

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

Inactivated 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 Child Cancer Network Guideline Immunisation of children during and after cancer therapy](#).

Vaccine	Additional notes	Recommended schedule	Post-chemotherapy
Haemophilus influenzae type b Hib (Hiberix)		<ul style="list-style-type: none"> Administer one dose 	FUNDED
Hepatitis B (Engerix-B)	<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 booster dose 	FUNDED <i>Following immunosuppressive therapy longer than 28 days</i>
Human papilloma virus HPV (Gardasil 9)	<ul style="list-style-type: none"> Recommended for males and females 18–45 years of age inclusively Gardasil 9 is prescribed off-label for males aged 27–45 years inclusively. No safety concerns are expected. Vaccine efficacy is not expected to be significantly different to efficacy in females in the same age group. 	<p>If incomplete primary course documented</p> <ul style="list-style-type: none"> Administer up to three doses at 0, 1, and 5 month intervals <p>If aged under 27 years and completed an age-appropriate primary course of HPV vaccine doses before chemotherapy</p> <ul style="list-style-type: none"> Administer one booster dose 	FUNDED <i>up to 27 years of age</i>
			Recommended NOT FUNDED <i>27 years or older</i>
Influenza	<ul style="list-style-type: none"> Annually during the funded Influenza Immunisation Programme 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 persons 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 <i>One dose</i>
Pneumococcal PCV13 (Prevenar 13)	<ul style="list-style-type: none"> A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra If Pneumovax 23 has been administered before Prevenar 13, wait one year to give Prevenar 13 	<ul style="list-style-type: none"> Administer one dose 	FUNDED
Pneumococcal 23PPV (Pneumovax 23)	<ul style="list-style-type: none"> Administer Pneumovax 23 a minimum of 8 weeks after Prevenar 13 	<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
Meningococcal Menactra and Bexsero	<ul style="list-style-type: none"> Two doses funded for individuals prior to planned and/or following immunosuppression 	Refer to Immunisation Handbook section 13.4.4 for dosage and administration schedule for Menactra and Bexsero	FUNDED for individuals who meet the eligibility criteria

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Polio IPV (Ipol)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three polio containing vaccines 	<p>If unsure of polio immunisation history prior to chemotherapy</p> <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose <p>If has a confident recollection of completed polio immunisation prior to chemotherapy</p> <ul style="list-style-type: none"> Administer one booster dose 	FUNDED
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> A third primary dose of mRNA-CV is recommended for severely immunocompromised individuals Third dose should be given at least 8 weeks after second dose 	<ul style="list-style-type: none"> Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine 	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three tetanus/diphtheria containing vaccines 	<p>If unsure of tetanus/diphtheria immunisation history prior to chemotherapy</p> <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose <p>If has a confident recollection of completed tetanus/diphtheria immunisation prior to chemotherapy</p> <ul style="list-style-type: none"> Administer one booster dose 	FUNDED
Measles, mumps, rubella MMR (Priorix)	<ul style="list-style-type: none"> Individuals born in 1969 or later who do not have two documented doses of MMR vaccine MMR vaccination is not required post-chemotherapy for adults born prior to 1969 	<p>If less than two documented doses</p> <ul style="list-style-type: none"> Complete a documented course of two MMR doses Administer up to two doses at least 4 weeks apart^{a,b,c} 	FUNDED for individuals who meet the eligibility criteria
Varicella (chickenpox) VV (Varivax)	<ul style="list-style-type: none"> Individuals with no clinical history of varicella infection or vaccination 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b,c} 	CONTRAINDICATED until 6 months post-chemotherapy and/or lymphocyte count is $>1.0 \times 10^9/L$
Herpes zoster Recombinant rZV (Shingrix)	<p>Recommended for:</p> <ul style="list-style-type: none"> Adults from the age of 50 years and above (including adults over the age of 66 years) Adults from the age of 18 years and above who are at increased risk of shingles <ul style="list-style-type: none"> Funded aged 65 years 	<ul style="list-style-type: none"> Administer 2 doses at least 2–6 months apart 	<p>NOT FUNDED From 50–64 years</p> <p>FUNDED Aged 65 years</p>

Foot notes

- Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live MMR and varicella vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination (does not apply to rotavirus vaccine) in the current *Immunisation Handbook*.
- 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.
- Live vaccines should not be given until 6 months post-chemotherapy and/or lymphocyte count is $>1.0 \times 10^9/L$.