



HIV and COVID-19 booster vaccination

The Centers for Disease Control (CDC) has recently revised their SARS-COV-2 vaccination guidance to recommend a third “booster” vaccine for those who have “moderate to severe immune compromise” **and** who have previously received either of the mRNA vaccines (either the Moderna or the Pfizer vaccines).

The recommendation for a booster vaccine does not apply to those who received the Janssen (“J&J”) vaccine.

Relevant questions in response to the CDC guidance are: what is the evidence that guides that decision, and what constitutes “moderate to severe immune compromise?”

According to diverse sets of data presented at a meeting of the Advisory Committee on Immunization Practices (ACIP) in July, 2021, certain immunocompromised populations were studied to measure vaccine effectiveness after one, two, and three doses of an mRNA vaccine dose. It was clear that antibody response improved in most cases after a third dose of vaccine.

None of the studies included people living with HIV infection as a primary diagnosis; the immunocompromising conditions of the people studied included: a history of a solid organ transplant, hemodialysis, current cancer treatment, and current immunosuppressive therapy. Most of the studies from which those data were collected were quite small, most under 100 people, which does tend to impair generalization of the findings, however, it was those and similar data that led to the “booster” vaccine recommendation.

A few countries have instituted a “booster dose” policy; these policies are similar to the CDC’s recommendation in that they suggest the booster for certain immunocompromising conditions but do not explicitly list HIV infection as one of those conditions.

The conditions and treatments associated with *moderate to severe* immune compromise include:

- Active or recent treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ or recent hematopoietic stem cell transplant
- Severe primary immunodeficiency
- Advanced or untreated HIV infection
- Treatment with immunosuppressive medications such as cancer chemotherapeutic agents, TNF blockers, certain biologic agents (e.g., rituximab), and high-dose corticosteroids

The ACIP also suggested that some chronic conditions are associated with *varying degrees* of immune deficit, such as asplenia (absence of a spleen) and chronic renal disease, and that people with those conditions could also be considered for a booster vaccine dose.

Based on the available data and recommendations, WCHC is encouraging a booster vaccine dose for patients living with HIV infection who **also** have any of the conditions or are undergoing treatments listed above. For the most part, people living with HIV who are on antiretroviral treatment and have a suppressed or undetectable viral load for greater than 12 months would not fall into the “moderately to severely immunocompromised” category. However, if you are unsure, please speak with your provider and/or your Care Team RN.

If you do have one of the listed conditions, or are receiving treatment for cancer, or are receiving immunosuppressive treatments for other conditions, you can go to www.myturn.ca.gov to search for a vaccination site and to schedule an appointment. You will need to attest that you have one of the above immune deficiency conditions or circumstances.

Please reach out to your Care Team members for questions or clarification. You can reach Amy Puckett, Care Management Assistant for both Russian River Health Center and Gravenstein Community Health Center on her direct line at (707) 328-7390.

(Davey.8.19.21)