

# Vaccination guide and log for people with CLL/SLL

This information has been provided by consultants from the UK CLL Forum and their partner charity, CLL Support.

## Introduction

If you have CLL or SLL, you are more likely to suffer infections. This is because CLL can weaken your immune system, even at an early stage in the disease. It is important, therefore, to make sure you are fully vaccinated for a range of infections as soon after diagnosis as possible. Your medical team will advise you about this.

## Caution

**You must not receive vaccines which contain live or attenuated (weakened) viruses.**

These include: yellow fever; oral polio; measles; mumps and rubella (MMR); and the live shingles vaccine (Zostavax). For travel vaccination, consult complex travel clinics at the Hospital for Tropical Diseases: [uclh.htdtravelclinic@nhs.net](mailto:uclh.htdtravelclinic@nhs.net)

The non-live shingles vaccine (Shingrix) is available in the UK for those aged 18 years and over and is safe for CLL patients.

CLL patients should avoid children for at least a week who have recently received the nasal 'flu vaccine and the nasal polio vaccine, as they can pass on the live virus. Also avoid contact with individuals who have active chickenpox or shingles.



## Keep your own record of vaccinations

Name:					
NHS number:		Date of diagnosis:			
Treatment centre:		Specialist:			
Vaccine	Location/date MM/DD/YY	Location/date MM/DD/YY	Location/date MM/DD/YY	Location/date MM/DD/YY	Comments
Annual 'flu					Recommended annually
Prevenar 13,15 or20®(whichever your GP stocks)					Once only - recommended at diagnosis*
Pneumovax® 23 (not required if Prevenar 20 given)					Once only** - recommended at least 2 months after Prevenar®***
Shingrix® vaccine					Once only course which includes 2 doses for those >18 years old, given 2-6 months apart. Recommended at diagnosis
COVID-19 vaccine					As recommended by Department of Health for immunocompromised
RSV vaccine					As recommended by Department of Health for those aged 75-79

\*Patients with prior vaccine history of Pneumovax 23 (routinely given at the age of 65) should still be offered Prevenar 13 or 15 if diagnosed with CLL. ubsequently. It would be advisable to wait at least six months since Pneumovax 23 as there is a risk of hyporesponsiveness.

\*\*The Green Book does not advise repeat Pneumovax 23 at 5 years for patients with CLL.

\*\*\*Patients with a history of recurrent or serious infection should have their pneumococcal functional antibodies checked following vaccination with Pneumovax 23.

# What vaccinations should I have?

Your medical team will advise you, but the most useful vaccines you should consider are:

## Flu vaccine

You should have this vaccine annually. Your close family should be vaccinated too as this will protect them from getting 'flu and from passing it on to you.

## Pneumonia

Newly diagnosed patients: 2 doses of PCV20, with a minimum interval of two weeks between them.\* Patients who have already received a dose of PCV13 but not the subsequent PPV23 (or PCV20) should now receive PCV20 instead. Patients who received PCV13 followed by PPV23 (Old Guidance) do not now require additional doses. You should talk to your CLL consultant about having these. Your G.P. may not be aware of this.

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\*Green Book chapter 25 page 9 table 25.3, note 1

## Coronavirus vaccine

It is important to remain up to date with the recommended doses of vaccination because protection wanes. It is likely that booster doses will continue in the future and the vaccine recommended will change depending on the current variant.

## Shingrix vaccine

Protects against shingles and provided as 2 doses, 2-6 months apart. Available for those over the age of 18 with CLL. Speak to your medical team.

## Respiratory Syncytial Virus (RSV)

This virus often causes the common cold but can also lead to pneumonia. Recommended for those aged 75-79 in the UK. Your GP should contact you for an appointment.

## Tetanus

If you sustain a serious wound, fracture or burn, you may need an additional dose of tetanus (all adults should have received 5 doses of tetanus previously).

*Adapted from Walewska, R, Parry-Jones, N, Eyre, TA, Follows, G, Martinez-Calle, N, McCarthy, H, et al. (2022). Guideline for the treatment of chronic lymphocytic leukaemia. Br J Haematol. 2022; 00: 1– 14. <https://doi.org/10.1111/bjh.18075>*

## Useful resources for CLL/SLL patients and their families

### UK CLL Forum

The main body representing CLL consultants, connecting CLL clinicians, scientists and researchers.

[www.ukcllforum.org/](http://www.ukcllforum.org/)

### CLL Support

The charity partner of the UKCLL Forum. Managed by people directly affected by CLL and provide trusted guidance, support, free conferences and webinars.

[www.clisupport.org.uk/](http://www.clisupport.org.uk/)

Our sister charities also have lots of expertise and information:

### Leukaemia Care:

[www.leukaemiacare.org.uk/](http://www.leukaemiacare.org.uk/)

### Lymphoma Action:

[www.lymphoma-action.org.uk](http://www.lymphoma-action.org.uk)

### Blood Cancer UK:

[www.bloodcancer.org.uk/](http://www.bloodcancer.org.uk/)

### Macmillan:

[www.macmillan.org.uk](http://www.macmillan.org.uk)

### Cancer research UK:

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

### Maggies:

[www.maggies.org/](http://www.maggies.org/)

### CLL Support on-line forum:

[www.healthunlocked.com/clisupport](http://www.healthunlocked.com/clisupport)