

## **COVID-19 Vaccination - AYA Cancer Key Worker Talking Points**

AYA Cancer Network Immunisation video: <https://vimeo.com/638890882/4c2a186c04>

- It is recommended that anyone aged 12-years and over get two doses of the free COVID-19 vaccine. It is given as two doses, 3 - 6 weeks apart. The vaccination is approved by Medsafe for use in all aged 12 and older to prevent against COVID-19. (See below for guidance on those young adults that require 3 doses)
- There is clear evidence that the immunisation is safe for both those on treatment and for those that have received treatment in the past. Across the world most young people are getting immunised while receiving treatment.
- COVID-19 is caused by a coronavirus that can affect your lungs, airways and other organs. Adolescents and young adults with COVID-19 infection tend to have mild disease compared with adults. They may have respiratory symptoms, fever, cough, sore throat or sneeze, or have no symptoms at all. Some symptoms can be very mild, or just gastrointestinal symptoms like diarrhoea or vomiting. **However**, patients who are undergoing cancer treatments (in particular with haematological malignancies), or have other medical conditions as a result of cancer or cancer treatment, are at higher risk of contracting COVID-19, and at greater risk of developing severe disease and complications from COVID-19.
- Getting the Pfizer vaccine is one of the most powerful ways to protect ourselves, each other, our whānau and our community against the Delta variant of the virus.
- Well tolerated by most on treatment – no evidence of increased side effects or harm by receiving it while undergoing treatment

### **When should AYA have the COVID 19 vaccination?**

- **If they have finished treatment:** AYA and their whānau should have the vaccine as soon as one becomes available to them.
- **If they are about to start cancer treatment:** If feasible time the first dose of the vaccine to be at least 2 weeks prior to start of therapy, if that does work do not delay commencing therapy. This to maximise seroconversion.
- **If they are on chemotherapy:** If feasible time the first dose of vaccine in between chemotherapy cycles, and away from neutropenia
- **If they are about to finish chemotherapy:** If feasible time the first dose of vaccine to be given after therapy is completed and neutropenia resolved
- **Considerations for cancer related surgery:** There are no specific timing recommendations for vaccine efficacy for people undergoing cancer surgery. However, given that potential side-effects of the vaccine may be difficult to distinguish from potential post-operative complication symptoms (eg fever), it is recommended that major surgery should occur separately to vaccine administration, by a few days to a week.

*If the above is not feasible then the recommendation is to avoid giving the COVID-19 vaccine on the same day as chemotherapy, noting that this is based on extrapolated information (from influenza vaccine) on efficacy of the vaccine rather than safety.*

- Stress that it is important to discuss with their cancer team the best time to schedule their immunisation; for some young people this may need to be timed around treatment
- Decisions around timing of the vaccine are about making sure the vaccine is as effective as possible, rather than concerns around how it will interact with cancer treatments.
- Note the decision around timing may fall in favour of vaccination even in the setting of significant immunosuppression. This is particularly relevant in the context of community transmission

**If they have had a Stem Cell Transplant or B cell depleting therapy such as Rituximab:**

(I am aware that haematological departments around the country are giving differing advice – here is the national consensus statement from the agency. I feel advice differs dependent on the community transmission risks for each region)

**Considerations for people receiving B-cell depleting therapy or who have recently undergone stem cell transplantation**

Previous advice was that vaccination should be delayed for at least three months after B cell depleting therapy or stem cell transplantation.

While patients with haematological malignancy and immunosuppression may not mount an adequate immune response to vaccination, some will<sup>22-24</sup> and there are minimal known additional safety concerns in this group. Overall, the risk/benefit of vaccination is thought to weigh in favour of vaccination considering the risk of community transmission with the highly transmissible Delta COVID-19 variant.

The following advice takes into account the context of the delta variant and community transmission.

For people currently or recently receiving B-cell depleting therapy<sup>1</sup>:

- If therapy can safely be deferred by at least 5 weeks without compromising outcomes, defer treatment (to allow for two vaccine doses 3 weeks apart, plus two weeks after the second dose)
- If treatment is urgent, proceed with treatment and vaccinate as soon as possible during treatment
- If currently receiving treatment, or if patient received anti-B-cell monoclonal antibodies, bispecific T cell engager (BiTE) therapy or CAR T-cell therapy within the last year, proceed with vaccination.

For autologous stem cell transplantation:

- Vaccinate after neutrophil and platelet engraftment

For allogeneic stem cell transplantation:

- Vaccinate from day 90 (even if still on immunosuppression, although vaccine responses likely to be reduced)

Australia and New Zealand Transplant and Cellular Therapies (ANZTCT) have also produced COVID-19 vaccine information that can be found [here](#).

- **If a young person is immunocompromised:** they might not have the same vaccine response as someone with a healthy immune system and might have reduced protection hence the need for a third dose. The third dose should not be referred to as a booster but a third dose to avoid confusion.
- **Basic Criteria**
  - who are or have received immunosuppressive chemotherapy or radiotherapy in the past 6 months
  - who have received a stem cell transplant in the past 2 years
  - who have received a stem cell transplant over 2 years ago and still receiving on-going immunosuppression for graft versus host disease.
- The 3 dose is recommended more than 8 weeks after the second dose.
- Needs a prescription from either specialist or GP. Details of implementation are still been worked out. May need to discuss with your own individual departments.
- Adverse reactions reported following a third dose are similar to those after a second dose for example, fatigue and pain at injection site and most were reported as mild to moderate.

### General Advice

People who are severely immunocompromised may have a suboptimal immune response to the vaccination and should be counselled to continue to follow other public health measures,

- stay home if they're sick, and get a test
- wear a face covering
- use basic hygiene:
  - regularly wash and dry your hands
  - cough or sneeze into a disposable tissue or into your elbow
  - clean frequently touched surfaces
- practise physical distancing in public when possible
- keep track of where they've been (with the COVID Tracer App).

How to book a vaccine:

To find a vaccination clinic near you, or to book online visit

<https://bookmyvaccine.covid19.health.nz/> or call 0800 28 29 26.

If a young person is struggling to access a vaccine due to transport CanTeen does have a small capacity to support these young people i.e. Uber, voucher etc. You need to email your regional team with a justification to access the support.