Closing Gaps in Vaccine Preventative Care in People with Cancer



Risks of Vaccine-Preventable Diseases in People with Cancer

In an analysis of Nationwide Inpatient Sample data between 2012 and 2014, **hospitalized adult patients with cancer and concomitant influenza**, when compared with hospitalized adult patients with cancer but without the flu, had¹:



increased risk of in-hospital complications, including pneumonia

(OR, 1.49; 95% CI, 1.37-1.62; P<.001)



higher in-hospital mortality rate

(OR, 1.30; 95% CI, 1.13–1.49; *P*<.001)

Benefits of Vaccinations in People with Cancer

In a retrospective observational study of 26,463 adult cancer patients who underwent influenza testing during the 2010–2011 to 2015–2016 flu seasons, **influenza vaccination** vs no vaccination was associated with a decreased risk of **influenza** and **influenza-related hospitalizations**²



reduction in influenza

(95% CI, 15%-26%)



reduction in influenza-related hospitalization

(95% CI, 13%-26%)

Vaccination Recommendations in Adults with Cancer*



CDC/ACIP Vaccine Recommendations for Cancer¹

Influenza	Pneumococcal	COVID-19 ²	RSV ^{2†}	Zoster	Tdap	НерВ	HPV
1 dose annually	Aged 19 years and older: 1 to 2 shots over a person's lifetime	1 dose of 2024-2025 COVID-19 vaccine as authorized or approved by the FDA	Aged 60 years and older: 1 dose [‡]	2 doses at age ≥19 years	1 dose Tdap, then Td or Tdap booster every 10 years	2, 3, or 4 doses, depending on vaccine or condition	3 doses through age 26 years



The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend **influenza** and **pneumococcal** vaccines in all patients with cancer, **meningococcal** vaccine in those at increased risk, and the **HPV** vaccine (age-dependent) to reduce the risk of cancer-related infections³

ACIP=Advisory Committee on Immunization Practices; CDC=US Centers for Disease Control and Prevention; CKD=chronic kidney disease; COVID-19=coronavirus disease of 2019; FDA=US Food and Drug Administration; HepB=hepatitis B; HPV=human papillomavirus; NCCN=National Comprehensive Cancer Network; RSV=respiratory syncytial virus; SGLT2=sodium-glucose co-transporter-2; Tdap=tetanus, diphtheria, acellular pertussis.

References: 1. Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older. Updated August 14, 2024. Accessed August 26, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/etr/adult/adults-schedule-easy-read.pdf 2. Centers for Disease Control and Prevention. ACIP recommendations. Updated June 28, 2024. https://www.cdc.gov/vaccines/acip/recommendations.html 3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prevention and Treatment of Cancer-Related Infections V.1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 3, 2024. To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 4. Centers for Disease Control and Prevention. Use of respiratory syncytial virus vaccines in adults aged ≥60 years: updated recommendations of the advisory committee on immunization practices — United States, 2024. Accessed August 15, 2024. https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7332e1-H.pdf

[†]RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.²

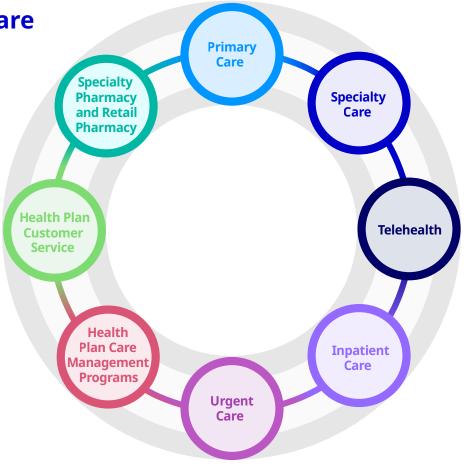
[‡]CKD or other complications or requiring treatment with insulin or SGLT2 inhibitor.⁴

Points of Care Outside of the PCP Office



Patients with Chronic Conditions Have Numerous Healthcare Encounters Outside of the PCP Office

- In a 2021 survey, 35% of patients with chronic conditions report not seeing a **PCP** in the past year¹
- Primary care represents ~39% of office visits in patients with multiple chronic conditions. Specialty care represents ~61% of office visits in patients with chronic disease²
- In 2014, depending on the number of chronic conditions (1-5+)3:
 - 6% to 24% of adults had ≥1 hospitalization per year
 - The average number of outpatient visits ranged from 6 to 20 per year
 - The average number of **prescription fills** ranged from 9 to 51 per year



These healthcare encounters present opportunities to ASSESS, RECOMMEND, ADMINISTER or REFER, and DOCUMENT vaccinations in patients with chronic conditions⁴

PCP=primary care provider.

Strategies and Best Practices for Prioritizing Vaccinations



CDC Standards for Adult Immunization Practice¹



ASSESS the immunization status of all your patients at every clinical encounter

RECOMMEND

Strongly RECOMMEND vaccines that your patients need

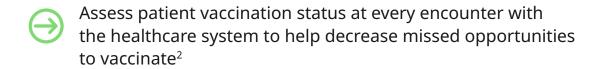
3 **ADMINISTER** or REFER

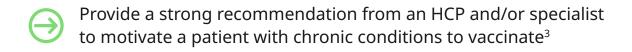
ADMINISTER or **REFER** your patients to a vaccination provider



DOCUMENT vaccines received by your patients

Help Improve Vaccination Rates in Patients with Chronic Conditions





Use specialist visits, telehealth visits, hospital stays, and postdischarge follow-up

Collaborate with network specialty pharmacies

CDC Standards for Adult Immunization Practice emphasize the role of ALL HCPs—whether they provide immunization services or not—in ensuring that adult patients are fully immunized1

HCP=healthcare professional

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