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| **Senior Medical Officer (Cancer)**  Dr Azmat Sadozye  E: Azmat.Sadozye@gov.scot |  |
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Our ref: COVID-19 vaccination in adult patients on anti-cancer therapy or steroids

Date: 14 Janaury 2021

Dear colleague,

The following guidance is issued to assist in addressing enquiries relating to patients with cancer or receiving anti-cancer therapy. **The overriding recommendation is for all eligible patients to be vaccinated.** Reducing the risk of serious illness as a result of COVID-19 (CV-19) infection far outweighs any possible risk from the vaccine itself.

This summary of current advice and frequently asked questions regarding vaccination with the Pfizer BioNTech CV-19 vaccine and the Astra Zeneca CV-19 vaccine in patients with cancer or receiving systemic anti-cancer therapy (SACT) is up to date at the time of writing. The [“Green Book”, Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) contains the most current information regarding all CV-19 vaccines, including for immunosuppressed patients. This advice and FAQs also aligns with that of the UK Chemotherapy Board and the letter of advice from them.

* It is recommended that all patients with cancer, including all those receiving systemic anti-cancer therapy (which includes cytotoxics, immunotherapy and targeted therapies), radiotherapy or steroids, are considered for CV-19 vaccination.
* Patients receiving systemic anti-cancer therapy, radical radiotherapy or whose immune system is suppressed eg by steroids or disease, and all patients who have been on the shielding list since the start of the pandemic, fall into the ‘clinically extremely vulnerable’ (CEV) category. The current recommendation is that this group is ‘priority group 4’ in the UK national vaccination schedule.
* Both vaccines are felt to be safe and no vaccine is preferred for immunosuppressed patients.
* The only specific contraindication to vaccination is those who have had a previous systemic allergic reaction to a previous dose of the same CV-19 vaccine or any component of the CV-19 vaccine.
* Where possible, and only in line with the national vaccine prioritisation schedule, vaccination should be performed before initiation of SACT, as SACT may slightly reduce the efficacy of vaccination. Treatment should not be delayed to enable vaccination. Vaccination can be given any time relative to SACT treatment. For cyclical cytotoxic treatment, administering the vaccine just before the first day of the next cycle, and preferably not on the same day as intravenous cytotoxics, may reduce the risk of an attenuated immune response to vaccine.
* For patients who have had transplants for haematological disease, the haematology team will advise on the optimal timing of vaccination which should be at least 3 months after transplant.
* Specific blood testing is not usually required before vaccination, unless there are specific concerns.
* The administration of other vaccines (eg seasonal flu) should be separated by at least 7 days.
* Anti-cancer treatment should not be deferred or delayed due to CV-19 vaccination.
* It is possible that immunosuppression could reduce the efficacy of vaccines so patients should not presume they are immune after receiving the vaccine, but should continue with strict adherence to measures to reduce exposure to the virus.

Yours sincerely,

Dr Azmat Sadozye

Senior Medical Officer (Cancer)