

Clinician Fact Sheet

Influenza Immunization for Adult and Pediatric Patients
Undergoing Cancer Treatment

Accompanies: Clinical Practice Guideline SUPP-002



The assessment, prevention, rehabilitation, and management strategies outlined in this summary and accompanying guideline apply to adult and pediatric cancer patients. Refer to the full clinical practice guideline and evidence tables for a detailed description of the clinical questions, recommendations, guideline development methodology, and references.

General Principles

Annual administration of the **inactivated** influenza vaccine **is recommended** for most adult and pediatric patients over the age of six months with cancer.

Live influenza immunizations are **contraindicated** for all adult and pediatric cancer patients.

Patients with a severely weakened immune system (**hospitalized and in protective isolation**) should avoid contact with those who received the live nasal spray influenza immunization for a period of at least two weeks following administration.

Patients are responsible for making their own influenza immunization appointments at their local public health unit, influenza immunization clinic, or family physician's office.

Timing of Inactivated Influenza Immunization

Inactivated influenza vaccine can be administered safely at any time before, during or after immunosuppression.

- **Ideal:** At least two weeks before the administration of any immune-suppressing cancer therapy, including chemotherapy and immune checkpoint inhibitor therapy, or delayed until at least three months after immune-suppressing cancer therapy has stopped.
- **Next Best:** If early immunization is not possible or feasible, administration less than two weeks before the start of immune-suppressing cancer therapy, or between treatment cycles is recommended over not receiving the vaccine at all, although the efficacy of the vaccine may be reduced.
- **Exception:** Patients treated with rituximab (or other B-cell or T cell depleting antibodies) should have all immunizations postponed until at least 6 months after the last dose of rituximab.

Hematopoietic Stem Cell Transplant (HSCT)

If the patient is at least six months post HSCT, they may receive the **inactivated** influenza immunization. Inactivated influenza vaccine can be given as early as three months post-transplant in outbreak situations at the discretion of the transplant physician. In such case, two doses should be given at least four weeks apart. Influenza immunization recommendations are the same for autologous and allogeneic transplants, as well as adult and pediatric populations.

Dosing of Inactivated Influenza Vaccine

Age	Previously Immunized	Never Before Immunized
Children 6 months up to and including 8 years of age	One dose (0.5 mL)	Two doses (0.5 mL each), 4 weeks apart
Children 9 years and older	One dose (0.5 mL)	One dose (0.5 mL)
Adults less than 65 years of age	One dose (0.5 mL)	One dose (0.5 mL)
Adults 65 years of age and older	One dose (0.7 mL)	One dose (0.7 mL)

Decision Making Algorithms

