



COVID-19 Vaccination Recommendations for People With HIV

Version: 11/8/22

COVID-19 vaccination is a highly effective and safe tool to prevent COVID-19 infection and serious illness due to COVID-19. Everyone should stay up to date on their COVID-19 vaccinations. Given that studies indicate that people with HIV may be at higher risk for serious illness from COVID-19, we strongly encourage all PWH to stay up to date on their COVID-19 vaccines, including the bivalent booster.

The Centers for Disease Control and Prevention [recommends](#) COVID-19 vaccination for people with HIV [except for those](#) with a condition that excludes them from vaccination. Exclusions are rare but include a serious allergic reaction to one of the components of the COVID-19 vaccines or to a previous dose of a COVID-19 vaccine.

In addition to COVID-19 vaccination, the [use of Evusheld](#) is recommended for persons who are immunocompromised, including PWH with CD4<200 for added protection, but providers should be aware that Evusheld may not be protective against all of the [circulating variants](#). While overall, PWH are at no higher risk of severe COVID-19 than the general population after completing vaccination, persons with CD4<350 [remain at higher risk](#) of severe breakthrough illness (hospitalization or death). Therefore, emphasis on being up to date with bivalent boosting and receiving prompt COVID-19 treatment should be encouraged for PWH with CD4<350 despite vaccination.

COVID-19 vaccines are paid for by the federal government and are free to patients, regardless of immigration status or whether they have health insurance. This document covers the latest vaccination recommendations for people with HIV, based on [CDC's recommendations](#) and FDA authorizations for the [Pfizer/BioNTech](#), [Moderna](#) and [Novavax](#) COVID-19 vaccines. The [J&J/Janssen](#) vaccine is authorized for limited use in adults 18 years and older for individuals for whom other COVID-19 vaccines are not accessible or clinically appropriate or for those who will only receive the J&J/Janssen vaccine. Details on safety, efficacy and more are available in IDSA's [Real-Time Learning Network Vaccines section](#).

CDC COVID-19 Vaccination Recommendations (As of 11/3/2022)

The following tables from CDC highlight current recommendations for primary and booster doses for [people who are not at least moderately immunocompromised](#) and those who [are considered moderately to severely immunocompromised](#); PWH with CD4<200 and/or not virologically suppressed are considered to be in this immunocompromised category. See also [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States](#).

See also considerations for people previously vaccinated with the [J&J/Janssen vaccine](#).

Table 2. COVID-19 vaccination schedule for people who are **not** moderately or severely immunocompromised

Source: CDC. [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).

Age group	Number of primary doses	Number of bivalent booster doses	Recommended bivalent booster dose*	Interval between 1st and 2nd primary dose†	Interval between 2nd and 3rd primary dose	Interval between primary series and booster dose‡
Moderna primary series						
6 months–4 years	2	NA	NA	4–8 weeks	NA	NA
5 years	2	1	Pfizer-BioNTech	4–8 weeks	NA	At least 2 months
6–11 years	2	1	Moderna or Pfizer-BioNTech	4–8 weeks	NA	At least 2 months
12 years and older	2	1	Moderna or Pfizer-BioNTech	4–8 weeks	NA	At least 2 months
Novavax primary series						
12 years and older	2	1	Moderna or Pfizer-BioNTech	3–8 weeks	NA	At least 2 months
Pfizer-BioNTech primary series						

Age group	Number of primary doses	Number of bivalent booster doses	Recommended bivalent booster dose*	Interval between 1st and 2nd primary dose†	Interval between 2nd and 3rd primary dose	Interval between primary series and booster dose‡
6 months–4 years	3	NA	NA	3–8 weeks	At least 8 weeks	NA
5 years	2	1	Pfizer-BioNTech	3–8 weeks	NA	At least 2 months
6–11 years	2	1	Moderna or Pfizer-BioNTech	3–8 weeks	NA	At least 2 months
12 years and older	2	1	Moderna or Pfizer-BioNTech	3–8 weeks	NA	At least 2 months

Abbreviation: NA = not authorized

*A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s) and are unable to receive an mRNA vaccine (i.e., mRNA vaccine contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose. The monovalent Novavax booster dose is administered **at least 6 months** after completion of any primary series.

†An **8-week interval** between the first and second primary series doses of Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccines may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis and pericarditis associated with these vaccines. A **shorter interval** (3 weeks for Novavax and Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about [COVID-19 community levels](#) or an individual's higher risk of severe disease.

‡For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The monovalent Novavax booster dose is administered **at least 6 months** after completion of any primary series and cannot be used in people who previously received any booster dose(s).

Table 3. COVID-19 vaccination schedule for people who are moderately or severely immunocompromised

Source: CDC. [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States.](#)

Age group	Number of primary doses	Number of bivalent booster doses	Recommended bivalent booster dose*	Interval between 1st and 2nd primary dose	Interval between 2nd and 3rd primary dose	Interval between primary series and booster dose [†]
Moderna primary series						
6 months–4 years	3	NA	NA	4 weeks	At least 4 weeks	NA
5 years	3	1	Pfizer-BioNTech	4 weeks	At least 4 weeks	At least 2 months
6–11 years	3	1	Moderna or Pfizer-BioNTech	4 weeks	At least 4 weeks	At least 2 months
12 years and older	3	1	Moderna or Pfizer-BioNTech	4 weeks	At least 4 weeks	At least 2 months
Novavax primary series						
12 years and older	2	1	Moderna or Pfizer-BioNTech	3 weeks	NA	At least 2 months
Pfizer-BioNTech primary series						
6 months–4 years	3	NA	NA	3 weeks	At least 8 weeks	NA
5 years	3	1	Pfizer-BioNTech	3 weeks	At least 4 weeks	At least 2 months
6–11 years	3	1	Moderna or Pfizer-BioNTech	3 weeks	At least 4 weeks	At least 2 months
12 years and older	3	1	Moderna or Pfizer-BioNTech	3 weeks	At least 4 weeks	At least 2 months

Abbreviation: NA = not authorized

*A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s) and are unable to receive an mRNA vaccine (i.e., mRNA vaccine contraindicated or not available) or

unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose. The monovalent Novavax booster dose is administered **at least 6 months** after completion of any primary series.

†For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The monovalent Novavax booster dose is administered **at least 6 months** after completion of any primary series and cannot be used in people who previously received any booster dose(s).

Evusheld for People With HIV With CD4<200 and Other People Who Are Immunocompromised

- Evusheld (a combination of two monoclonal antibodies) is recommended for people who are moderately or severely immunocompromised [every 6 months](#) for pre-exposure prophylaxis in addition to vaccination protection.
- Evusheld may be initiated 2 weeks or longer after COVID-19 vaccination.
- See the [IDSA](#) and [NIH](#) guidelines and [CDC's Evusheld guidance](#) for details on using Evusheld as a prevention measure in addition to vaccination.
- Evusheld should not be used as a substitute for COVID-19 vaccination.

Previous Vaccination With the J&J/Janssen COVID-19 Vaccination

- People who are immunocompromised, including people with HIV with CD4<200, should receive a second (additional) dose of monovalent mRNA vaccine (Moderna or Pfizer-BioNTech) and a dose of the updated bivalent mRNA booster (Moderna or Pfizer-BioNTech).
- The primary J&J/Janssen and additional mRNA dose should be separated by at least 4 weeks.
- The updated mRNA booster should be administered at least 2 months after the additional dose (for people who have not received any booster doses) or the last monovalent booster dose.

Acknowledgements: Thank you to the following HIVMA members for their contributions to, and review of, this brief: Wendy Armstrong, MD, FIDSA (Emory University), Rajesh Gandhi, MD, FIDSA (Massachusetts General Hospital), Marwan Haddad, MD, MPH (Community Health Center Inc.), Rachel Bender Ignacio, MD, MPH (University of Washington) and Colleen Kelley, MD, MPH, FIDSA (Emory University).