

Information about COVID-19 Vaccines for Cancer Patients receiving treatment

Why have the COVID-19 vaccines been developed?

The aim of the vaccines is to protect people from becoming unwell and hopefully prevent infection.

Should people who are having chemotherapy or radiotherapy be vaccinated?

Yes. The Joint Committee on Vaccination and Immunisation (JCVI), the expert group that advises on vaccinations policy, recommends that people with active cancer have COVID vaccinations

If you think you may have had COVID-19, you should still have the vaccine, but only when you are feeling better and you should wait for at least four weeks after the start of your symptoms or a positive test. You should not have the vaccine if you currently have confirmed COVID-19.

If you are due or have recently had a stem cell transplant or CAR-T therapy, seek advice from your haematology team.

Can the vaccination cause COVID-19?

No. The vaccines do not contain any live virus, so cannot cause COVID-19.

Will the vaccine stop me getting COVID-19?

COVID-19 vaccines protect people from becoming seriously unwell and appear to reduce the risk of becoming infected. However, new strains of virus may not be fully covered with the currently available vaccines. We furthermore do not know whether the COVID-19 vaccine works as well in patients who have had cancer treatment. You may not get full immunity, but it may offer some protection and some protection is better than no protection.

You should continue to follow standard COVID-19 precautions, e.g. social distance, wear a mask and wash hands regularly.

Is the COVID-19 vaccine safe for people who are having chemotherapy, other cancer drug treatments or radiotherapy?

The vaccine has been tested in tens of thousands of patients and safety is very closely monitored. .

Written by: C Loughran on behalf of EMCA SACT ECAG	Version number: 4	Date of Issue: 01/10/23	Review date: Oct 2024
--	-------------------	-------------------------	-----------------------

Patients having targeted therapies and immunotherapy are likely to benefit from having the vaccination.

Side effects reported to date have been similar to those seen following other vaccines such as feeling generally unwell, achy, headache, fatigue and pain at the injection site. If you do experience any unexpected or severe side effects following the vaccine, please let the team know who administered the vaccine, for example your GP or hospital team. It is also very important to also let your oncologist or haematologist know.

When should the vaccine be given to people who are having chemotherapy, targeted therapy, immunotherapy or radiotherapy?

If you are due to start treatment and have not already had the vaccine, having it two weeks before you begin treatment is likely to allow time for your body to produce some antibodies, which help protect you against the COVID-19 virus. However, the Pfizer BioNTech, AstraZeneca (Oxford) and Moderna vaccines require two doses to be given and you do not achieve full immunity until 7-14 days after the second dose.

We do not know when the best time is to give the vaccine to patients already on chemotherapy. Like other vaccines, such as the flu vaccine, we suggest giving it just before your next cycle of chemotherapy where possible. Avoid having the vaccine on the same day as your chemotherapy. If you take tablets to treat your cancer everyday every day without a break, you can still have the vaccine without missing a dose.

The vaccine may be given during a course of radiotherapy, immunotherapy or to people on hormonal treatment.

Can I have the COVID-19 vaccination at the same time as other vaccines?

COVID-19 vaccines can be given at the same time as other inactivated vaccines (vaccines which do not contain any live virus). The exception to this is the shingles vaccine where you should wait at least seven days between vaccines.

How many doses of vaccine do I need?

If you are receiving treatment for cancer you should have 3 doses of vaccine as your initial immunisation course (three primary doses). Some people will require three primary doses regardless of whether they are on treatment or not, due to the type of cancer they have.

You may be offered further doses as part of COVID booster programmes

Written by: C Loughran on behalf of EMCA SACT ECAG	Version number: 4	Date of Issue: 01/10/23	Review date: Oct 2024
--	-------------------	-------------------------	-----------------------

Timing of booster doses

In general vaccines should be administered at a time when you are at your least immunosuppressed. For example:

- If you are about to start chemotherapy, radiotherapy or immunotherapy your 3rd or booster dose can be brought forward to start before treatment but should not be given within three weeks of a previous dose.
- If you have started treatment, if possible, your 3rd or booster dose should be delayed until your immune system has started to recover (at least 2 weeks after the period of immunosuppression, in addition to the time taken for the treatment has left your body).

Is a 3rd primary dose the same as a booster?

No, if you are eligible for a 3rd primary dose this is part of your initial primary vaccination and an additional dose you should have before your booster dose. You may be offered booster doses as part of the COVID booster campaign.

Written by: C Loughran on behalf of EMCA SACT ECAG	Version number: 4	Date of Issue: 01/10/23	Review date: Oct 2024
--	-------------------	-------------------------	-----------------------