

## Influenza vaccine recommendations

Influenza vaccine type	Population	When should patients receive the influenza vaccine?
<p><b><u>Standard dose inactivated influenza vaccine:</u></b> recommended if not medically contraindicated</p> <p><b><u>LIVE attenuated influenza vaccine</u></b> (e.g. intranasal FluMist®): <b>NOT</b> recommended during treatment and for at least 6 months afterwards</p> <p><b><u>High dose inactivated influenza vaccine</u></b> (Fluzone® High-Dose): <b>NOT</b> recommended</p>	Patients on active chemotherapy	Within two or three days prior to the next chemotherapy cycle
	Patients on targeted therapy	At any time during treatment
	Patients on radiation therapy	At any time during treatment* *Injection should be given on the opposite side if unilateral treatment is given
	Patients on checkpoint inhibitor immunotherapy	Depends on the immunotherapy regimen: <ul style="list-style-type: none"> <li>• PD-1 inhibitor monotherapy (e.g. pembrolizumab, nivolumab): <ul style="list-style-type: none"> <li>○ at any time during therapy</li> </ul> </li> <li>• PD-L1 inhibitors (e.g. atezolizumab): <ul style="list-style-type: none"> <li>○ at any time during therapy</li> </ul> </li> <li>• CTLA-4 inhibitor (e.g. ipilimumab), alone or in combination: <ul style="list-style-type: none"> <li>○ should <b>NOT</b> receive any vaccine within 6-8 weeks of starting treatment or within 6-8 weeks of last dose</li> </ul> </li> <li>• Maintenance nivolumab following combination therapy: <ul style="list-style-type: none"> <li>○ discuss timing of vaccination with physician</li> </ul> </li> </ul>
<p>Family and care providers of patients with cancer should be encouraged to consider receiving either inactivated or live attenuated influenza vaccine if not contraindicated.</p>		