

NCCN COVID-19 Vaccination Guide for People with Cancer



Don't wait to get your COVID-19 vaccines and booster!

Many people with cancer have weakened immune systems. People with weakened immune systems are more vulnerable to COVID-19.

An expert panel of doctors from the National Comprehensive Cancer Network® (NCCN®) recommends people with cancer get fully vaccinated.

- Adults and teens (age 12 and up) with weakened immune systems should get a series of 3 vaccine doses (primary vaccination) followed by 1 bivalent booster shot. A bivalent booster protects against the original SARS-CoV-2 virus and the Omicron variant.
- Adults and some teens who've been fully vaccinated (3 primary vaccines plus 1 or 2 boosters) can now also get the bivalent booster for added protection.
- Children under age 12 with weakened immunity should get 3 primary vaccine doses. Children age 5 to 11 who had the Pfizer-BioNTech vaccine for their primary doses should also get a *monovalent* booster. No booster is given to children under age 12 who had the Moderna vaccine for their primary doses.
- Vaccinated patients who have a stem cell transplant or CAR T-cell therapy should be revaccinated at least 3 months after either treatment.
- In addition to vaccines, a combination of monoclonal antibody drugs (Evusheld)
 can help prevent COVID-19 in certain patients with weakened immune systems.

People with cancer should still wear masks, avoid crowds, and keep social distancing even after getting vaccinated. So should their caregivers, family, and close contacts.

Caregivers, family, and close contacts should get all their vaccines and boosters, too.



People with cancer have a higher risk of getting very ill, being hospitalized, and dying from COVID-19.

This is why it's so important that people with cancer get vaccinated against the virus.

In the general population, people who are vaccinated are less likely to become sick with COVID-19. Also, vaccinated people who do get COVID-19 are much less likely to become seriously ill.

However, many people with cancer have a higher risk of serious COVID-19 illness because they're immunocompromised. Being immunocompromised means that the body's immune system is less able to fight illness and infection—including the virus that causes COVID-19. Immunosuppression stems from the cancer itself or as a side effect of cancer treatment. Some cancer survivors remain immunosuppressed after completing therapy. Many people with cancer are also at higher risk of serious COVID-19 illness due to other factors, like older age and pre-existing diseases.

A series of 3 primary vaccine doses plus a booster shot* can strengthen the immune response in people who are immunocompromised.

How do I know if I'm immunocompromised?

YOU are immunocompromised if you:

- Are being treated for tumors or blood cancer, or have received cancer treatment in the past year.
- Had an organ or stem cell transplant, or take medicine to suppress your immune system for another condition.
- Have an immunodeficiency condition or an advanced or untreated HIV infection.
- Take high-dose corticosteroids or other drugs that suppress your immune response.

Should I get vaccinated if I have cancer?

YES. All people with cancer should be fully vaccinated against COVID-19.

NCCN experts recommend that people with cancer get all their COVID-19 shots, including 3 primary doses and any recommended boosters, as soon as possible.

Those living in the same household as a person with cancer should get fully vaccinated and boosted as soon as they can, too. Any caregiver or other close contact of a person with cancer also should get all their vaccines and boosters.

Make sure to speak up and ask others to "take their shots."

^{*} Pfizer/BioNTech or Moderna only.

Should people with cancer wait to get vaccinated?

NO. Most people with cancer should get vaccines and boosters (either Pfizer/BioNTech or Moderna) as soon as they can. This includes 3 primary vaccine doses with 1 additional booster if you have active cancer or if you're immunocompromised—a total of 4 shots.

But there are a few exceptions. People in the process of receiving the following therapies should wait at least 3 months after they finish therapy to get vaccinated:

- ★ Stem cell transplant, either allogeneic or autologous stem cell transplant. People getting a stem cell transplant should delay vaccination.
- * Cellular therapy, such as CAR T-cell therapy or NK cell therapy. People who receive cellular therapy have a much less effective immune system for weeks or even months after this therapy.

People with cancer who undergo major surgery should also wait from a few days to up to 2 weeks to get vaccinated.

However, people receiving other treatments—like chemotherapy, immunotherapy, or radiation—should get vaccinated as soon as they can.

If you received your COVID-19 shots before having a stem cell transplant or cellular therapy, you'll need to be vaccinated again (3 primary doses plus 1 booster*) at least 3 months after either treatment.

Does it matter which type of vaccine or booster I get?

YES, in some cases. NCCN experts suggest that people with cancer receive vaccines and boosters from either Pfizer/BioNTech or Moderna. These two are preferred in people with weakened immune systems.

For patients who can't receive Pfizer/ BioNTech, Moderna, or Johnson & Johnson/ Janssen vaccines, the Novavax vaccine may be an option.

Regarding boosters:

- A booster can prolong your immunity to the virus after your primary vaccination series.
- A bivalent booster prevents infection from both the original SARS-CoV-2 virus and the Omicron variant.
- Adult and teen patients (age 12 and above) who received either Pfizer/ BioNTech or Moderna primary vaccines should get 1 bivalent booster (either Pfizer/BioNTech or Moderna).
- Children (age 5 to 11) who received Pfizer/BioNTech primary vaccines should get 1 monovalent booster (either Pfizer/ BioNTech or Moderna).
- Adults with weakened immune systems who had the Johnson & Johnson/Janssen vaccine as their primary vaccination should also get 1 monovalent vaccine* dose and then 1 bivalent booster.*

^{*} Pfizer/BioNTech or Moderna only.

Do monoclonal antibody drugs prevent COVID-19?

YES, but they're meant only for people who are immunocompromised and have a weak immune response to the vaccine.

The monoclonal antibody drugs for COVID-19 are two drugs given together and combined under one name (Evusheld). These drugs act like the body's own immune defenses to attack the COVID-19 virus. They can significantly reduce the risk of developing COVID-19 in people who might have a weak response to the vaccine. If you do get COVID-19 illness, monoclonal antibodies can make it less severe.

These drugs are used to prevent COVID-19 infection but they don't take the place of getting vaccinated. Also, monoclonal antibodies aren't for use in children below age 12 or under 40 kg (88 lb) in weight. NCCN experts recommend that people with blood cancers, who are at the highest risk of severe COVID-19 illness, should have priority in receiving monoclonal antibody drugs.

Can I stop wearing a mask after getting vaccinated?

NO. Keep wearing your mask. Ask your caregivers, family, and other close contacts to wear theirs, too.

Many people with cancer have a harder time fighting infections and may not respond as well to vaccines. Early data suggest that vaccines may not work as strongly in people with cancer as they do in the general population. So, people with cancer should continue to follow the recommendations to prevent COVID-19.

Caregivers, family, and close contacts should get fully vaccinated and follow the recommendations, too. These include wearing masks, maintaining social distance, washing your hands, avoiding crowds, minimizing travel, and taking any other preventive measures.



Visit NCCN.org/patients

for more resources, including FREE NCCN Guidelines for Patients[®] that can help people with cancer talk to their doctors about the best treatment options.