



HIV & Immunizations

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Disclosures

- Nothing to disclose.

Objectives

- Review ACIP recommendations for routine immunizations of adults, including specific recommendations for immunocompromised patients.
- Discuss CDC vaccination recommendations for pre- and post-exposure Mpox prophylaxis.
- Summarize contraindications and special considerations for the use of vaccines in people with HIV.

Current Guidelines for Immunizations in People with HIV

Background

- Immunizations are an important part of HIV clinical care – there are **key** exceptions that can pose challenges due to safety and efficacy.
- The Advisory Committee on Immunization Practices (ACIP) provides annual recommendations for routine immunizations of adults, including specific recommendations for persons with HIV (PWH).

The following live virus vaccines **are contraindicated** in people with HIV:
For CD4 T lymphocyte (CD4) cell count
<200 cells/mm³:

- Measles, Mumps & Rubella
- Varicella (VAR)
- Live attenuated typhoid Ty21a
- Yellow fever

The following live virus vaccines **are contraindicated** in people with HIV:
For any CD4 counts:

- Live attenuated influenza vaccine (LAIV)
- Live attenuated smallpox vaccine (ACAM2000)

The following vaccines have specific recommendations related to HIV status:

- COVID-19
- Hepatitis A (HAV)
- Hepatitis B (HBV)
- Meningococcus serogroup A, C, W, Y (MenACWY)
- Pneumococcal vaccines
- Human papillomavirus

Source: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/immunizations> Accessed 9/15/2026

Routinely Administered Vaccines for Adults with HIV

Vaccines	Abbreviations	Trade Names
COVID-19 vaccine	1vCoV mRNA	Comirnaty Spikevax mNexspike
	1vCoV aPS	Novavax
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinnrix
Hepatitis B vaccine	HepB	Engerix-B Hepisav-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	IIV3	Multiple options
	aIIV3	Fluad
	HD-IIV3	Fluzone High-Dose
Influenza vaccine (inactivated, cell culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenb
Meningococcal serogroups A, B, C, W, Y vaccine	MenACWY-TT/Men B-FHbp	Penbraya
	MenACWY-CRM/Men B-4C	Penmenv
Mpox vaccine	Mpox	JYNNEOS
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prenvar 20
	PCV21	Capvaxiv
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Respiratory syncytial virus vaccine	RSV	Abrysvo Arexvy mResvia
Tetanus and diphtheria toxoid vaccine	Td	Tenivac
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant vaccine	RZV	Shingrix

Source: <https://www.hiv.uw.edu/go/basic-primary-care/immunizations/core-concept/all#tables> Accessed September 15, 2026

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Health care Personnel ^b
			<15% or <200/mm ³	≥15% and ≥200/mm ³							
COVID-19	See Notes	Additional doses may be necessary (See Notes)									
Influenza inactivated or recombinant		Solid organ transplant (See Notes)									
LAIV3					1 dose annually if age 19–49 years					1 dose annually if age 19–49 years	
RSV	Seasonal administration (See Notes)	See Notes							Liver disease (See Notes)	See Notes	
Tdap or Td	Tdap: 1 dose each pregnancy										
MMR	*										
VAR	*			See Notes							
RZV											
HPV	*										
Pneumococcal											
HepA											
Hep B	See Notes									Age ≥ 60 years	
MenACWY											
MenB											
Hib		HSCT: 3 doses ^c				Asplenia: 1 dose					
Mpox	See Notes				See Notes						See Notes
IPV											

Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity

Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease

Vaccination is based on shared clinical decision-making

Additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended ^aVaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. Precaution for LAIV3 does not apply to alcoholism.

b. See Notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.

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Recommended Immunizations for Adults with HIV: Adult and Adolescent OI Guidelines

Vaccines	Abbreviations	CD4 count <200 cells/mm ³		CD4 count ≥200 cells/mm ³	Pregnancy
COVID-19	1vCOV-mRNA 1vCOV-aps	Recommended Number of doses depends on vaccine and prior COVID immunization history Consider an additional dose 6 months after the last dose		Recommended Number of doses depends on vaccine and prior COVID immunization history	
Hepatitis A	HepA	Recommended 2 doses, with timing (0, 6-12 months or 0, 6-18 months) depending on vaccine formulation			
Hepatitis B	HepB	Recommended 2 or 3 doses depending on vaccine formulation			
Human papillomavirus	9vHPV	Recommended 3 doses through age 26 years (0, 1–2, and 6 months)			Not recommended
		Consider (with shared decision-making) 3 doses for ages 27–45 years (0, 1–2, and 6 months)			
Influenza inactivated, Recombinant Influenza	IIV3 RIV3 HD-IIV3	Recommended 1 dose annually Age ≥65 years: use high-dose recombinant or adjuvanted			
Influenza live, attenuated	LAIV3	Contraindicated			Not recommended
Measles-mumps-rubella	MMR	Contraindicated	<i>With no evidence of immunity</i> Recommended 2 doses (≥4 weeks apart)		Not recommended
Meningococcal serogroups A, C, W, Y	MenACWY-CRM MenACWY-TT	Recommended 2 doses (at least 8 weeks apart), then revaccinate every 5 years			
Meningococcal serogroup B	MenB-4C MenB-FHbp	Consider for Persons at Risk Shared Decision-Making 3 doses (0, 1, and 6 months)			Not recommended
Mpox		Recommended for Persons at Risk 2 doses (28 days apart)			Shared decision-making
Pneumococcal	PCV15 PCV20 PCV21 PPSV23	<i>No Prior Pneumococcal Vaccine or Unknown Pneumococcal Vaccine History</i> Recommended 1 dose PCV20 or PCV21 or 1 dose PCV15 followed ≥8 weeks by 1 dose PPSV23			
Respiratory Syncytial Virus	RSV	Recommended Age ≥75 years or Aged 50-74 years with: CD4 count <200 cells/mm ³ or comorbid condition 1 dose			One dose between 32 and 36 weeks' gestation during September through January
Tetanus-diphtheria-acellular pertussis Tetanus-diphtheria	Tdap Td	Recommended 1 dose Tdap then Td or Tdap booster every 10 years			Recommended booster with each pregnancy
Varicella	VAR	Contraindicated	<i>With no evidence of immunity</i> Consider 2 doses (3 months apart)		Contraindicated
Zoster, recombinant	RZV	Recommended 2 doses (2–6 months apart) at age ≥18 years			Not recommended
Source: Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults					

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Source: <https://www.hiv.uw.edu/go/basic-primary-care/immunizations/core-concept/all#tables> Accessed September 15, 2026

COVID-19

- For adults with HIV, administer a dose of the COVID-19 vaccine (once available) regardless of their CD4 count or HIV viral load
- Individuals with advanced or untreated HIV and may receive one additional dose at least 6 months after the last COVID-19 vaccine dose
- **Available Vaccines**
 - mRNA vaccines (Spikevax, Moderna; Comirnaty, Pfizer-BioNTech)
 - Adjuvanted protein subunit vaccine (Novavax)
- Guidance changes: https://www.cdc.gov/covid/hcp/vaccine-considerations/index.html#cdc_clinical_guidance_section_1-summary-of-recent-changes Accessed 11/4/2025

Influenza

- Common respiratory illness seen between September – April
- For adults with people with HIV administer age-appropriate inactivated influenza vaccine or recombinant influenza vaccine **annually**
- For pregnant women with HIV, administer inactivated influenza or recombinant vaccine at any time during pregnancy
- LAIV administered via nasal spray **is contraindicated** in people with HIV
- High-dose, recombinant, and adjuvanted influenza vaccines are recommended for people with HIV aged 65 years or older
- Persons with Egg Allergy: updated recommendations now state that for persons with a history of egg allergy--any influenza vaccine (egg-based or non-egg-based) can be used, as long as the vaccine is otherwise appropriate for the recipient's age and health status

Influenza

▪ Available Vaccines

- Inactivated Influenza vaccine (IIV3) (standard-dose, egg-based vaccine) - Afluria, Fluarix, Fluzone
- ccIIV3 (standard dose, cell culture-based vaccine) – Flucelvax
- HD-IIV3 (high-dose, egg-based vaccine) - Fluzone High-Dose
- aIIV3 (standard-dose, egg-based vaccine with MF59 adjuvant) - Fluad
- RIV3 (recombinant hemagglutinin [HA] vaccine) - Flublok
- LAIV3 (live attenuated, egg-based vaccine) - FluMist

RSV

- RSV is a cause of lower respiratory tract infection and bronchiolitis worldwide in children aged <5 years and adults aged ≥60 years
- Administration of a single respiratory syncytial virus (RSV) vaccine (Abrysvo, Arexvy, or mRESVIA) to all people with HIV aged ≥75 years is recommended
- Administration of a single RSV vaccine for people ages 50 to 74 with HIV and CD4 count <200 cells/mm³ or with comorbid chronic is recommended
- For pregnant women with HIV, administration of a single RSV vaccine (Abrysvo) between 32 and 36 weeks gestation with seasonal administration during September through January
- No booster doses are currently recommended

RSV

■ Available Vaccines

- Adjuvanted protein subunit vaccine (Arexvy)
- Bivalent protein subunit vaccine (Abrysvo)
- mRNA vaccine (mRESVIA)

Tetanus, Diphtheria, and Pertussis

- People with HIV should receive vaccination for tetanus, diphtheria, and pertussis on the same schedule as individuals without HIV
- All adults not previously vaccinated should receive a single dose of Tdap, followed by a Td or Tdap booster every 10 years
- Pregnant administer one dose of Tdap during each pregnancy, preferably between 27 weeks and 36 weeks gestation
- **Available Vaccines**
- Tdap: Tetanus, diphtheria, and pertussis
 - Adacel, Boostrix
- Td: Tetanus and diphtheria
 - Tenvirac

Human Papillomavirus (HPV)

- HPV vaccination is recommended for people with HIV
- People with HIV who are aged 13 to 26 years and who were not vaccinated previously: administer three doses
- The two-dose series is not recommended for people with HIV
- Shared clinical decision-making regarding HPV vaccination is recommended for people with HIV who are aged 27 to 45 years
- HPV vaccine is not recommended during pregnancy
- **Available Vaccine**

09-valent inactivated recombinant vaccine (Gardasil 9)

Knowledge Check

A 27-year-old woman with HIV (CD4 540, viral load undetectable) presents to your clinic today for routine follow-up. She reports receiving all childhood vaccines, a Tdap booster 4 years ago, and her most recent COVID-19 mRNA booster last month (October). She has never received the HPV vaccine.

Which of the following vaccines should you recommend at this visit?

- A) Influenza, HPV
- B) Influenza, COVID (mRNA), HPV
- C) COVID (mRNA), HPV
- D) Influenza only

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Which of the following vaccines should you recommend at this visit?

- A) Influenza, HPV
- B) Influenza, COVID (mRNA), HPV
- C) COVID (mRNA), HPV
- D) Influenza only

Pneumococcal

- All people with HIV without history of pneumococcal vaccination or with unknown vaccine history should be vaccinated

Available Vaccines

- Pneumococcal conjugate vaccines (PCVs) - PCV15 (Vaxneuvance), PCV 20 (Prevnar 20), PCV21 (Capvaxive)
- Pneumococcal polysaccharide vaccine (PPSV) PPSV23 (Pneumovax)
- Administer PCV21, PCV20, or PCV15. After PCV21 or PCV20, no additional vaccine is currently recommended
- If PCV15 is used, administer a dose of PPSV23 at least 8 weeks later. No additional vaccine doses are recommended.
- For people with HIV who previously started or completed a pneumococcal vaccination series, there is no need to restart the series.
 - If received PCV13 and PPSV23: PPSV23 before the age of 65 can be administered PCV21 or PCV20 at least 5 years
 - If received PPSV23 at age 65 or older do not require further doses of PPSV23. SCD for PCV20 or PCV 21.
 - If received only PCV13 may receive one dose of PCV21 or PCV20 at least 1 year later
 - if only received PPSV23 may receive PCV21 or PCV20 at least 1 year after their last PPSV23 dose to complete their pneumococcal vaccination series

Meningococcal

- Administer two doses of quadrivalent meningococcal conjugate vaccine (MenACWY) at least 8 weeks apart to people with HIV who have not been vaccinated previously
- For people with HIV who have been vaccinated previously, repeat vaccination every 5 years throughout life
- Serogroup B meningococcal vaccination (MenB) is not routinely indicated for all people with HIV unless they have additional risks for meningococcal disease
- Adolescents and young adults with HIV (age 16–23 years) can be offered MenB vaccine with SCD
- Adults may receive a single dose of pentavalent meningococcal conjugate vaccine (MenABCWY) as an alternative
- **Available vaccines:**
 - Quadrivalent meningococcal conjugate vaccine (MenACWY) – Menveo, MenQuadfi
 - Recombinant meningococcal group B vaccine (MenB) – Bexsero, Trumenba
 - Pentavalent meningococcal vaccine (MenABCWY; combines conjugated MenACWY with recombinant MenB) - Penbraya, Penmenvy

Hepatitis A (HAV)

- All non-immune people with HIV should receive vaccine

Available vaccines:

- Single-antigen inactivated hepatitis A vaccines - Havrix, Vaqta [2-dose series]
- Combination inactivated hepatitis A vaccine and recombinant hepatitis B vaccine - HepA-HepB (Twinrix) [3-dose series]
- Assess antibody response 1 to 2 months after completion of the series

Hepatitis B (HBV)

- Vaccinate in people with HIV without chronic HBV infection and without immunity to HBV infection
- Vaccine response is better in people with HIV with CD4 > 350cells/mm³ Do not defer.
- People without chronic HBV infection and without immunity to HBV
- Preferred
 - Heplisav-B intramuscularly (IM) at 0 and 4 weeks
 - Alternate:
 - Engerix-B 40 mcg (two simultaneous injections of 20 mcg each) at 0, 1, and 6 months (these doses are considered a “double-dose,” three-dose series)
 - Recombivax HB 20 mcg (two injections of 10 mcg each) at 0, 1, and 6 months (these doses are considered a “double-dose,” three-dose series)
 - Twinrix combined HepA and HepB vaccine (1 mL IM) as a three-dose series (at 0, 1, and 6 months)
- Repeat serology after series

Herpes Zoster

- In people with HIV, aged ≥ 18 years, administer two doses of RZV at 0 and 2 to 6 months
- May consider delaying vaccination until the patient is virologically suppressed on ART or until the CD4 count is ≥ 200 cells/mm³
- Should receive RZV regardless of previous history of herpes zoster or previous receipt of zoster vaccine live (no longer available)
- Do not give vaccine during an acute episode of herpes zoster
- Not given during pregnancy

Available Vaccine

- Recombinant adjuvanted zoster vaccine (RZV)
 - Shingrix

Knowledge Check

A 52-year-old man with well-controlled HIV (CD4 402, viral load undetectable) comes to clinic for routine follow-up.

Two years ago, he received Tdap and PCV-13. This year, he has already received the seasonal influenza and updated COVID vaccines.

His hepatitis serologies are:

Hepatitis A IgG: positive

HBsAb: negative

HBsAg: negative

HBcAb: negative

HCV Ab: negative

Which vaccines should he receive today?

- A) PCV-20, Twinrix, Shingrix
- B) PCV-20, Heplisav-B, Shingrix
- C) PCV-13, Heplisav-B
- D) PCV-13, Twinrix

Knowledge Check

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His hepatitis serologies are:

Hepatitis A IgG: positive

HBsAb: negative

HBsAg: negative

HBcAb: negative

HCV Ab: negative

Which vaccines should he receive today?

A) PCV-20, Twinrix, Shingrix

B) PCV-20, Hepelisav-B, Shingrix

C) PCV-13, Hepelisav-B

D) PCV-13, Twinrix

Varicella Zoster (VAR)

- People with HIV with any of the following have presumed immunity to varicella: receipt of two doses of varicella vaccine, diagnosis of varicella or herpes zoster (shingles), or laboratory evidence of immunity or disease
- People with HIV who are varicella nonimmune with CD4 count ≥ 200 cells/mm³, administer two doses of varicella vaccine 4 to 8 weeks apart
- Vaccine is **contraindicated** for people with HIV with CD4 count < 200 cells/mm³
- Vaccine is **not recommended** during pregnancy

Available vaccine:

- Live attenuated varicella vaccine
-Varivax

MMR (Measles, Mumps & Rubella)

- Administer two doses of MMR vaccine at least 1 month apart:
 - if CD4 count ≥ 200 cells/mm³ and who have no evidence of immunity to MMR
 - evidence of immunity is defined as: patient was born before 1957 and/or had documentation of receipt of MMR vaccine and/or has laboratory evidence of immunity or disease
- Vaccine is not recommended during pregnancy
- Do not administer MMR vaccine to people with HIV with CD4 count < 200 cells/mm³ (**contraindicated**)

Available vaccines

- Live attenuated measles, mumps, and rubella (MMR) combination vaccine
 - M-M-R II
 - Priorix

Haemophilus influenzae type b (Hib)

- Not routinely recommended for people with HIV
- Only recommended if they meet other criteria:
 - Anatomical or functional asplenia
 - Hematopoietic stem cell transplant

Mpox

- Regardless of CD4 count, all people with HIV and no prior mpox infection should be offered mpox vaccination if they: anticipate or have exposure or it is requested
- MVA-BN vaccine, in US: JYNNEOS, is the preferred vaccine before mpox exposure for people with HIV because it uses a live attenuated, non-replicating virus
- Administer JYNNEOS in two doses 28 days apart either 0.5 mL SQ or 0.1 mL ID
- Smallpox vaccine (ACAM2000) in people with HIV is **contraindicated**

- **Post-exposure vaccination** is recommended for all unvaccinated people with HIV who experience a known or presumed exposure
- Post-exposure vaccination is recommended as soon as possible, ideally within 4 days after exposure; however, administration 4 to 14 days after exposure may still provide some protection against mpox and should be offered
- Administer JYNNEOS in two doses 28 days apart either 0.5 mL SQ or 0.1 mL ID.

Knowledge Check

A 19-year-old woman with HIV (CD4 155/12%, viral load undetectable) comes to clinic for routine care. She recently moved into a college dormitory and wants to be sure she is up to date on all recommended vaccines. Her immunization history only includes a recent influenza vaccination.

Which of the following vaccines are indicated today?

- A) MMR, Varicella, MenACWY, MenB
- B) MenACWY, MenB, MMR, Hepatitis A
- C) MenACWY, MenB, RZV
- D) MenACWY, Varicella, HPV

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Which of the following vaccines are indicated today?

- A) MMR, Varicella, MenACWY, MenB
- B) MenACWY, MenB, MMR, Hepatitis A
- C) MenACWY, MenB, RZV
- D) MenACWY, Varicella, HPV

Summary

- Immunizations are an important part of HIV clinical care – there are **key** exceptions that can pose challenges due to safety and efficacy.
- The Advisory Committee on Immunization Practices (ACIP) provides annual recommendations for routine immunizations of adults, including specific recommendations for persons with HIV (PWH).

The following live virus vaccines **are contraindicated** in people with HIV:
For CD4 T lymphocyte (CD4) cell count
<200 cells/mm³:

- Measles, Mumps & Rubella
- Varicella (VAR)
- Live attenuated typhoid Ty21a
- Yellow fever

The following live virus vaccines **are contraindicated** in people with HIV:
For any CD4 counts:

- Live attenuated influenza vaccine (LAIV)
- Live attenuated smallpox vaccine (ACAM2000)

The following vaccines have specific recommendations related to HIV status:

- COVID-19
- Hepatitis A (HAV)
- Hepatitis B (HBV)
- Meningococcus serogroup A, C, W, Y (MenACWY)
- Pneumococcal vaccines
- Human papillomavirus

Source: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/immunizations> Accessed September 15, 2026

Summary

- Hepatitis A vaccine is recommended for all persons with HIV who are not immune to HAV. Postvaccination antibody testing should be performed 1 to 2 months after completion of the primary hepatitis A vaccine series.
- When giving the hepatitis B vaccine to adults with HIV, the preferred initial option is to use 2 doses of *Heplisav-B*. Postvaccination antibody titers should be checked 1 to 2 months after completion of the primary hepatitis B vaccine series.
- Three doses of 9vHPV should be administered to all persons with HIV who are 9 through 26 years of age. For persons with HIV who are 27 through 45 years of age, shared decision-making should be used to determine whether to administer this vaccine.
- All adults with HIV should receive two doses of conjugate meningococcal vaccine and booster doses every 5 years thereafter.
- Mpox vaccination should be offered for persons with HIV who are at risk for mpox exposure.
- Pneumococcal vaccine-naïve persons should receive a single dose of either PCV20, PCV21, or PCV15. If they receive PCV15, a follow-up dose of PPSV23 should be given at least 8 weeks later.
- Two doses of RZV are recommended for persons with HIV who are 18 years of age and older, regardless of CD4 cell count and prior history of zoster.
- Some live virus vaccines are contraindicated in all persons with HIV, and other live vaccines are contraindicated in persons with HIV who have a CD4 count of less than 200 cells/mm³. The MMR and varicella vaccines are live vaccines that can be administered to people with HIV who have a CD4 count of at least 200 cells/mm³ if they lack immunity to these vaccine-preventable viruses

References

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2026. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>. Accessed September 15, 2026.
2. <https://www.hiv.uw.edu/go/basic-primary-care/immunizations>. September 15, 2026.
3. Wodi AP, Issa AN, Moser CA, Cineas S. Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2025. MMWR Morb Mortal Wkly Rep 2025;74:30–33. DOI: <http://dx.doi.org/10.15585/mmwr.mm7402a3> Accessed September 15, 2026

Thank you.

THANK YOU SO MUCH

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