Influenza Immunization Guideline 2019

These guidelines are to ensure that patients with cancer who are on treatment receive appropriate influenza immunization advice. The information is provided as a resource/guide only and does not take the place of any diagnostic, treatment plan or recommendations from a patient’s oncologist or specialists.

1. Patients on active chemotherapy, targeted treatment, immunotherapy and/or radiation therapy may receive inactivated influenza vaccine if not medically contraindicated. (See chart for exceptions).

2. Patients should not receive LIVE attenuated influenza vaccine during anticancer treatment and for at least 6 months afterward. This includes the intranasal form of the vaccine (e.g., FluMist®).

3. Inactivated influenza vaccine can be given at any point during the patient’s treatment. The optimal timing is not known. Some references recommend patients on active chemotherapy receive the influenza vaccine two or three days prior to their next chemotherapy cycle. Treatment between cycles has been reported to be safe and is recommended over not receiving the vaccine at all.

4. For patients who have had a stem cell transplant, the general guideline is that the influenza vaccine should not be given if the stem cell transplant was less than four months previous in adults and less than six months previous for pediatrics.

5. Patients treated with B-cell depleting antibodies (rituximab, obinutuzumab) should not have the influenza vaccine if a dose was received less than four months ago.

6. Patients receiving single-agent immunotherapy such as PDL-1 inhibitors (durvalumab, atezolizumab) and PD-1 inhibitors (pembrolizumab, nivolumab) or single-agent immunotherapy in combination with chemotherapy may receive inactivated influenza vaccine.

7. Patients treated with CTLA-4 inhibitors (ipilimumab, tremelimumab) alone or in combination with other anti-cancer agents and those who have discontinued treatment should not have the influenza vaccine if the last dose was less than four months ago.

8. Patients on clinical trial protocols should continue to follow instructions based on their specific protocol.

9. Families and care providers of cancer patients should be encouraged to receive an inactivated influenza vaccine if not contraindicated. The live influenza vaccine is not recommended because of the high risk of influenza viral shedding.

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10. For patients with lymphedema, administer the influenza vaccine into another area of the body such as an unaffected deltoid muscle or thigh muscle. For patients that have a history of mastectomy, use the opposite arm.

11. Patients on radiation therapy can receive the influenza vaccine at any time during their treatment. The injection should be given on the opposite side if unilateral treatment is given.

12. To determine which anticancer treatment your patient is receiving, please ask your patient for their medication list, review the most recent SCA progress note on eHealth or contact your respective cancer centre pharmacy (Allan Blair Cancer Centre, Regina, 306-766-2816 or Saskatoon Cancer Centre, 306-655-2680).

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<td>Stem Cell Transplant patients</td>
<td>Should not receive vaccine if the stem cell transplant was less than four months previous in adults and less than six months previous for pediatrics</td>
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<td>B-cell depleting antibodies</td>
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References
BC Cancer - Influenza Vaccine Guideline (revised October 2018)
Alberta Health Services - Influenza Immunization for Adult and Pediatric Patients Undergoing Cancer Treatment Clinical Practice Guideline (October 2018)
UpToDate® – Immunizations in Adults with Cancer (accessed October 2019)