exposure (ideally within 24 hours, but up to 7 days after percutaneous exposure and up to 14 days after sexual exposure).

Human Papillomavirus Vaccine

See the "HPV Vaccine" section in Human Papillomavirus (HPV) Disease for detailed guidance on immunization against human papillomavirus (HPV), as well as the evidence summary.

Available Vaccine

- 9-valent inactivated recombinant vaccine (Gardasil 9, Merck)

Summary of Recommendations

- Routine HPV vaccination is recommended for people with HIV. Ideally, the series should be initiated at age 11 or 12 years but may be started as early as age 9 years. For all people with HIV who are aged 13 to 26 years and who were not vaccinated previously, regardless of sex, administer three doses of the recombinant HPV nonavalent vaccine (Gardasil 9) at 0, 1 to 2, and 6 months **(AIII).** The two-dose series **is not recommended** for people with HIV.
- Shared clinical decision-making regarding HPV vaccination is recommended for people with HIV who are aged 27 to 45 years and who were not adequately vaccinated previously **(AIII).**
- At present, vaccination with commercially available HPV vaccine **is not recommended** during pregnancy **(CIII).** However, in post-hoc analyses of clinical trials and population-based studies, HPV vaccines have not been linked to adverse pregnancy outcomes.[25-28]
- For people who have completed a vaccination series with the recombinant HPV bivalent or quadrivalent vaccine, some experts would consider additional vaccination with recombinant HPV nonavalent vaccine, but data are lacking for defining the efficacy and cost-effectiveness of this approach **(CIII).**

Influenza Vaccine

Available Vaccines*

- Inactivated Influenza vaccine (IIV3) (standard-dose, egg-based vaccine)
  - Afluria (Seqirus)
  - Fluarix (GSK)
  - FluLaval (GSK)
  - Fluzone (Sanofi Pasteur)
- ccIIV3 (standard-dose, cell culture–based vaccine)
  - Flucelvax (Seqirus)
- HD-IIV3 (high-dose, egg-based vaccine)
  - Fluzone High-Dose (Sanofi Pasteur)