



Influenza Vaccination (the “flu jab”)

What is the flu jab?

The flu jab is aimed at protecting people who are most at risk from catching or spreading flu. As the strain of flu virus changes every year, it is necessary to have the flu vaccine annually during the autumn or early winter. The current adult vaccines recommended by the Department of Health are the following:

- The adjuvanted trivalent inactivated vaccine (aTIV) or the newly licensed cell-based quadrivalent influenza vaccine (QIVc) for those aged 65 and over.
- The standard egg-grown quadrivalent influenza vaccine (QIVe) or the cell-based quadrivalent influenza vaccine (QIVc) for 18 to under 65s in clinical at-risk groups. Both vaccines protect against four strains of flu.

Should people who are having chemotherapy or radiotherapy have the flu vaccines?

Yes. The Department of Health recommends vaccination for people who are immunosuppressed because of disease or treatment. If you are having, or have recently finished cancer treatment, you should ask your GP or practice nurse about the jab.

If you are receiving the type of cancer treatment called **immunotherapy** you need to seek advice from your doctor at the hospital on whether you should have the flu vaccine as some of these treatments can lower your immunity.

Can the flu jabs cause flu?

No. The above flu vaccines do NOT contain any live virus, so they cannot cause flu.

Is there a kind of “flu jab” that I should not have?

Yes. You should not have the flu vaccine that is administered intra-nasally (through the nose) as this does contain live flu virus. Live vaccines should be avoided by patients receiving chemotherapy.

Will the flu jabs stop me getting flu?

You may not get full protection from the flu jab so could still catch flu although the symptoms are likely to be milder than if you don't have the jab and catch flu.

Is there a higher risk of side effects for people who are having chemotherapy or radiotherapy?

No. Side-effects may include soreness at the injection site and, less commonly, a slight temperature and aching muscles for a few of days after vaccination.

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

If you are due to start treatment and have not already had the flu jab, you should have it at least 2 weeks before you begin treatment. This is to allow time for your body to produce antibodies which help protect you against the flu virus.

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If this is not possible, vaccinating between courses of chemotherapy is safe and effective. While you are having chemotherapy treatment you are at most risk from infections 7 to 14 days after your last dose of chemotherapy. As the side effects of the flu jab may mimic signs of infection it is recommended that you avoid having the jab during this period. The vaccine may be given during a course of radiotherapy.

Is there anyone else in your family who should have the flu jab?

Yes. Anyone else who lives with you should also have the flu jab to help protect you.

It is recommended to avoid close contact with children that have received the intra-nasal flu vaccine for around 10 to 14 days after their vaccination.

Are there any other vaccines that should be given to people having chemotherapy or radiotherapy?

Yes. You should also have the pneumococcal jab if you have not had it before to help protect you against bacteraemia (blood poisoning) and meningitis, which can be complications of catching flu.

People receiving radiotherapy or chemotherapy should only receive inactivated vaccines (non-live vaccines). The two pneumococcal vaccines used in the UK are inactivated (do NOT contain live organisms). Ask your specialist doctor at the hospital about the best time to have the pneumococcal vaccine.

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