

## **Flu Vaccine Advice and Information for Cancer Patients on Systemic Anti-cancer Treatment (Chemotherapy/Immunotherapy/Targeted Therapies)**

People receiving Systemic Anti-Cancer Treatment (SACT – for example, chemotherapy and/or Immunotherapy) are at an increased risk of contracting the flu virus.

**It is advised that people receiving SACT and/or Immunotherapy should have the flu vaccine.** You should not be vaccinated if you have ever had a serious allergy to the vaccine, or any of its ingredients. If you are allergic to eggs you may not be able to have certain types of flu vaccine – check with your GP.

Vaccines should **ideally** be given before starting your treatment or a couple of days prior to or following a cycle of treatment.

Vaccines should be avoided on the day of treatment itself.

People receiving SACT and/or Immunotherapy should only receive **inactivated vaccines (non-live vaccine)**.

NHS England advises that children vaccinated with the nasal spray vaccine should avoid close contact with people with severely weakened immune systems for two weeks following vaccination because there is an extremely low chance that the vaccine virus may be passed on to them. Try to avoid changing nappies, toileting if at all possible.

Family members can receive both live and inactivated vaccines; this offers protection for the person receiving SACT.

### **Flu Vaccine and SACT**

All patients who are receiving SACT are advised to have the **seasonal influenza and pneumococcal polysaccharide (PPV) vaccines**.

We **do not** recommend that you have any live vaccinations during your SACT treatment or for up to 6 months after. For example, shingles (Varicella Zoster), MMR and BCG. If you have received Rituximab treatment we advise you to avoid live vaccines for 2 years after completion of treatment.

If you are a haematology patient, your haematologist may recommend that your immediate family members also receive the seasonal influenza vaccine.

It is recommended that patients receiving Immunotherapy (on its own or in combination with SACT) should have the **seasonal influenza and pneumococcal polysaccharide (PPV) vaccines**.

### **Inactivated Vaccines and Live Vaccines**

Inactivated vaccines include:

- Flu vaccine
- Pneumococcal Vaccine

These vaccines **are** recommended for people receiving SACT and/or Immunotherapy

### **Live vaccines should be avoided whilst receiving SACT/Immunotherapy:**

Live vaccines include:

- Varicella Zoster (Shingles)
- MMR
- BCG

**If you have been given a live vaccine before starting SACT please inform your team as soon as possible as we ideally would advise waiting 4 weeks before starting treatment.**

### **Haematology Patients:**

- **The shingles vaccine is not advised for people diagnosed with Chronic Lymphocytic Leukaemia (CLL), even if not receiving any anti-cancer treatment.**
- **Please discuss with your haematology team if you have any further queries.**

#### **To clarify:**

- **People receiving SACT should have the flu and pneumococcal vaccine**
- The vaccine is given at the GP surgery
- Timing of the vaccination is important
- **Only inactivated vaccines for people on Immunotherapy and/or SACT**
- Family members can have both live and inactivated vaccines
- **The flu vaccine won't protect you against COVID-19. But it will help protect you against flu, which is an unpleasant and potentially serious infection that can cause complications leading to hospital admission. Helping to protect against flu is particularly important with COVID-19 in circulation because people vulnerable to COVID-19 are also at risk of complications from flu.**