

Guideline: Influenza Vaccine for Ambulatory Oncology Patients

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Oncology Patients

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Introduction:

Each year in Canada it is estimated that influenza causes approximately 12, 200 hospitalizations and 3,500 deaths. Influenza is one of the top 10 causes of death in Canada. Adults with cancer and other immune compromising conditions are among the populations at high risk of influenza-related complications or hospitalizations.

Target Population:

The recommendations outlined in this guideline apply to adults with solid tumor malignancies.

Recommendations:

The following recommendations result from review of existing practice guidelines, public policy documents, and evidence from published clinical trials, retrospective reviews, and case study reports.

- 1) Influenza vaccine is safe and well-tolerated. Influenza vaccine cannot cause influenza illness because the inactivated influenza vaccines do not contain live virus and the viruses in live attenuated influenza vaccines are weakened so that they cannot cause influenza.

- 2) Vaccine efficacy may be lower in certain populations (Persons with immune compromising conditions) than in healthy adults. However, the possibility of lower efficacy should not preclude immunization in those at high risk of influenza-associated morbidity, since vaccinated individuals are still more likely to be protected compared to those who are unvaccinated.
- 3) Annual administration of the **inactivated** influenza vaccine is indicated for all adult patients with cancer. Patients considered to be the highest priority are those on active treatment; the next priority group includes patients who have been treated within the past one year. Patients should verify with Registered Nurses of Public Health and/or Health & Community Services who provide vaccinations that the vaccination is inactivated.
- 4) If possible, influenza vaccine should be given two weeks before the start of any immune-suppressing cancer treatment, to allow for sufficient antibody production by the patient. If the patient is actively receiving chemotherapy, the vaccine should be ideally administered when blood counts are near the normal range or 1-3 days prior to the start of the next cycle.
- 5) Administration of the influenza vaccine should be postponed in persons with serious acute illnesses until their symptoms have abated. The vaccine should not be administered to people with a known allergy to any component of the vaccine, or to people who have had a serious allergic reaction to a previous dose in the past.
- 6) Immunization of family members and hospital or clinic staff and volunteers who are in contact with adult patients with cancer is strongly recommended.

Literature Support:

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