

Immunisation for adults post-chemotherapy who are not taking immunosuppressive disease modifying drugs

Inactive vaccines, with the exception of influenza vaccine that may be given sooner due to a high risk of infection, are administered from 3 months post-chemotherapy if the individual's lymphocyte count is $>1.0 \times 10^9/L$. Live vaccines, such as MMR and varicella vaccines, are administered from 6 months post-chemotherapy if the individual's lymphocyte count is $>1.0 \times 10^9/L$.

For children aged under 18 years, please refer to the [National Paediatric Oncology and Haematology Guideline](#) *Immunisation of children during and after cancer therapy*.

Vaccine	Additional notes	Recommended schedule	Post-chemotherapy
Hepatitis B (HBvaxPRO®)	<ul style="list-style-type: none"> If individual has a documented primary course of three hepatitis B vaccines prior to cancer diagnosis 	<ul style="list-style-type: none"> Administer one dose 	FUNDED Following immunosuppressive therapy longer than 28 days
	<ul style="list-style-type: none"> If individual does not have a documented primary course of three hepatitis B vaccines prior to cancer diagnosis 	<ul style="list-style-type: none"> Administer three doses at 0, 1, 6 month intervals 	
Haemophilus influenzae type b (Hib) (Hiberix®)		<ul style="list-style-type: none"> Administer one dose 	FUNDED
HPV (Gardasil®9)	<ul style="list-style-type: none"> Males and females An age-appropriate primary course An additional/booster dose post-chemotherapy, if the individual is aged under 27 years and they completed an age-appropriate primary course of HPV vaccine doses before having chemotherapy 	<ul style="list-style-type: none"> Administer one dose 	FUNDED up to 27 years of age
Influenza (Influvac®)	<ul style="list-style-type: none"> Annually during the funded Influenza Immunisation Programme <ul style="list-style-type: none"> If the individual has a current cancer diagnosis, excluding basal and squamous skin cancers if not invasive, or If the individual has an eligible condition, e.g. aged 65 years or older, chronic heart or respiratory disease, diabetes 	<ul style="list-style-type: none"> Wait until 3 months post-chemotherapy unless at high-risk of infection: <ul style="list-style-type: none"> If at high risk of infection, e.g. it is influenza season and the person has not already received one dose of the current influenza vaccine, administer one dose. Administration of two doses four weeks apart in the first year post-chemotherapy is recommended. However, only the first dose is funded In subsequent years only one dose is required annually 	FUNDED One dose
Pneumococcal PCV13 (Prevenar 13®)	<ul style="list-style-type: none"> A minimum of 4 weeks is required between administration of PCV13 and MCV4-D If 23PPV has been administered before PCV13, wait one year to give PCV13 	<ul style="list-style-type: none"> Administer one dose 	FUNDED
Pneumococcal 23PPV (Pneumovax® 23)	<ul style="list-style-type: none"> Administer 23PPV a minimum of 8 weeks after PCV13 	<p>If aged 18 years to under 60 years</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second dose in 5 years Schedule a precall for the third/final dose 5 years after second dose or at age 65 years, whichever is later <p>If aged 60 years or older</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second/final dose in 5 years 	FUNDED

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Measles, mumps, rubella (Priorix®)	<ul style="list-style-type: none"> Non-immune individuals No less than 6 months post-chemotherapy and lymphocyte count is $>1.0 \times 10^9/L$ 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b} 	FUNDED
Meningococcal MCV4-D (Menactra®)	<ul style="list-style-type: none"> No MenCCV required A minimum of 4 weeks is required between administration of PCV13 and MCV4-D 	<ul style="list-style-type: none"> Administer two doses MCV4-D 8 weeks apart 	FUNDED Following immunosuppressive therapy longer than 28 days
Polio IPV (IPOL®)	<ul style="list-style-type: none"> Check immunisation records for a primary course of three polio containing vaccines 	<p>Incomplete primary course documented</p> <ul style="list-style-type: none"> Administer three doses with at least 4 weeks between each dose <p>Complete primary course documented</p> <ul style="list-style-type: none"> Administer one booster dose 	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix®)	<ul style="list-style-type: none"> Check immunisation records for a primary course of three tetanus/diphtheria containing vaccines 	<p>Incomplete primary course documented</p> <ul style="list-style-type: none"> Administer funded adult catch-up vaccines to complete a three dose course of tetanus/diphtheria vaccines If Tdap funded, replace the first Td with funded Tdap Administer two further funded Td at 4 weekly intervals If funded, schedule a precall for a funded Tdap dose every 10 years <p>Complete primary course documented</p> <ul style="list-style-type: none"> If funded and a minimum of 10 years has elapsed since receipt of a previous pertussis containing vaccine <ul style="list-style-type: none"> Administer one Tdap dose Schedule a precall for a non-funded Tdap dose every 10 years 	FUNDED
Varicella (chickenpox) (Varilrix®)	<ul style="list-style-type: none"> Non-immune individuals No less than 6 months post-chemotherapy and lymphocyte count is $>1.0 \times 10^9/L$ 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b} 	FUNDED

Foot notes

- a. Patients who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live varicella and MMR vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination in the Immunisation Handbook 2017.
- b. Two or more live vaccines can be given at the same visit. However, when live vaccines are administered at different visits a minimum interval of 4 weeks is required.