaP-**HB**-IPV-Hib vaccine into Ontario's publicly funded immunization schedule. Subsequently, [Association of Local Public Health Agencies \(alPHA\) passed Resolution A26-01](#), which called for a provincial review of shifting universal HB vaccination from Grade 7 to the first year of life, with DTaP-**HB**-IPV-Hib vaccine at 2, 4, and 6 months identified as the preferred option.^{4,5}

The current Publicly Funded Immunization Schedules of Ontario leave children without routine protection during the period when HB infection is most likely to become chronic. Incorporating HB into the routine infant schedule would provide earlier protection and reduce the likelihood of chronic HB infection.

BACKGROUND

HB is transmitted through contact with infected blood and certain bodily fluids, including during childbirth and through close household contact. Initial infection may be asymptomatic in up to 90% of children, making some childhood infections difficult to identify.¹

An Ontario population-based study found that 92.7% of pregnant individuals were screened for HB between 2012 and 2016. Among children born in Ontario between 2003 and 2013 who were tested before 12 years of age, 139 of 23,759 tested positive for HB. The authors noted that this was a minimum estimate since most children are not routinely tested and early infection is often asymptomatic.⁶

Ontario children continue to acquire hepatitis B before adolescence through missed prenatal screening, incomplete post-exposure prophylaxis, close household exposure to an undiagnosed carrier, travel, and migration from regions where hepatitis B is more prevalent. Universal infant vaccination would provide protection that does not depend on identifying these risks in advance.

The Canadian Immunization Guide recommends routine HB immunization for all children. HB-containing vaccines are 95% to 100% effective in preventing chronic infection for at least 30 years, and reactions to vaccinations are generally mild and temporary.¹

A 2023 Ontario modelling study projected that an infant DTaP-**HB**-IPV-Hib program would prevent approximately 550 to 560 additional acute and 160 chronic pediatric HB infections between 2020 and 2050. The study estimated that cumulative immunization program costs would decrease from approximately \$46 million under the current adolescent program to \$23 million under the combined infant program, a modelled reduction of approximately \$23 million or 50%, based on 2020 cost estimates.⁷

Ontario modelling further projected that an infant hepatitis B vaccination program could prevent 43.2% of chronic hepatitis B illness, 48.2% of hepatitis B-related liver cancers, and 51.9% of hepatitis B-related deaths attributable to infections occurring in childhood.

HB vaccination coverage among local 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026. This represents an 18.2 percentage-point decline over two school years, leaving approximately four in ten local 17-year-olds without a complete HB vaccination series documented. This growing coverage gap supports providing HB protection earlier through the routine infant immunization schedule.⁸

Moving hepatitis B vaccination into the routine infant schedule would also advance health equity. Protection would be offered through established well-baby visits rather than depending on school attendance, parental consent forms, student availability on clinic dates, and completion of a second school-based dose months later.

By comparison, local coverage among 7-year-olds was 89.1% for diphtheria, pertussis, and polio and 89.8% for tetanus, components included in Ontario's routine childhood DTaP-IPV-Hib schedule. These rates indicate that delivering hepatitis B through the same infant platform could reach substantially more children than the current Grade 7 program, although actual hepatitis B coverage would depend on uptake of all required infant doses.⁸

Using a combination vaccine at existing infant appointments would avoid an additional injection and reduce reliance on a separate, resource-intensive school-based hepatitis B program. This would allow public health capacity to be redirected to catch-up and emerging vaccination needs, outbreak response, and students facing barriers to immunization.

PROPOSED MOTION

Whereas, hepatitis B infection acquired in infancy or early childhood carries the greatest risk of chronic infection and related complications, and

Whereas, Ontario's routine publicly funded hepatitis B vaccination program is delivered in Grade 7, leaving children without routine protection during the first 12 years of life, and

Whereas, the Canadian Immunization Guide recommends routine hepatitis B immunization for all children and recognizes hepatitis B-containing vaccine schedules beginning in infancy as safe and effective, and

Whereas, an Ontario modelling study found that an infant DTaP-HB-IPV-Hib program would prevent additional acute and chronic pediatric infections and generate approximately \$23 million in cumulative savings by 2050, and

Whereas, hepatitis B vaccination coverage among 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026;

Whereas, incorporating hepatitis B into an existing infant combination vaccine would provide universal access without an additional injection, reduce dependence on school attendance and completion of a multi-visit school-based series, and permit public health resources to be redirected to catch-up and other priority immunization activities, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario incorporate the combined DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months of age into Ontario's publicly funded immunization schedule; and

Further that the Windsor-Essex County Board of Health recommends that the Ministry of Health maintain Grade 7 and catch-up access for children who did not receive hepatitis B vaccine in infancy, and continue prenatal screening, timely assessment and treatment of pregnant individuals who test positive, hepatitis B immune globulin and vaccine for exposed newborns, and post-vaccination serologic testing for those infants; and

Further that this resolution be forwarded to the Ontario Minister of Health, the Chief Medical Officer of Health, Public Health Ontario, the Association of Local Public Health Agencies, and all Ontario boards of health.

¹ Public Health Agency of Canada. Hepatitis B vaccines: Canadian Immunization Guide. Evergreen Edition. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html>

² Government of Ontario. Ontario's routine immunization schedule. Available from: <https://www.ontario.ca/page/ontarios-routine-immunization-schedule>

³ Public Health Agency of Canada. Provincial and territorial routine and catch-up vaccination schedule for infants and children in Canada. Updated July 2026. Available from: <https://www.canada.ca/en/public-health/services/immunization-vaccines/provincial-territorial-routine-vaccination-programs-infants-children.html>

⁴ Board of Health for the District of Algoma Health Unit. Resolution 2026-19: Support for Transitioning to the Combined DTaP-HB-IPV-Hib Vaccine into Ontario's Publicly Funded Immunization Schedule. February 25, 2026. Available from: <https://www.algomapublichealth.com/media/ohzbsgsj/02-february-25-2026-board-of-health-meeting-minutes.pdf>

⁵ Association of Local Public Health Agencies. Resolution A26-01: Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life. 2026. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/BAE032FB-16BB-4BDD-B41C-34E4EDEF9E33/A26-01_HBV_Schedule.pdf

⁶ Biondi MJ, Marchand-Austin A, Cronin K, Nanwa N, Ravirajan V, Mandel E, et al. Prenatal hepatitis B screening, and hepatitis B burden among children, in Ontario: a descriptive study. CMAJ. 2020;192(43):E1299-E1305. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7577574/>

⁷ Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, 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. Available from: <https://www.cmajopen.ca/content/11/1/E24>

⁸ Windsor-Essex County Health Unit. PHO and Local Immunization Coverage Rates, 2024-2025 School Year. March 12, 2026. Available from: <https://www.wechu.org/board-health-meeting-agendas-and-minutes/march-2026-board-health-meeting-pho-and-local-immunization>