

Cancer patients often have diminished immunity against vaccine preventable diseases.

They are at an increased risk for infections and related complications during their care due to a weakened immune system caused by surgery, chemotherapy and/or radiation therapy. The cancer itself also weakens the immune system.

People diagnosed with cancer may need to get vaccinated or revaccinated before treatment begins. Your cancer care team may make recommendations for not only the patient, but for those in close contact such as family members and caregivers. Vaccinations are a key component to preventing infections.

It is very important for you to share with your care team your vaccination status. In general, vaccines are not recommended during chemotherapy or radiation therapy, but may be, and should be administered if needed before the start of therapy with the guidance of your care team.

Content adapted from websites below and <https://www.cancerresearchuk.org>

Your doctor may recommend that you receive several vaccines which will provide protection to you against some of the infections that you may be at a much higher risk of contracting.

These vaccines include:

- Influenza vaccine (during influenza season)
- COVID 19
- Pneumococcal vaccine (both the conjugate & polysaccharide vaccines)
- Tdap vaccine (protects against tetanus, diphtheria and pertussis)
- Shingles vaccine, Shingrix which is not a live vaccine
- Hepatitis B vaccine

Receiving the vaccines prior to starting any of the treatments for your condition allows you to develop a better immune response to the vaccines and provides you with greater protection.

There are two main types of vaccines: live vaccines and inactivated (not live) vaccines

- You should not receive live vaccines ≤ 4 weeks prior to being treated for cancer, while you are receiving chemotherapy or for at least 6 months afterwards.
- Check with your doctor if you are unsure whether you should have contact with anyone who has recently received any live vaccines.

Some persons between 2 and 49 years of age receive the flu vaccine as a nasal spray. You should avoid close contact with individuals who have had the nasal spray flu vaccine for 2 weeks following their vaccination if your immune system is severely weakened.

If you are traveling abroad and are actively receiving chemotherapy or receiving medications that cause suppression of your immune system, you should receive IVIG to protect you against measles, since you will not be able to receive the MMR live vaccine.

It is strongly recommended by the Centers for Diseases Control and Prevention (CDC) that all adults received routine vaccines that can protect against a number of diseases. This is especially important for persons with underlying conditions such as cancer.

Resources for Additional Information:

- [CDC, Should cancer patients and survivors get a flu shot?](#)
- [CDE, Vaccine Information for Adults](#)
- [American Cancer Society, Vaccinations & Flu Shots for People w/ Cancer](#)

Recursos en Español:

- [CDC, El cáncer y la influenza](#)
- [American Cancer Society, Vacunación y vacunas contra la gripe para personas con cáncer](#)

COVID Resources:

- [American Cancer Society, COVID-19 Vaccines in People w/ Cancer Español](#)
- [Cancer.Net COVID-19 Information](#)
- [NIH, National Cancer Institute, Coronavirus: What People with Cancer Should Know Español](#)