



## Influenza Immunization Guideline 2020

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. Influenza Immunization is strongly recommended for the 2020-21 season as it will coincide with circulating SARS-CoV-2. The only way to distinguish symptoms of influenza and SARS-CoV-2 is by specific testing for both viruses. There is also a risk that patients may be co-infected with influenza and SARS-CoV-2.
3. Patients **should not** receive LIVE attenuated influenza vaccine (eg. intranasal FluMist®) during anticancer treatment.
4. Inactivated influenza vaccine can be given at any point during the patient's treatment. The optimal timing is not known. The vaccine is generally administered at least 2 weeks before new chemotherapy starts. For patients currently on therapy, some references recommend administration two to three days prior to the next cycle. Treatment between cycles has been reported to be safe and is recommended over not receiving the vaccine at all.
5. For patients who have had a stem cell transplant, 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. SCT candidates should receive inactivated influenza vaccine at least 2 weeks prior to the initiation of the conditioning regimen if the transplant is planned during the influenza season. SCT donors should receive inactivated influenza vaccine at least 2 weeks prior to stem cell collection if harvesting is planned during the influenza season. Only the inactivated influenza vaccine should be used among contacts of SCT recipients within two months of transplant and in SCT recipients with graft-versus-host disease.
6. For patients treated with B-cell depleting antibodies (e.g., rituximab, obinutuzumab, alemtuzumab) there is no evidence that patients will mount a sufficient protective immune response to influenza vaccination if administered within 4-6 months of treatment. However, there is little harm and there may be some potential benefit. If patients recently treated with B-cell depleting antibodies wish to discuss the benefits and risks of receiving an influenza vaccination, they should contact their oncologist or hematologist for further discussion and recommendations.
7. 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.

8. Patients treated with CTLA-4 inhibitors (ipilimumab) 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 six months ago.
9. Patients on clinical trial protocols should continue to follow instructions based on their specific protocol.
10. 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 risk of viral shedding and resulting infection.
11. 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 opposite arm.
12. Patients on radiation therapy can receive influenza vaccine at any time during their treatment. The injection should be given on the opposite side if unilateral treatment is given.
13. For patients with concomitant HIV infection, when possible vaccines should be given early in the course of HIV infection although there is no contraindication to the use of inactivated vaccines at any time.
14. The high-dose inactivated influenza vaccine (Fluzone® High-Dose) has demonstrated superior outcomes to standard influenza vaccine in patients over the age of 65, however is only publicly funded in Saskatchewan for residents 65 years and older who reside in long term care facilities or private care homes.
15. 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).

<b>Exceptional situations</b>	<b>Recommendation</b>
Stem Cell Transplant patients	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
B-cell depleting antibodies: Rituximab, obinutuzumab, alemtuzumab	Should contact their oncologist or hematologist for further discussion and recommendations
CTLA-4 inhibitors Ipilimumab	Should not receive vaccine within 6 months of last dose
Patients on clinical trials	Should continue to follow instructions based on their specific protocol

## References

Alberta Health Services - Influenza Immunization for Adult and Pediatric Patients Undergoing Cancer Treatment Clinical Practice Guideline (October 2019)

BC Cancer - Influenza Vaccine Recommendations (revised October 2020)

UpToDate® – Immunizations in Adults with Cancer (accessed September 2020)

Canadian Healthcare Network – Influenza and Covid-19, Preparing for the 2020-21 flu season

Immunization of Immunocompromised Persons: Canadian Immunization Guide Part 3 (accessed September 2020)

Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020-21

<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.30467>

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020–2021 (accessed Sept 2020)