

A Guide to COVID Vaccinations for Oncology Patients

DR RIA DAVID

SPECIALIST PHYSICIAN/MEDICAL ONCOLOGIST

ONCOCARE

Introduction

What is a vaccination?

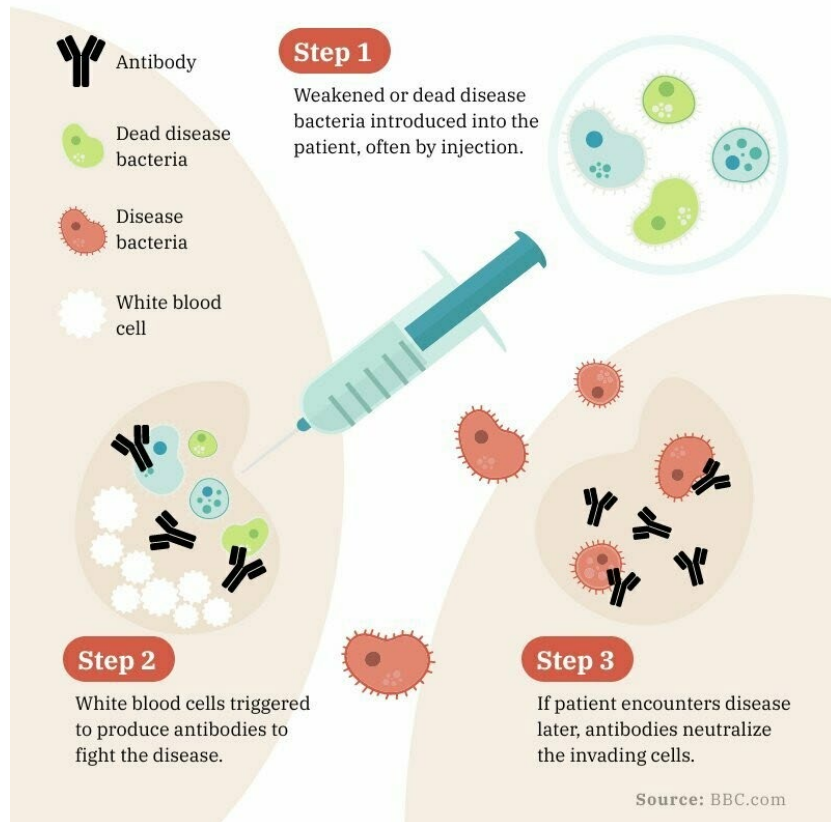
Historical perspective

COVID vaccines

Guidelines for oncology patients

- How - Vaccines Works

Vaccines reduce the risk of infection by working with the body's natural defenses to safely develop immunity to disease.



What is a
vaccination?

Historical perspective

First disease that humans probably attempted to vaccinate against likely smallpox.

Early records of variolation used in China in the 16th century.

Smallpox vaccine invented in 1796 by Edward Jenner.

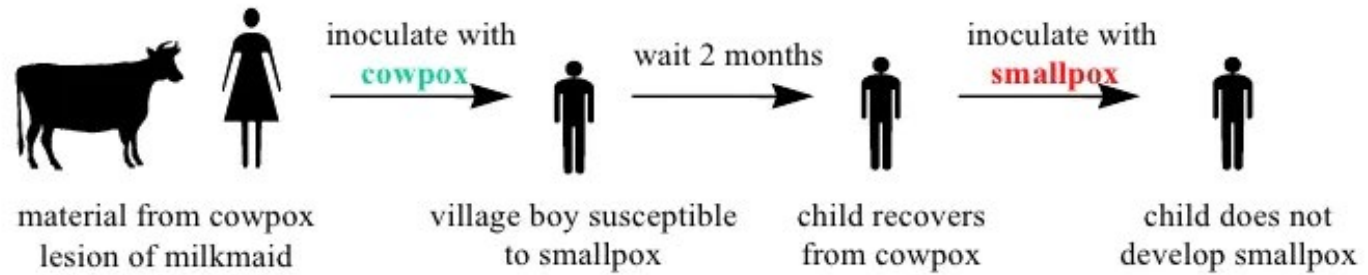
Further work on vaccination done by Louis Pasteur.

Prior to vaccinations – smallpox fatal in 20-60% of adults and up to 80% of children.

Prior to eradication in 1979 smallpox killed between 300-500 million humans in the 20th century.



Edward Jenner's experiment (1796)





Vaccination Prevents Smallpox

These persons afflicted with Smallpox were never vaccinated. If they had been recently and successfully vaccinated they would have escaped this loathsome disease.



Edward Scudamore, 1866, June, 1866



Walter Ross, 1866, June, 1866

Smallpox prevails to an alarming extent in malignant form in parts of the State at the present time. You may contract the disease at any moment by coming in contact with a Smallpox patient or a person who has been exposed to the disease, or with any article of clothing or merchandise which has come from infected premises, or even by receiving a letter from a house where there is Smallpox.

The experience of a century has taught that vaccination is a positive preventive against Smallpox.

Why Not Avail Yourself of This Certain Protection?

Physicians, Nurses and Attendants in Smallpox Hospitals, when properly vaccinated, never contract Smallpox. THEIR SOLE PROTECTION IS VACCINATION. Let it be yours.



John Adams, 1800, June, 1800

REMEMBER

THAT you may contract a malignant and fatal case of Smallpox from a very mild case.

THAT Smallpox is an angry pest. It has occurred in its most deadly form and most rapid and the percentage of deaths is high. In one locality 15 deaths occurred among 30 persons afflicted; in another, 17 among 20.

THAT even if you recover from Smallpox, the disease may leave you with disfigured features and badly pock-marked.

THAT if you contract Smallpox, it may quarantine and isolate you for several weeks, longer in your family and friends, loss of time and loss of business.

THAT a proper VACCINATION is a certain and absolute protection against Smallpox.



John Adams, 1800, June, 1800

For additional information concerning Vaccination and Smallpox, address your local Health Officer or

THE DEPARTMENT OF HEALTH

WORLD HEALTH

THE MAGAZINE OF THE WORLD HEALTH ORGANIZATION · MAY 1980

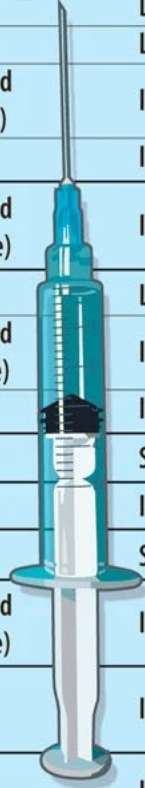
A globe of the Earth is centered on the cover, showing continents and oceans. A yellow banner with black text is superimposed diagonally across the globe.

smallpox is dead!

Vaccinations guide for childhood diseases

to print out and keep

Age of child	Vaccine needed to prevent disease in child	How vaccine is given
At birth	<ul style="list-style-type: none"> ● Bacillus Calmette–Guérin vaccine <i>To prevent tuberculosis</i> ● Oral polio vaccine (birth dose) 	Right arm Drops by mouth
6 weeks	<ul style="list-style-type: none"> ● Oral polio vaccine (1st booster dose) ● Rotavirus vaccine (1st dose) <i>To prevent diarrhoea</i> ● Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type-B plus hepatitis-B combined (1st dose) ● Pneumococcal conjugate vaccine (1st dose) <i>To prevent pneumonia</i> 	Drops by mouth Liquid by mouth Intramuscular/left thigh Intramuscular/right thigh
10 weeks	<ul style="list-style-type: none"> ● Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type-B and hepatitis-B combined (2nd dose) 	Intramuscular/left thigh
14 weeks	<ul style="list-style-type: none"> ● Rotavirus vaccine* (2nd dose) ● Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type-B plus hepatitis-B combined (3rd dose) ● Pneumococcal conjugate vaccine (2nd dose) 	Liquid by mouth Intramuscular/left thigh Intramuscular/right thigh
6 months	<ul style="list-style-type: none"> ● Measles vaccine** (1st dose) 	Subcutaneous/left thigh
9 months	<ul style="list-style-type: none"> ● Pneumococcal conjugate vaccine (3rd dose) 	Intramuscular/right thigh
12 months	<ul style="list-style-type: none"> ● Measles vaccine** (2nd dose) 	Subcutaneous/right arm
18 months	<ul style="list-style-type: none"> ● Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and haemophilus influenzae type-B plus hepatitis-B combined (4th dose) 	Intramuscular/left arm
6 years (both boys and girls)	<ul style="list-style-type: none"> ● Tetanus and reduced strength of diphtheria vaccine (1st dose) 	Intramuscular/left arm
12 years (both boys and girls)	<ul style="list-style-type: none"> ● Tetanus and reduced strength of diphtheria vaccine (2nd dose) 	Intramuscular/left arm



*Rotavirus vaccine should not be administered after age of 24 weeks

**Do not administer with any other vaccine



Vaccines available today

COVID vaccines available in South Africa

Janssen

Moderna

Pfizer

Astra Zeneca

Are COVID vaccines effective?

Yes!

Milder infections.

Fewer complications.

Fewer deaths and less need for ICU support.

Are COVID vaccines safe?

Yes!

Risk of allergy to components – low.

Risk of thromboembolic disease – present but low, differs between vaccines.

Symptoms of mild infection are expected after vaccination.

Can oncology patients be vaccinated?

Yes!

Active cancer and immunosuppressive therapy– decreased potential to mount antibody response.

Immunosuppression makes patients more vulnerable to COVID infection and complications.

Most are eligible except in exceptional circumstances.

American Society of Clinical Oncology

- Patients with cancer may be offered COVID vaccination provided there are no contraindications to any elements of the vaccine. Vaccine recipients should be counselled about the unknown safety profile in immunocompromised individuals, potential for reduced immune protection and importance of ongoing adherence to all guidelines to reduce infection.
- Patients receiving active oncology treatment may be offered COVID vaccination.
- Cancer survivors may be offered COVID vaccination.
- Only those individuals with contraindications to a specific vaccine component should not be vaccinated.

Timing of vaccinations

National Comprehensive Cancer Network:

- Patients receiving haemopoietic cell transplantation should wait until 3 months after transplant.
- Patients on intensive chemotherapy regimens for acute leukaemias should wait until full neutrophil recovery.
- Patients undergoing major surgery should wait at least a few days before vaccination.
- All other oncology patients may be vaccinated when vaccines are available.