

Don't Hesitate to Vaccinate HIV-Infected Patients

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WASHINGTON — Protect HIV-infected patients from additional illness by vaccinating them against influenza, hepatitis A and B, pneumococcal disease, and tetanus-diphtheria, Dr. David H. Spach advised at the Ryan White CARE Act meeting on HIV treatment.

As flu season begins, "vaccinate everyone for flu regardless of their CD4 count or viral load," said Dr. Spach, of the University of Washington, Seattle.

He presented a roundup of immunization recommendations for HIV patients:

► **Influenza.** Adults with AIDS are at significantly greater risk for influenza, compared with healthy adults, and even compared with healthy persons older than 65 years, according to data from a 3-year study of deaths from influenza or pneumonia (Arch. Intern. Med. 2001;161:441-6).

The flu vaccine is most effective for patients with CD4 counts of over 100 cells/mm³. There are no published data on adverse effects in patients with lower CD4 counts.

Studies have shown that the flu vaccine is most effective for patients with CD4 counts greater than 100 cells/mm³. Patients with CD4 counts below 100 cells/mm³ may not respond as well to the vaccine, but there are no published data on adverse effects of influenza vaccines in these low-CD4-count patients, Dr. Spach said.

Vaccinate HIV patients annually with the trivalent vaccine regardless of their CD4 count, but remember that the live vaccine is contraindicated for these patients, he said. Data from the Centers for Disease Control and Prevention for the period from 1976 to 2006 confirm that peak flu activity occurs in the 4-month period from December through March, which reinforces the current recommendations to give HIV patients the flu vaccine at a regular visit just prior to the start of flu season.

► **Hepatitis B.** Clinicians may encounter HIV patients who received one or two doses of the hepatitis B vaccine and then disappeared for years.

But if an HIV patient has missed a

dose, "it's fine to pick up where you left off," he said.

Long intervals between the first and second doses of hepatitis B vaccine appear to have little effect on immunogenicity in HIV patients, and the third dose is more like a booster dose, Dr. Spach said. The CDC's Advisory Committee on Immunization Practices recommends a standard 20-mcg dose at baseline, followed by subsequent doses at 1 month and 6 months.

Consider a double dose of hepatitis B vaccine in HIV patients who do not respond to the initial three-dose series, Dr. Spach advised. Patients with CD4 counts greater than 500 cells/mm³ will respond better to a double dose than will those with lower counts.

But regardless of CD4 count, the odds of response to a future dose are low if an HIV patient doesn't respond to the initial three-dose series, he noted.

► **Hepatitis A.** Data from a study of 133

HIV-infected adults showed that response rates to hepatitis A vaccine are significantly greater in HIV patients with CD4 counts of at least 200 cells/mm³, compared with patients whose counts are less than 200 (J. Infect. Dis. 2003;187:1327-31).

"Those with CD4 counts under 200 really did not respond well at 7 and 9 months post vaccination," Dr. Spach said. Vaccine response rates at 7 and 9 months were 11% and 9%, respectively, compared with 53% and 69% among patients with CD4 counts

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