

NASTAD strongly supports the National Committee for Quality Assurance proposal to add preventive hepatitis B vaccination as a new Adult Immunization Status indicator. Hepatitis B virus (HBV) continues to wage a public health burden in the U.S., despite the availability of HBV vaccination for nearly 40 years. An estimated 2.4 million individuals are living with HBV, and incidence rates are rising due to the infectious disease consequences of the opioid epidemic. Though HBV vaccination is now a routine childhood immunization, only 30% of all adults in the U.S. have been fully vaccinated. This new update to the indicator is an important step in advancing viral hepatitis elimination in the U.S.

The inclusion of HBV vaccination in the Healthcare Effectiveness Data and Information Set measures will build upon recent policy changes to increase utilization of HBV screening and immunization. In 2023, the CDC expanded adult HBV screening and vaccination recommendations, calling for universal vaccination for any individual from infancy to 59 years of age. Two new and highly effective HBV vaccines entered the U.S. market in recent years. The Inflation Reduction Act eliminated out-of-pocket costs for all recommended vaccines for Medicare beneficiaries enrolled in a Part D plan. This will allow the public health system to scale up HBV vaccine administration.

The addition of HBV immunization quality measures will lead to gains in disease prevention and surveillance, improve health outcomes for people placed at risk for HBV, and boost provider capacity to close gaps in preventive care access for adults. The successful implementation of widespread infant HBV immunization in the U.S. speaks to the effectiveness of utilizing all available resources – including HEDIS measures – to increase vaccination rates: as of 2023, the HBV vaccine has the second highest childhood immunization rate with 91.4% of infants completing the HBV vaccine series by 24 months. Bundling HBV quality measures with the existing indicators will incentivize providers to screen patients and administer HBV vaccines, especially in health systems with value-based payments. Although other barriers remain, the proposed HBV indicator will facilitate increased education and implementation efforts among payer and provider networks and enhance efforts by community

## Officers

### Chair

David Kern, Chicago

### Vice-Chair

Sarah Braunstein, New York City

### Secretary

Debra Guilbault, Kansas

### Treasurer

Jeremy Turner, Indiana

### Chair-Elect

Clover Barnes, District of Columbia

### Immediate Past-Chair

Elizabeth Crutsinger-Perry,  
Washington (ex officio)

## Board Members

Vontrese McGhee, Alabama

Marisa Ramos, California

Maria Jackson, Colorado

Vince Aguon, Guam

Thaddeus Pham, Hawaii

Andrea Perez, Illinois

Samuel Burgess, Louisiana

Dawn Fukuda, Massachusetts

Tom Dunn, Michigan

Christine Jones, Minnesota

Andy Dillehay, Nebraska

Lorlette Moir, New Hampshire

Anthony J. Hannah, North Carolina

Kathleen Brady, Philadelphia

Larisa Bruner, South Carolina

Kimberly Truss, Tennessee

Felencia McGee, Virginia

Scott Stokes, Wisconsin

## Executive Director

Stephen Lee (ex officio)

organizations and health departments to improve adult HBV vaccination rates in infants and adults through education, outreach, and awareness.