



Influenza Immunization Guideline

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, immunotherapy (including checkpoint inhibitors) or radiation therapy can receive inactivated influenza vaccine if not medically contraindicated.
2. Patients should not receive live attenuated influenza vaccine. 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, recognizing that while they may not get the full benefit of the vaccine, it still provides some value for patients. The optimal timing is not known.
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 is < four months in adults and < six months for pediatrics.
5. Patients who are treated with rituximab, or other B-cell depleting antibodies, should not have the influenza vaccine if the rituximab dose is < four months.
6. Patients receiving single agent checkpoint inhibitors such as PDL-1 inhibitors (e.g., durvalumab, atezolizumab) and PD-1 inhibitors (e.g., pembrolizumab, nivolumab) can receive inactivated influenza vaccine.
7. Patients treated with CTLA-4 inhibitors (e.g., ipilimumab, tremelimumab) alone or in combination with other anti-cancer agents and those who have discontinued treatment should not have the influenza vaccine if < three months.
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 consider receiving an inactivated influenza immunization if not contraindicated. The live influenza vaccine is not recommended because of the high risk of influenza viral shedding.