



COVID, CANCER & VACCINATION



COVID-19, Vaccination & Gynaecological Cancers

With Lockdown 3 upon us and a mass vaccination programme commencing across the country many of you will be wondering about whether to have the vaccination.

So should I proceed with the vaccine?

Quite simply, yes, if it is offered to you. Public Health England (PHE) advice is that as a general rule inactive vaccines would not interact with other medicines, such as chemotherapy. The Green Book recommends that patients who are immunocompromised should be offered vaccination, acknowledging that the efficacy of the vaccination may be restricted.

Should I discuss this with my cancer team?

It is recommended that the patient's oncologist should be involved in the decision to offer the vaccine, as any potential side effects of the vaccine could be hard to distinguish from the side effects of chemotherapy so leaving a gap between having had a cycle of chemotherapy and being vaccinated would seem sensible.

We often get queries each year about the flu vaccination. We recommend that having a 'flu jab is sensible, but often we suggest that you have this in your "best week".

So what does this mean?

For example, if you are having a regimen of Carboplatin/Taxol, you would select week 3. **Why?** This is the week when your body is much more recovered from the chemotherapy and is just prior to your next cycle.

So when planning your CV19 vaccination with your healthcare provider, please bear this in mind.

To remind you patients who are immunocompromised fall into category 3 of the JCVI priority groups, so only those patients who are over 80 would be eligible at this time.

More information is available from the Green Book on the link below.

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Visit our website for more information: <https://www.gogirlssupport.org/covid19>

