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**CONSENSUS STATEMENT**

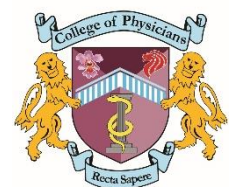
# ON THE EXPANSION OF ELIGIBILITY FOR COVID-19 VACCINATION

**FOR PEOPLE LIVING WITH HIV IN SINGAPORE**

**CHAPTER OF INFECTIOUS DISEASE PHYSICIANS  
COLLEGE OF PHYSICIANS, SINGAPORE**



**ACADEMY OF MEDICINE  
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**CHAPTER OF INFECTIOUS DISEASE PHYSICIANS  
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**BACKGROUND / KEY POINTS**

1. The Chapter of Infectious Disease Physicians proposes that the criteria for eligibility for the COVID-19 vaccination for people living with HIV be expanded.
2. In times of increased risk of COVID-19 infection, such as when the rates of community transmission are high or rising, increasing the uptake of vaccination has public health benefits by protecting those at risk, as well as those who cannot be vaccinated. [1]
3. In recent weeks, the number of infections in the community have been on the rise. There is also a growing incidence of infections involving Variants of Concern (VOC), which may be more transmissible, and have the potential to cause new waves of infection in the country. [2,3]
4. Currently, people living with HIV can get vaccinated if they meet the following criteria:
  - a. Are receiving treatment for HIV with the use of highly active combination antiretroviral therapy
  - b. Have an HIV viral load that is below the limit of detection (suppressed HIV viral load)
  - c. Have a CD4 T-helper lymphocyte cell count (CD4 count) that is 200 cells/uL or higher.
5. Vaccination of people living with HIV is recommended and practised in other settings, including by the World Health Organization (WHO), the United States Department of Health and Human Services (DHHS), and the British HIV Association (BHIVA). Some countries are in fact prioritising vaccination for people living with HIV, and especially for those with a CD4 count of less than 200 cells/uL. [4-6]
6. These recommendations are based on the following principles:
  - a. Vaccination of people living with HIV is expected to be as safe as in the general population, especially with the use of mRNA vaccines (such as the Pfizer BioNTech and Moderna vaccines), as they are not live vaccines and are not associated with the risk of vaccine-associated infections.
  - b. The available data from the widespread rollout of vaccines does not indicate a reduced vaccine efficacy in people living with HIV, even with lower CD4 counts. [7]
  - c. People living with HIV, especially with lower CD4 counts and an unsuppressed HIV viral load, and hence a more profound state of immunocompromise, may be at increased risk of COVID-19 related morbidity and mortality. [8-10]
7. In light of these principles, we propose that the criteria for eligibility for COVID-19 vaccination for people living with HIV in Singapore be expanded to the following:
  - a. For people living with HIV who are receiving antiretroviral therapy, have a suppressed HIV viral load and a CD4 count of 200 cells/uL or more: COVID-19 vaccination should be recommended

- b. For people living with HIV who are receiving antiretroviral therapy, have a suppressed HIV viral load and a CD4 count of less than 200 cells/mL (immunovirologic discordance): COVID-19 vaccination should be recommended
  - c. For those living with HIV who have recently initiated antiretroviral therapy and hence have an unsuppressed HIV viral load (regardless of CD4 count): COVID-19 vaccination should be recommended in view of the increased risk of COVID-19 infection, and of severe disease if infected.
  - d. For those living with HIV who are not on antiretroviral therapy and hence have an unsuppressed HIV viral load; or in whom antiretroviral therapy is failing: COVID-19 vaccination should be recommended in view of the increased risk of COVID-19 infection, and of severe disease if infected, and all efforts should be taken to initiate HIV treatment.
8. Confidentiality about their underlying condition should be preserved when administering vaccines to people living with HIV, and they should not have to declare their HIV status when registering to be vaccinated.
  9. We also recommend that all medical professionals involved in the care of people living with HIV actively engage their patients in discussions about COVID-19 vaccination in order to increase the uptake of vaccination in this at-risk population.

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