

Vaccination recommendations for patients with solid tumours in 2024-2025 in Belgium

W. Lybaert MD¹, C. Jacobs MD², C. Fontaine MD³, L. Mortier MD⁴, S. Derijcke MD⁵, T. Wessels MD⁶, A. Aerssens MD²

SUMMARY

In recent years, our armamentarium for oncological diseases has rapidly evolved; treatment modalities include surgery, radiotherapy, chemotherapy, targeted therapy, hormonal treatments, immunotherapy, and recently the antibody-drug conjugates (ADC). All these treatments have more or less consequences for the immune system of our patients, above the cancer itself, which causes a state of immunosuppression.

(BELG J MED ONCOL 2025;19(2):61-62)

Vaccination has been proven in multiple studies to limit the severity of infection and prevent infection in immunocompromised patients. Thus, optimising vaccination status should become a standard element in the care of patients with cancer. This includes the documentation of vaccination status at first patient contact, timely fulfilling recommended vaccines, and appropriate revaccination. Good communication and coordination between healthcare providers, including primary healthcare practitioners, pharmacists, and nursing, is essential. Vaccination of household contacts needs to be stimulated to enhance protection for patients with cancer.

This article summarises the vaccination recommendations for patients with solid tumours in 2024-2025 in Belgium, who start or are already under oncological treatment, taking into account the reimbursement of vaccines; the RSV vaccine is also very efficacious according to recent data, but not reimbursed at this moment and by that too expensive to recommend to our patients today.

1. INFLUENZA AND COVID-19: YEARLY VACCINATION

- In patients under chemotherapy/ADC: preferably some days before the next administration
- In patients under immunotherapy/targeted therapy/hormonal treatment: no specific day related to the treatment
- Also, all persons who live together with the patient need to be vaccinated for influenza to have optimal protection; COVID-19 only booster vaccines for household contacts in case of very severe immunosuppression (transplant patients).

2. PNEUMOCOCCAL DISEASE: VACCINATION EVERY FIVE YEARS

- Primary course vaccination:
 - Prevenar 20[®] (= new 20-valent conjugate vaccine; reimbursement limited to patients aged 65 to 80 years with certain comorbidities):

¹Department of Oncology, VITAZ Sint-Niklaas & University Hospital Antwerp, ²Department of Medical Oncology, University Hospital Ghent, ³Department of Medical Oncology, University Hospital Brussels, ⁴Department of Gastrointestinal and liver diseases, AZ Turnhout & University Hospitals Leuven, ⁵Respiratory Oncology Clinic, AZ Groeninge, Kortrijk, ⁶Department of Medical Oncology, Jessa Hospital, Hasselt & University Hospitals Leuven.

Please send all correspondence to: W. Lybaert, MD, Department of Oncology, Lodewijk De Meesterstraat 5, 9100 Sint-Niklaas, tel: +32 3 760 26 83, email: willem.lybaert@vitaz.be.

Conflict of interest: The authors have nothing to disclose and indicate no potential conflict of interest. **Funding:** None.

Keywords: NETTER-2; CABINET.

- Preferably at least two weeks before starting whatever oncological treatment,
- In patients under chemotherapy/ADC: preferably some days before the next administration,
- In patients under immunotherapy/targeted therapy/hormonal treatment: no specific day related to the treatment.
- Repeat vaccination with Pneumovax® 23 every five years.
- If already vaccinated with Prevenar® 13 and Pneumovax® 23: repeat vaccination with Pneumovax® 23 every five years.

3. DIPHTERIA-TETANUS-PERTUSSIS: VACCINATION WITH BOOSTRIX® 1X EVERY TEN YEARS

4. HERPES ZOSTER: NEW VACCINE TO RECOMMEND TO EVERY ONCOLOGICAL PATIENT

- Shingrix® (= non-live adjuvanted recombinant subunit vaccine): two doses with four to eight weeks between each dose (six months as the maximum interval between the two doses):

- First dose preferably at least two weeks before starting whatever oncological treatment, second dose: scheme hereunder to follow,
- In patients under chemotherapy/ADC: preferably some days before the next administration,
- In patients under immunotherapy/targeted therapy/hormonal treatment: no specific day related to the treatment.

REFERENCES

1. The Superior Health Council on the COVID-19 vaccination strategy for 2024-2025.
2. Pedrazzoli P. et al. Vaccination for seasonal influenza, pneumococcal infection and SARS-CoV-2 in patients with solid tumors: recommendations of the Associazione Italiana di Oncologia Medica (AIOM). ESMO Open, volume 8, issue 3, June 2023.
3. Kamboj M. et al. Vaccination of Adults With Cancer: ASCO Guideline. JCO, volume 42, issue 14, March 2024.