

BHIVA position statement on measles in people living with HIV

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Background

Measles, an air-borne and highly contagious infection, poses serious risks to adults, particularly people who are immunocompromised and pregnant women [1]. Notably, about 10% of adolescents and adults with HIV lack measles IgG and are therefore regarded as susceptible to measles [2-6]. With measles resurging in the UK, it is critical to safeguard susceptible individuals. The measles, mumps and rubella (MMR) vaccine is deemed safe and effective in individuals with well-controlled HIV [7-10]. However, available MMR vaccines contain live attenuated virus, thus are not recommended for pregnant women and immunocompromised persons, including those with HIV and a CD4 count below 200 cells/mm³. Post-exposure prophylaxis is paramount for protecting at-risk individuals following significant exposure [1].

BHIVA recommends:

- Screening for measles IgG in all people with HIV lacking documented seropositivity, regardless of prior vaccination or disease history.
- Administering the MMR vaccine to measles IgG-seronegative individuals with a CD4 count ≥ 200 cells/mm³ who are clinically stable and not pregnant. Pregnancy should be avoided for 1 month post-vaccination.
- Providing one additional vaccine dose to measles IgG-seronegative individuals with a reliable vaccination history; those without a reliable history should receive two doses at least 1 month apart.
- Although the MMR vaccine is generally well-tolerated, it can occasionally cause side effects such as fever, rash, lymphadenopathy, parotid swelling, arthropathy and thrombocytopenia. In individuals with a history of thrombocytopenia, the benefits of vaccination usually outweigh risks. If thrombocytopenia occurs post-first dose, measles IgG serological testing is advised to assess the need for a second dose.
- Offering post-exposure prophylaxis following significant exposure to measles. This may include the MMR vaccine within 3 days of exposure if not contraindicated. Those with HIV-related or other immunosuppression and pregnant women must be prioritised for post-exposure prophylaxis with intravenous immunoglobulin (IVIG) or intramuscular human normal immunoglobulin (HNIG) given within 6 days of exposure (or later in selected cases). Urgent measles IgG testing is recommended to determine prophylaxis need, but individuals at high risk should not delay prophylaxis waiting for test results.

References

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