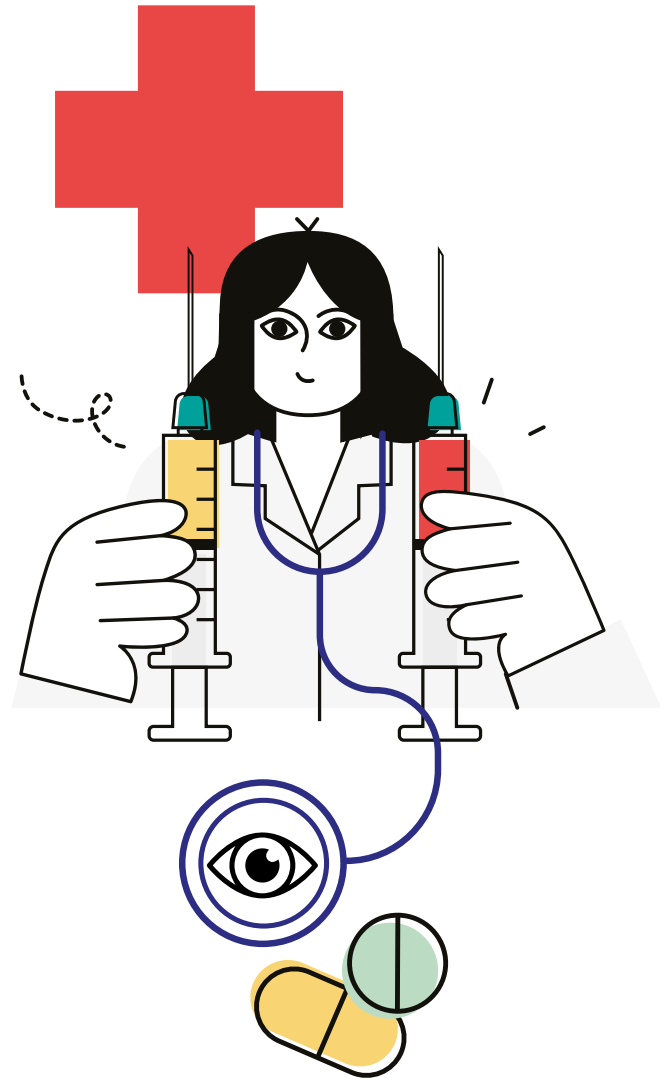


Vaccination recommendations for people with HIV

People with HIV may be more susceptible to some infections, especially if their immune system is weakened. They should therefore be vaccinated with most vaccines on the immunisation schedule. For people with HIV, there are some specific recommendations and warnings regarding some vaccines. This sheet contains information and guidance that may be useful when discussing this matter with the medical team that attends you.



Vaccine	Dose	Comments
<p>Neumococo</p> <ul style="list-style-type: none"> • PCV13: Pneumococcal conjugate vaccine against 13 types of bacteria. • PPV23: Pneumococcal polysaccharide non-conjugate vaccine against 23 types of bacteria. 	<p>2 doses in 8 weeks</p>	<p>Unvaccinated adults: 1 dose of PCV13 and then a dose of PPV23 (at least 8 weeks later).</p> <p>Adults vaccinated with PPV23:</p> <ul style="list-style-type: none"> • 1 dose of PCV13 at least 1 year after the last dose of PPV23; or • 1 dose of PPV23 every year for 5 years.
<p>Flu</p>	<p>1 dose each year</p>	<ul style="list-style-type: none"> • It should be administered every year. • Inactivated non-replicating vaccine should be used.

Vaccine	Dose	Comments
Hepatitis B (HBV)	3 or 4 doses in 6 months	<ul style="list-style-type: none"> • Three high-dose injections (0, 1 and 6 months) should be administered or, • Four low-dose injections (0, 1, 2 and 6 months) should be administered. • Check antibody levels and, if insufficient, administer three further high-dose injections monthly or revaccinate following the same schedule.
Hepatitis A (HAV)	2 or 3 doses in a 6-month period	<ul style="list-style-type: none"> • A two-dose schedule (0, 6 months) is recommended for people with CD4 counts of over 350 cells/mm³. • A three-dose schedule (0, 1 and 6 months) is recommended for people with CD4 counts of under 350 cells/mm³.
Human papillomavirus (HPV) <ul style="list-style-type: none"> • HPV bivalent vaccine: Protection against 2 types of HPV. • Tetravalent vaccine Protection against 4 types of VPH. • Nonavalent vaccine Protection against 9 types of VPH. 	3 doses in a 6-month period (0, 1-2 and 6)	<ul style="list-style-type: none"> • The vaccine is recommended for people with HIV up to 26 years old or 45 years old, depending on the autonomous community. • The nonavalent vaccine is recommended. • See sheet number 147.
Meningococcus <ul style="list-style-type: none"> • MenC: Meningococcal serogroup C conjugate vaccine. • MenACWY: Meningococcal serogroups A, C, W and Y conjugate vaccine (MenACWY). 	2 doses (0, 2 months)	<ul style="list-style-type: none"> • The MenACWY vaccine is recommended. • A booster dose after 5 years should be assessed.
Tetanus	5 doses. Additional doses every 10 years should be assessed	<ul style="list-style-type: none"> • If the person is properly vaccinated (5 doses), booster doses every 10 years may be assessed in cases where there is risk of exposure.
SARS-CoV-2 (COVID-19) <ul style="list-style-type: none"> • ARNm vaccine (Comirnaty®; Pfizer) • ARNm vaccine (Spikevax®; Moderna) • Adenoviral vector vaccine (Janssen COVID-19 vaccine) 	2 doses (0-21 days or 0-28 days) or 1 dose. In some circumstances additional doses or booster doses will be considered	<ul style="list-style-type: none"> • ARNm vaccines are recommended for people with HIV with a weakened immune system (<200 cells/mm³). • An additional dose of the vaccine administered should be assessed for people with a CD4 count of under 200 cells/mm³, at least 28 days after the second dose of the vaccination schedule. • See sheet number 168.

Vaccine	Dose	Comments
Triple viral	2 doses (0, 1 month)	<ul style="list-style-type: none"> • It is recommended for measles seronegative patients if their CD4 count has been over 200 cells/mm³ for at least 6 months. • For rubella seronegative females if their CD4 count has been over 200 cells/mm³ for at least 6 months. • Contraindicated in persons who are severely immunocompromised.
Varicella (chicken pox)	2 doses (0 and 3 months)	<ul style="list-style-type: none"> • It is recommended for varicella seronegative patients if their CD4 count is over de 200 cells/mm³. • The tetra viral vaccine should not be used. • Contraindicated in persons who are severely immunocompromised.
Shingles (Adjuvanted recombinant vaccine)	2 doses (0, 2 months)	<ul style="list-style-type: none"> • The vaccine is indicated for people with HIV who are aged 18 years and older. • Patients should have their infection controlled by antiretroviral treatment for at least one year.
Monkeypox	2 doses (0, 1 month)	<ul style="list-style-type: none"> • Priority vaccination is given to people with HIV who have not previously had the disease and who engage in high-risk sexual practices, and • people with HIV who have been in close contact with a confirmed case.

Note: The contents of this sheet were drafted in September 2022. The recommendations may therefore not be up-to-date. The information is not intended to replace advice from a health professional. Health decisions should always be taken after consulting health professionals

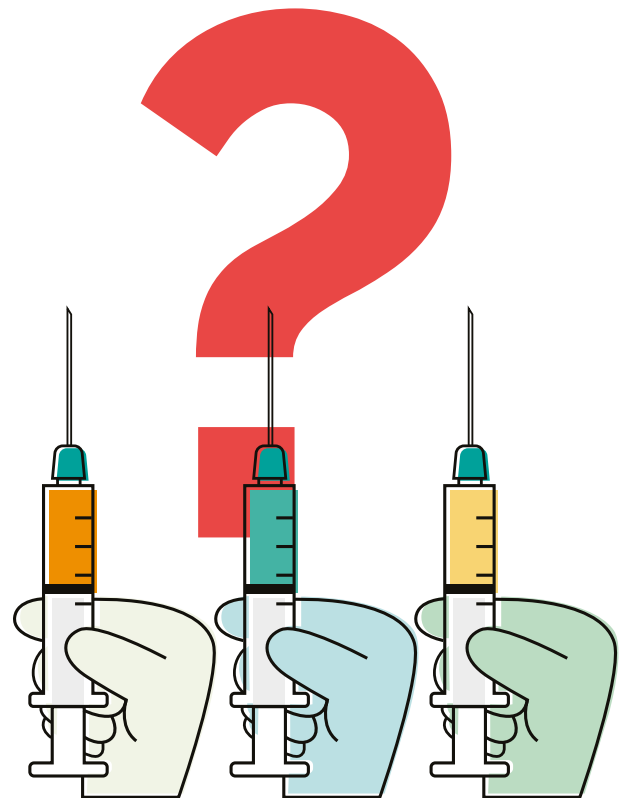
Sources:

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Disclaimer

The information on this sheet is not intended to replace a doctor's advice. Health decisions should always be taken after consulting health professionals. Medical information can quickly become outdated.

If you have any questions after reading this sheet, you should talk to your doctor or nurse, or call gTt-VIH on 93 458 26 41 to find out whether there have been any significant new developments.

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