

Frequently Asked Questions about the COVID-19 Vaccination for Patients on Anti-Cancer Therapy

1. Can I still be vaccinated for COVID-19 if I am having anti-cancer therapies, including chemotherapy, immunotherapy, other antibody treatments or radiotherapy?

Yes. The Department of Health recommends vaccination for people who are immunosuppressed or considered to be clinically extremely vulnerable, whether this is because of disease or treatment.

All patients should receive the vaccine as long as they meet the current criteria set out by the JCVI (Joint Committee on Vaccination and Immunisation). You will be asked a few questions by the person administering the vaccine to make sure there are no reasons that you shouldn't receive it.

2. When will I be offered the vaccine?

If you are receiving systemic treatment for cancer you are considered clinically extremely vulnerable. It is anticipated that patients receiving treatment for cancer will be offered vaccination during the first few months of 2021, but please note that we do not know yet when the vaccine will be available for all patients.

3. Can I have the vaccination if I have had, or am due to have, a stem cell transplant?

If you are due to have, or have recently had, a stem cell transplant, please seek advice from your transplant team. The British Society of Blood and Marrow transplantation and Cellular Therapy (BSBMTCT) have produced guidance on which stem cell transplant patients should be considered for the vaccine.

4. Can I have the vaccine if I have very low blood counts?

If you are known to have very low blood counts as a result of your condition or treatment you may need to discuss this with your clinical team. Always mention this to the vaccination team.

5. Should I still have the vaccine if I have had, or suspect I have had COVID-19?

Yes. If you suspect you may have had COVID-19 in the past or you have recovered from confirmed COVID-19, you should still have the vaccine.

You will need to wait until at least four weeks after your first symptoms, or at least four weeks after your first positive swab result if you didn't have any symptoms to begin with.

6. Are there any circumstances when I should not receive the COVID-19 vaccine?

You should NOT have the vaccine if you currently have confirmed COVID-19.

Instead, you need to wait until at least four weeks after your first symptoms, or at least four weeks after your first positive swab result if you didn't have any symptoms to begin with. If you develop COVID-19 after your first dose of the vaccine, your second dose should be delayed for at least four weeks.

7. Will the vaccine stop me getting COVID-19?

The aim of vaccination is to either prevent you from becoming infected with COVID-19, or to protect you from becoming seriously unwell and requiring hospitalisation.

We do not know whether the COVID-19 vaccines will work as well in patients who have had, or are receiving, anti-cancer treatment.

We also do not know whether the vaccines will work as well in people with haematological cancers which affect the immune system.

However, we do believe having the vaccines will offer you a degree of protection and that the benefits of you having the vaccine outweigh any risks.

8. Can the vaccine cause COVID-19?

No. The vaccines do not contain any live virus, so they cannot cause COVID-19.

9. What are the different kinds of vaccine available?

There are many COVID-19 vaccines in development.

In the UK, the Pfizer BioNTech, AstraZeneca (Oxford) and Moderna vaccines have been approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA) at the time of writing this information leaflet.

10. Which vaccine should I take? Is there a difference between the currently available vaccinations?

You should accept whichever vaccine is initially offered to you: they have all been shown to be highly effective and safe to administer in the clinical studies.

The Pfizer BioNTech and Moderna vaccines are not “live” vaccines and can be safely administered to immunosuppressed patients.

The AstraZeneca (Oxford) vaccine contains a live adenovirus vector. However, this virus cannot replicate within a person and is considered safe in immunosuppressed people.

None of the vaccines are thought to be better or worse for patients who are extremely clinically vulnerable or receiving anti-cancer treatment.

If further vaccines are approved and offered to you, please check with your clinical team that they are suitable for you to have. If these vaccines are not ‘live’ vaccines, the advice contained in this leaflet will still apply.

11. How is the COVID-19 vaccine administered?

These vaccines are given as injections into the upper arm.

- Pfizer BioNTech: The vaccine should be administered in two doses, a minimum of 21 days apart.
- AstraZeneca (Oxford Vaccine): The vaccine should be administered in two doses, a minimum of 28 days apart. Patient Information Leaflet for People Receiving Anti-Cancer Therapies, including Chemotherapy, immunotherapy and Radiotherapy

days apart.

- Moderna Vaccine: The vaccine should be administered in two doses, a minimum of 28 days apart. You do not achieve full immunity until after the second dose of vaccine.

12. Where will I receive the vaccine?

It is likely that you will be offered the vaccine in the community setting (for example, your GP surgery) rather than at the hospital or cancer treatment unit.

13. Do the vaccines have any side effects?

Side effects reported so far have been similar to those seen following other vaccines, such as:

- Feeling generally unwell
- Fever
- Muscle aches
- Headache
- Fatigue
- Pain at the injection site.

If experienced, these symptoms can be treated with paracetamol.

A fever lasting for more than 48 hours, a new, persistent cough or loss of taste or smell may be COVID-19. You should isolate and seek a test if this happens.

The vaccines have been tested on tens of thousands of patients and safety will be very closely monitored by the MHRA. The clinical trials excluded cancer patients, with a few exceptions, but it is not expected that the side effects would be different.

If you do experience any unexpected or severe side effects following the vaccine, please let the team who administered the vaccine know, for example your GP or hospital team. It is also important to let your oncologist or haematologist know.

14. When should the vaccine be given to people who are having chemotherapy or radiotherapy?

There is no information yet on the best time to give the vaccine to cancer patients already on treatment.

If you are due to start immunosuppressive anti-cancer treatment, having the vaccine at least two weeks before you begin treatment might allow time for your body to produce antibodies which help protect you against the COVID-19 virus.

However, it may not be appropriate to delay starting your chemotherapy until you have been vaccinated. Your cancer team will advise on this.

If possible, we suggest that if you are receiving Chemotherapy and other biological therapies you have the vaccine a few days before the start of your next cycle of chemotherapy.

If you are receiving continuous oral anti-cancer therapy and immunotherapy or radiotherapy you may have the vaccine at any point without interrupting your treatment.

Remember, you do not achieve full immunity until after the second dose of vaccine.

After vaccination, please remember to continue to follow Government Guidance regarding restrictions within your area and continue to use protective measures including regular hand washing, wearing of a facial covering and social distancing ("hands, face, space"), which will help to limit infections and save lives.

15. Can I have the COVID-19 vaccination at the same time as other vaccines?

Based on current information you should usually wait at least seven days between the COVID-19 vaccine and any other vaccine, such as the flu vaccine, if you have any side effects from that vaccine.

If you require further information about receiving the COVID-19 vaccine and other vaccines at the same time, please contact your treatment unit and discuss any queries you may have.

16. Can I discuss having the vaccine with my cancer team?

Yes. Wherever possible, please ask any questions you may have during one of your routine hospital consultations or when attending the chemotherapy units to receive treatment.

The clinical teams are exceptionally busy and we are finding it difficult to respond to so many individual enquires.

In circumstances where you cannot wait until your next scheduled consultation or visit please contact your team in the usual manner.

17. Where can I find further information?

Information on the COVID-19 vaccines is rapidly changing as the situation develops. Up to date information can be found on the Macmillan website here:

www.macmillan.org.uk/coronavirus/vaccine?origin=hp-2020-coronavirus-vaccine

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