

British HIV Association (BHIVA) guidelines on immunisation for adults with HIV: SARS-CoV-2 (COVID-19) 2021: non-technical summary

SARS-CoV-2 (COVID-19) vaccines in adults living with HIV 2021

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment and care. All guidelines review the evidence for the best treatment and care. BHIVA guidelines are for clinicians providing HIV care, but it is important that you know what is in them.

This non-technical summary is about the use of SARS-CoV-2 (COVID-19) vaccines in people with HIV. It aims to summarise the main points in the full guidelines on this subject, and what it might mean for someone thinking about vaccinations. You can check the full guidelines for more detail at: <https://www.bhiva.org/vaccination-guidelines>. It is hoped that implementation guidance aimed at non-HIV clinicians who may need to provide vaccines to those living with HIV will be produced as well.

Key messages:

- SARS-CoV-2 (coronavirus) is highly infectious and can cause serious illness (COVID-19) and death. Everyone over the age of 18 in the UK is being offered vaccination, starting with those most at risk.
- The biggest risk factor for becoming seriously ill or dying due to COVID-19 is age. Other risk factors include having underlying health conditions. Pregnant women are also more at risk.
- People with HIV may be more likely to become seriously ill or die due to COVID-19. So if you are living with HIV, we strongly recommend vaccination, regardless of how old you are or whether or not you have other illnesses.
- For someone with HIV, the risk is greater if you have a detectable viral load, or if your CD4 count is currently less than 350 cells/mm³, or has ever been less than 200 cells/mm³.
- COVID-19 vaccinations are usually arranged by your GP. If you do not have a GP, or have not told your GP about your HIV, then you should discuss this with your HIV team. They can help you get a COVID-19 vaccination.
- There are different types of COVID-19 vaccine being used in the UK. For people living with HIV, all types currently available in the UK are considered safe and effective. You should accept the first vaccine you are offered.
- You should make a note of the vaccine brand you receive. In general, the same type of vaccine should be used for the full course. But if you have to, mixing types is better than delaying or not having a second vaccination. There may also be recommendations in the future to mix vaccine types.
- People with HIV, particularly those with a low current CD4 count or a low CD4 count in the past, may produce a weaker response to the vaccine. But vaccination is still strongly recommended.
- If you have had COVID-19 in the past, you should still be vaccinated, although we advise waiting until 4 weeks after the symptoms started.
- If you develop symptoms of COVID-19, you should still self-isolate and have a test, and seek medical advice if you are unwell, even if you have been vaccinated.
- Advice about social distancing, hand hygiene and mask-wearing should still be followed.

SARS-CoV-2

SARS-CoV-2 (coronavirus) is highly infectious. It is mainly spread through the air from someone who is carrying the virus. People with the virus are probably most infectious before they show symptoms, but they become less infectious over time, and usually are no longer infectious by 9 days after symptoms start.

The infection can be very mild in some people, but in others it can lead to serious illness and death. The highest risk of serious illness is in older people (60 years and older), as well as in people who have other underlying health conditions such as obesity, diabetes, cardiovascular disease, lung disease or cancer. Pregnant women and people of ethnic minority groups are also at higher risk of infection and serious illness.

SARS-CoV-2 mutates over time creating new variants. These may be spread more easily, or may cause more harm to health. Current vaccines may not be as effective against these variants, but they still offer protection. Vaccines will be changed over time to make sure they can still work, even against new variants. It is possible that we may need regular boosters or annual vaccinations, as for flu.

In the UK, COVID-19 vaccines are being given to people at highest risk of severe illness first. People are being included in different priority groups based on age, health and occupation. All adults will be offered a vaccine as soon as possible, probably by the summer of 2021.

COVID-19 in people with HIV

If you are living with HIV, the data at present suggest that you are no more likely to be infected with coronavirus than someone in similar circumstances who is not living with HIV. But you may be at greater risk of serious illness or harm to your health if you get COVID-19. This risk is greater if you have a detectable viral load, or if your CD4 count is currently less than 350 cells/mm³ or has ever been less than 200 cells/mm³.

We strongly recommend a complete course of COVID-19 vaccination for everyone with HIV. This applies to everyone with HIV, no matter your age, viral load or CD4 count, including pregnant women. In the UK, you should accept whichever COVID-19 vaccine you are offered first; they are all safe and effective. There is no evidence that any type available in the UK works better in people with HIV.

Some people do not want a COVID-19 vaccine. Some people do not think they need the vaccine. Others may be concerned about side effects, or be nervous about vaccines in general. Some people are concerned about the vaccine interfering with HIV medication or causing infertility; this is not the case. You can read more about common concerns here: <https://i-base.info/qa/>.

There are very few risks associated with the vaccine. The risk of harm from being infected with the COVID-19 coronavirus is many, many times higher than the risk of harm from vaccination.

You will probably be contacted by your GP to book your vaccination. Or you can book directly online when you are eligible. Some people with HIV do not have a GP, or chose not to tell their GP about their HIV status. If that is the case, tell your HIV team: they should be able to arrange for you to be referred to a COVID-19 vaccination hub.

Types of COVID-19 vaccine

Different types of COVID-19 vaccine are being used in the UK. They all work by stimulating your body's immune system to fight the virus. None of the vaccines include live SARS-CoV-2 virus so are safe even if you have a weakened immune system. Clinical trials of all the vaccines in use in the UK included some people with HIV. None of the vaccines used currently in the UK contain animal products, so they conform to halal and kosher standards.

All available vaccines in the UK provide good protection against COVID-19, and should prevent severe disease and hospitalisation.

You should accept the first vaccine you are offered. The vaccines currently used in the UK need two doses, which are being given approximately 12 weeks apart. You should make a note of the vaccine brand you receive. In general, a vaccine course should be completed with the same type as the first vaccine. But if you have to, mixing types is better than delaying or not having the second vaccination. In the future, mixing vaccine types may become recommended.

People with HIV, particularly those with a low current CD4 count (less than 350 cells/mm³) or a low CD4 count in the past (less than 200 cells/mm³), may produce a weaker response to the vaccine. But vaccination is still strongly recommended. Even a weaker response will make it less likely that you will become severely ill.

You should still be vaccinated even if you have had COVID-19 in the past. But you should wait until 4 weeks after the symptoms started before vaccination.

More information about the COVID-19 vaccine

The information about COVID-19 vaccines for people with HIV is based on the best evidence currently available. But as more evidence rapidly becomes available, information will need to be updated. BHIVA has regularly issued statements about COVID-19 vaccines in people with HIV and will continue to do so as new evidence becomes available. These statements can be accessed via the BHIVA website: <https://www.bhiva.org/Coronavirus-COVID-19>.

BHIVA is working with HIV i-Base to provide and update an online question and answer (Q&A) resource. This already addresses a wide range of issues. It can be found here: <https://i-base.info/> and <https://i-base.info/qa/>. If you have questions that have not been addressed, please email HIV i-Base to add them to the online resource (questions@i-base.org.uk).

Further information and support

Community organisations in the UK that produce information and resources about HIV treatment include HIV i-Base (<https://www.i-base.info>), Terrence Higgins Trust (<https://www.tht.org.uk>) and NAM (<https://www.aidsmap.com>).

About BHIVA

The British HIV Association (BHIVA) is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: <https://www.bhiva.org/guidelines.aspx>.

Information about how BHIVA guidelines are developed can be found at: <https://www.bhiva.org/clinicalguidelines.aspx>.