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July 2019

Special updates by Mukhmohit Singh
HIV and Vaccines (1 out of 3)
SOURCE: NACO technical guidelines, MoHFW, Oct 2018

Points to be kept in mind:

- HIV exposed infants, like all other infants, should be given BCG at birth. However, If BCG has not been given at birth, it should not be given in symptomatic HIV-infected older infants and children
- Live vaccines should be avoided in all severely immune compromised infants. (CD4 <15 %, or in the range of severe immune-deficiency for older children). CLHIV and their caregivers should be counselled about not accepting any vaccination given during immunization campaigns in schools or otherwise without first seeking opinion of the ART centre medical officer.
- Rotavirus vaccine is recommended for use in HIV exposed infants due to their vulnerability to diarrhoea. The vaccine virus is a highly attenuated virus in the vaccine and immunization with the vaccine is given in early infancy when diagnosis of HIV infection is not confirmed in most infants and those infected are unlikely to have severe immune-deficiency. Nevertheless, like all live vaccines it should not be given in children with known severe immunodeficiency.
- Japanese Encephalitis (JE) vaccine is inactivated and found to be safe for use in children with HIV infection. A reduced immune response may be seen in HIV-infected children. However, most children with immune recovery after highly active antiretroviral therapy develop a protective antibody response
- Check for sero-conversion and give boosters as required especially for hepatitis B and hepatitis A. A 4-dose, double quantity schedule for hepatitis B has been recommended in view of poor sero-conversion with routine immunization
- Vitamin A supplementation should be as per the national immunization schedule

Special updates by Mukhmohit Singh
HIV and Vaccines (2 out of 3)
SOURCE: NACO technical guidelines, MoHFW, Oct 2018

Desirable vaccines not currently available through the national schedule include:

- Inactivated Hepatitis A vaccine (2 doses 6 month apart between 12- 23 months)
- Pneumococcal conjugate vaccine (2, 4, 6-month, Booster 12- 15 month). Administer Pneumococcal polysaccharide vaccine (PPSV23) at least 8 weeks after the last dose of PCV to children aged 2 years or older
- Inactivated Influenza vaccine (starting at 6 months age: two doses 1 month apart; 9 years and above: single dose. Annual booster with single dose)
- Varicella vaccine: Administer the first dose at age of 15 months through 18 months and the second dose at age 4 through 6 years

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Special updates by Mukhmohit Singh
HIV and Vaccines (3 out of 3)
SOURCE: NACO technical guidelines, MoHFW, Oct 2018

Immunization Schedule for HIV positive children on treatment

Age	Immunization Schedule (After introduction of Rotavirus Vaccine)
At Birth	BCG, OPV-0, Hep B Birth Dose
6 weeks (1 1/2 months)	OPV-1, RVV-1, fIPV1##, Pentavalent-1
10 weeks (2 1/2 months)	OPV-2, RVV-2, Pentavalent-2
14 weeks (3 1/2 months)	OPV-3, RVV-3, fIPV2/IPV, Pentavalent-3
9 months	MCV-1, Vit A*, JE-1#
15 Months	MCV-2
16-24 Months	DPT-B1, OPV-B, JE-2#, Vit A*
5-6 Years	DPT-B2
10 Years	TT
16 Years	TT
Pregnant Mother	TT-1 and TT-2

*Vitamin A to be given every six months till five years of age

#JE vaccine given in selected endemic districts

Schedule varies from state to state

BCG; Bacillus Calmette-Guerin; DPT: Diphtheria-Pertussis-Tetanus; Hep B: Hepatitis B; Pentavalent vaccine: DPT+ HepB + Hib (Haemophilus influenza type b); JE: Japanese Encephalitis: MCV: Measles Containing Vaccine; OPV: Oral Polio Vaccine; TT: Tetanus Toxoid; IPV: Inactivated Poliovirus Vaccine; FIPV: Fractional Inactivated Polio Vaccine; RVV: Rotavirus Vaccine