

# Vaccination Recommendations for Individuals with 22q11.2 Differences

## Vaccine Basics

Check out the updated info sheet on [Vaccination in Health Conditions Explained](#) to find out more about how vaccines work and the various types of vaccines.

## Vaccine Safety

Scientific evidence shows that vaccines do not cause autism.

Vaccines are tested carefully before use and checked for safety even after approval.

Don't let false information stop you from getting vaccinated.

Vaccines keep everyone safe.

## Vaccine Access

Even though the CDC no longer recommends certain vaccines for American children, these vaccines are still available to them. As long as the healthcare provider and the caregiver agree that the child should receive the vaccine(s), private and public insurance in USA are still required to cover the full costs, with no out-of-pocket costs to families.

Vaccination is a safe and effective way to teach our immune system how to fight dangerous pathogens without actually having the infection. This strategy has been a medical practice since the 1500s and continues to protect us from severe illness and death from over 20 diseases worldwide.

In January 2026, USA's Centers for Disease Control and Prevention (CDC) reduced the number of vaccines suggested for American children. However, **CDC's smaller set of recommended vaccines does NOT provide enough protection.** Therefore, the International 22q11.2 Foundation is providing recommendations for individuals with 22q11.2 deletion syndrome (22q11.2DS) and 22q11.2 duplication syndrome (22q11.2DupS). The sources of these recommendations are:

- [The Immune Deficiency Foundation](#)
- [The American Academy of Pediatrics \(AAP\)](#)

The recommendations have been reviewed and endorsed by our Foundation's [Medical Advisory Board](#) and are applicable as of February 2026. If changes are needed, our Foundation will announce them via our newsletter, social media, website, and email.

## Vaccination Recommendations from the International 22q11.2 Foundation

It is recommended that:

- **Individuals with 22q11.2 deletions or duplications** receive vaccines included in the [American Academy of Pediatrics \(AAP\)](#) schedule that their healthcare providers, in consultation with their immunologist, recommend they receive, even if they may have decreased vaccine responses. Most individuals with 22q11.2 differences can receive vaccines according to the AAP schedule.
- **All individuals with 22q11.2 differences receive an immunological assessment** to see if they can receive these **live attenuated vaccines**: chickenpox (varicella); Measles, mumps, rubella (MMR); Rotavirus; Smallpox; Yellow fever; Bacille Calmette-Guérin (BCG) vaccine (for tuberculosis); and Flu mist;
- **Family members and close contacts** of individuals with 22q11.2 deletions or duplications receive vaccines included in the [American Academy of Pediatrics \(AAP\)](#) schedule that **their healthcare providers recommend they receive**. This decreases the chances that the person with a 22q difference comes into contact with a vaccine-preventable infectious disease.

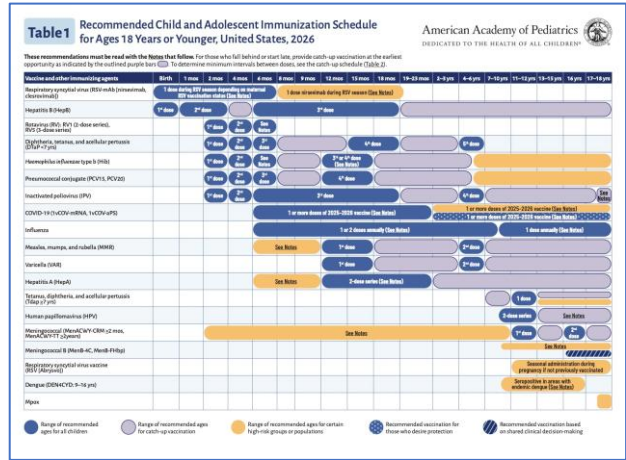
Note: People on immunoglobulin replacement infusions usually have a modified vaccine schedule.

# Vaccination Schedule from the American Academy of Pediatrics (USA)

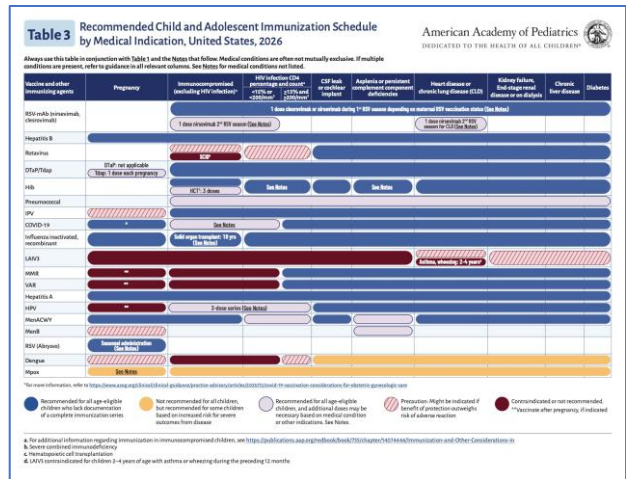
Please **download the full document** (18 pages).

- The images on the right shows two of the main tables from the vaccination schedule from American Academy of Pediatrics (AAP) in the USA.
- Most individuals with 22q11.2 differences can receive vaccines according to the main AAP schedule** (Table 1 on p. 2 of [pdf](#)).
- Individuals with 22q11.2 are very diverse in terms of their immune systems. It is important to **evaluate all children with 22q11.2DS immunologically at diagnosis to see if they can receive live attenuated vaccines**.
- The vaccination schedule from the American Academy of Pediatrics is tailored to families in the USA. Different countries have different vaccination schedules. Please consult the vaccination schedule that is endorsed by medical professionals in your country.

**Table 1: Main Vaccination Schedule**



**Table 3: Vaccination Schedule by Medical Condition** (For babies with very low T cells (CD4 <400 cells/mm<sup>3</sup> or CD8 <200 cells/mm<sup>3</sup>), see the third column for “Immunocompromised”)



## Vaccination for People with Low T Cells

People with very low T cells (CD4 <400 cells/mm<sup>3</sup> or CD8 <200 cells/mm<sup>3</sup>) should **not** receive live attenuated vaccines.

- MMR (measles, mumps, rubella)
- Chickenpox (varicella)
- Smallpox
- Yellow fever
- Bacille Calmette-Guérin (BCG) vaccine (tuberculosis)
- Nasal mist type of flu vaccine

## Main Message

**All individuals with 22q11.2 differences should receive an immunological assessment.**

- Those with very low T cells (CD4 <400 cells/mm<sup>3</sup> or CD8 <200 cells/mm<sup>3</sup>) should **not** receive live attenuated vaccines.
- Everyone else (patients, family members, and close contacts) are recommended to receive vaccines according to the vaccination schedule endorsed by medical professionals (e.g. the AAP in the USA) in your country.

## Vaccination Schedules

- [European Union](#)
- [Pan American Health Organization](#)
- [American Academy of Pediatrics](#)
- [World Health Organization \(WHO\)](#)