

In major attack on public health, CDC recommends delaying Hepatitis C vaccine at birth

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In what public health experts are calling the most consequential attack on disease-prevention policy in modern US history, the Centers for Disease Control and Prevention (CDC), under the control of the Trump administration, has voted to delay the Hepatitis B vaccine for newborns.

The decision effectively dismantles the decades-long standard of administering the first dose within the first 24 hours of life, a cornerstone of the universal immunization strategy that has protected millions of infants from a lifelong, incurable viral infection. The “birth dose” exists because maternal infection is often asymptomatic, and screening fails to identify all infectious mothers. This critical vaccination has helped reduce pediatric Hepatitis B infections by more than 95 percent since 1991.

This vote by the CDC’s Advisory Committee on Immunization Practices (ACIP) is part of the Trump administration’s campaign, led by Health and Human Services Secretary Robert F. Kennedy Jr., to dismantle public health in the United States. What is being implemented under the guise of “health freedom” is, in fact, the demolition of the very institutions and structures that have protected millions from infectious disease.

The path to this outcome was paved through a calculated dismantling of the public health advisory structure, a central component of the Trump administration’s broader war on science. Earlier this year, Kennedy took the unprecedented step of firing all 17 members of the existing ACIP panel—historically composed of experts in vaccinology, infectious diseases, epidemiology and immunology—and replacing them with anti-vaccination candidates.

The committee’s decision to delay the birth dose runs counter to forty years of safety and efficacy data. Anticipating the administration’s intent to undermine the standard of care, the Vaccine Integrity Project at the University of Minnesota’s Center for Infectious Disease Research and Policy (CIDRAP) undertook an independent review of the evidence.

Led by Dr. Angela K. Ulrich and Dr. Michael T. Osterholm, the CIDRAP analyzed more than 400 studies spanning four decades. Their conclusion was unequivocal: “There is no new evidence to suggest that delaying the birth dose would be safer or more efficacious.” The review reaffirmed that the birth dose reduces perinatal transmission by about seventy percent on its own—and up to ninety-seven percent when paired with hepatitis B immune globulin. It also found no causal links between the birth dose and serious adverse events, refuting the pseudoscience used to justify the delay.

These findings build upon a vast historical record. A 2024 CDC analysis led by Dr. Fangjun Zhou, a health economist in the Immunization Services Division, estimated that routine immunizations administered to children born between 1994 and 2023 prevented an estimated 508 million illnesses and 1.1 million deaths, saving nearly \$2.7 trillion in societal costs.

To justify the delay, the committee raised theoretical concerns about the “cumulative effect” of vaccines and specific ingredients such as aluminum adjuvants. Newly appointed ACIP members have been tasked with investigating questions such as whether “the two different aluminum adjuvants increase the risk of asthma.”

But these concerns have already been tested. A landmark nationwide cohort study published in the *Annals of Internal Medicine* in July 2025, led by Dr. Niklas Worm Andersson of the Statens Serum Institut [Denmark], examined 1.2 million children and found no association between aluminum-adsorbed vaccines and autoimmune, allergic or neurodevelopmental disorders—including autism and asthma.

The consequences of this policy shift have already been modeled in detail, and the projections show a significant rise in preventable illness, cancer, death and long-term healthcare costs.

In a preprint study titled “Economic Evaluation of Delaying the Infant Hepatitis B Vaccination Schedule,” Eric

W. Hall of Oregon Health & Science University assessed the lifetime clinical and economic impact of delaying the birth dose for the 2024 US birth cohort. The model incorporates the realities of the US healthcare system, including “imperfect adherence”—the well-documented fact that when the birth dose is not administered in the hospital, the likelihood of completing the full vaccine series drops sharply.

According to Hall’s modeling, even a brief delay of the first dose until two months of age for infants born to mothers not known to be infected would result in 1,437 additional preventable acute Hepatitis B infections in children, 304 additional cases of liver cancer, 482 additional HBV-related deaths, and \$222 million in excess healthcare costs annually.

The alarm over the decision has been immediate across the medical and public health community. The American Academy of Pediatrics (AAP) called the delay “a direct threat to infant safety,” warning that it “contradicts every major body of scientific evidence accumulated over four decades.” The Infectious Diseases Society of America (IDSA) condemned the vote as “an abandonment of the standards that protect children from preventable disease.” The Association of Immunization Managers, representing state and territorial immunization programs, cautioned that the shift will “undermine the integrity of vaccination schedules nationwide.”

Members of the CDC Alumni Association described the vote as “a grave departure from evidence-based practice” and warned that abandoning the birth dose “will result in unnecessary and irreversible harm.” Several former leaders of the Immunization Safety Office noted that the decision “makes no scientific sense and violates the precautionary principle that has guided immunization policy for decades.” These warnings—coming from the very people who built the nation’s immunization infrastructure—underscore the unprecedented nature of the collapse now unfolding.

The vote to delay the Hepatitis B vaccine is the most advanced expression of the broader restructuring of American public health by the Trump-Kennedy administration. With far-right anti-vaccination activists now installed across the Health and Human Services (HHS), CDC and ACIP, the administration has created the machinery to revise, and ultimately dismantle, the entire childhood immunization schedule and the scientific norms that once governed it.

This is part of a broader war on the working class and all remaining social programs. The Trump administration is pursuing the same strategy in every sphere: gutting environmental regulations, dismantling public education, militarizing police forces and criminalizing political opposition.

This transformation, however, did not begin with Trump. The Biden administration played an indispensable role in creating the political and institutional framework for the present collapse of public health. It was Biden who prematurely declared in 2022 that the pandemic was “over,” dismantled all mitigation measures, ended federal funding for testing and treatment, blocked mask requirements and forced millions back into unsafe workplaces and schools.

The bipartisan “forever COVID” policy normalized mass infection, sickness and death—abandoning the basic principle that society has a responsibility to protect public health. This cultivated the political environment in which Trump and Kennedy can move openly to destroy all that remains of evidence-based policy.

What is unfolding is a class offensive. The destruction of public health is an attack on the working class, which depends on social infrastructure for protection from disease, exploitation and poverty. The rollback of the Hepatitis B birth dose is part of a sweeping campaign to eliminate the gains won through more than a century of struggle: vaccines, clean air standards, workplace safety regulations, reproductive rights and public education.

The defense of public health is inseparable from the defense of all democratic and social rights. It cannot be entrusted to either faction of the ruling class. The independent political mobilization of the working class is the only force capable of halting this descent into dictatorship. The defense of science—real science, grounded in evidence and dedicated to human welfare—requires the overthrow of the capitalist system that subordinates life to profit.

We urge scientists, health care workers, educators, students and all workers who recognize the danger of this moment to join this fight for socialism.



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