

# Immunization Recommendations for Adults with HIV<sup>1</sup>

Vaccines	Recommended Schedules <sup>1,2</sup>	Additional Considerations
<b>COVID-19</b>	1 updated vaccine, regardless of prior vaccine history. See <a href="#">COVID-19 Vaccine Timing Guide</a>	Advanced HIV infection: ≥ 1 updated vaccine(s). Additional doses based on clinical factors <sup>3</sup> .
<b>Hepatitis A (HepA)<sup>4</sup></b>	<b>Havrix®</b> , <b>Vaqta®</b> : 2 doses, 6 months apart <b>Twinrix® (HepA/HepB)</b> : 3 doses 0, 1, and 6 months apart	Check titers ≥ 1 month after series completion. If inadequate immune response, consider revaccination after CD4 ≥ 200 cells/mm <sup>3</sup> .
<b>Hepatitis B (HepB)<sup>5</sup></b>	<b>Engerix-B®</b> , <b>Recombivax HB®</b> : 3 doses 0, 1, and 6 months apart <b>Heplisav-B®</b> : 2 doses, 1 month apart <b>Twinrix® (HepA/HepB)</b> : 3 doses, 0, 1, and 6 months apart	Consider double-dose strategy if using Engerix-B® or Recombivax HB®. Check titers ≥ 1 month after series completion. If inadequate immune response, consider revaccination after CD4 ≥ 200 cells/mm <sup>3</sup> .
<b>Human papillomavirus (HPV)</b>	<b>Gardasil 9®</b> : 3 doses, 0, 1-2, and 6 months apart for ages 15-45 years	Not routinely recommended for ages 27–45 years but some people with HIV in this age range may benefit. Use shared clinical decision-making.
<b>Influenza</b>	<a href="#">1 dose annually</a>	<b>Live attenuated vaccine is contraindicated.</b>
<b>Measles, mumps, rubella (MMR)</b>	<b>M-M-R® II</b> , <b>Priorix®</b> : 2 doses, 28 days apart <sup>6</sup>	<b>Contraindicated if CD4 &lt; 200 cells/mm<sup>3</sup>.</b>
<b>Meningococcal A, C, W, Y (MenACWY)</b>	<b>MenQuadfi®</b> , <b>Menveo®</b> : 2 doses, 2 months apart; booster every 5 years	<a href="#">Meningococcal cases increased</a> among people with HIV 2017–2022; vaccine coverage remains low.
<b>Meningococcal B (MenB)</b>	<b>Bexsero®</b> : 2 dose schedule: 0, 6 months. 3 dose schedule: 0, 1-2, and 6 months <b>Trumenba®</b> : 2 dose schedule: 0, 6 months. 3 dose schedule: 0, 1-2, and 6 months	Not routinely recommended for all adults with HIV. <sup>7</sup> MenB brands are not interchangeable.
<b>Mpox virus<sup>8</sup></b>	<b>JYNNEOS®</b> : 2 doses, 28 days apart	If < 18 years, see <a href="#">Minor Consent for Mpox Treatment</a>
<b>Pneumococcal (PCV15, PCV20, PCV 21, or PPSV23)</b>	<b>Capvaxive® (PCV21)</b> , <b>Prevnar 20® (PCV20)</b> : 1 dose <i>OR</i> <b>Vaxneuvance® (PCV15)</b> + <b>Pneumovax 23®(PPSV23)</b> : ≥ 2 months apart	See <a href="#">Pneumococcal Vaccine Timing</a> . Consider <a href="#">delay of PPSV23</a> until CD4 ≥ 200 cells/mm <sup>3</sup> .
<b>Respiratory Syncytial Virus (RSV)</b>	<b>ABRYSVO®</b> , <b>AREXVY®</b> , <b>MRESVIA®</b> : 1 dose	Recommended for ages ≥ 75 years and ages 50-74 years with <a href="#">risk factors</a> . Give ABRYSVO at 32 to 36 weeks of pregnancy during September-January. <sup>9</sup>
<b>Tetanus, diphtheria, pertussis (Tdap/Td)</b>	1 dose Tdap ( <b>Boostrix®</b> , <b>Adacel®</b> ), then Td ( <b>Tenivac®</b> , <b>TDVAX®</b> ) <i>OR</i> Tdap booster every 10 years	During each pregnancy, give one dose of Tdap. <sup>10</sup>
<b>Varicella (VAR)</b>	<b>Varivax®</b> : 2 doses, 28 days apart <sup>11</sup>	<b>Contraindicated if CD4 &lt; 200 cells/mm<sup>3</sup>.</b>
<b>Zoster (RZV)</b>	<b>Shingrix®</b> : 2 doses for ages > 19 years, 2 months apart	Consider delay of Shingrix until CD4 ≥ 200 cells/mm <sup>3</sup> .

# Immunization Recommendations for Adults with HIV<sup>1</sup>

<sup>1</sup> For detailed information, see [Adult Immunization Schedule | AAFP](#) and [Immunizations for Preventable Diseases in Adults and Adolescents with HIV: Adult and Adolescent OIs | NIH](#).

<sup>2</sup> Vaccine doses administered  $\leq 4$  days before the minimum interval or age are considered valid. There is no maximum interval between vaccine doses. See [Recommended and minimum ages and intervals between vaccine doses | CDC](#).

<sup>3</sup> Advanced HIV infection is defined as CD4 < 200 cells/mm<sup>3</sup>, history of an AIDS-defining illness without immune reconstitution, clinical manifestations of symptomatic HIV, or untreated HIV infection. For people with advanced HIV infection, further additional dose(s) of COVID-19 vaccine may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last COVID-19 vaccine dose. See [COVID-19 Vaccine Timing Guide](#) and [IDSA 2025 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#).

<sup>4</sup> **HepA:** See [Immunizations for Preventable Diseases in Adults and Adolescents with HIV | NIH](#).

<sup>5</sup> **HepB:**

- See [double-dose vaccination considerations | NIH](#).
- If inadequate immune response, see [revaccination options](#).
- For more details see [Immunizations for Preventable Diseases in Adults and Adolescents with HIV | NIH](#).

<sup>6</sup> If no evidence of immunity to measles, mumps, or rubella.

<sup>7</sup> **MenB:** Recommended for people with HIV who are at increased risk of meningococcal disease (e.g., asplenia, complement deficiency, complement inhibitor use, occupational exposure.) May be administered to people with HIV aged 16-23 years not at increased risk for meningococcal disease; use shared clinical decision-making. 3 doses are recommended for people [at increased risk](#); 2 doses are recommended for people aged 16-23 years [not at increased risk](#). See [Immunizations for Preventable Diseases in Adults and Adolescents with HIV: Adult and Adolescent OIs | NIH](#). If a patient aged 10 years or older is receiving MenACWY and MenB vaccines at the same visit, [MenABCWY](#) may be given instead. The minimum interval between MenABCWY doses is 6 months. MenB brands are not interchangeable. If Penbraya, which contains Trumenba, is given, subsequent MenB dose(s) must include Trumenba. If Penmenvy, which contains Bexsero, is given, subsequent MenB dose(s) must include Bexsero.

<sup>8</sup> **Mpox:** See [Mpox Vaccination](#).

<sup>9</sup> **RSV:** See [Adult Immunization Schedule | AAFP](#) and [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants](#).

<sup>10</sup> **Tdap:** See [Adult Immunization Schedule | AAFP](#) and [Provider FAQ: Tetanus, Diphtheria, and Pertussis | ACOG](#).

<sup>11</sup> If no evidence of immunity to varicella.