

## 20. VACCINATION IN CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)

### 20.1 SCOPE

Most patients with CLL will develop secondary immune defects including secondary hypogammaglobulinemia. They are prone to invasive pneumococcal chest infections and development of secondary bronchiectasis.

### 20.2 RECOMENDATIONS

**Recommended Vaccination for CLL patients (at diagnosis and independent of immunoglobulin levels):**

- All CLL patients should receive the seasonal flu vaccine annually and COVID vaccination as per current JCVI advice for immunocompromised individuals.
- Pneumococcal pneumonia vaccination (regardless of previous vaccination):
  - the pneumococcal conjugate vaccine (PCV13, Prevnar®) followed by
  - the pneumococcal polysaccharide vaccine (PPV23, Pneumovax II®) at least two months later. Ideally, rresponse should be assessed with antibody titres (6 months after the second dose)
- Pneumococcal polysaccharide vaccination should be repeated at five yearly intervals. Patients who have been previously vaccinated with pneumococcal vaccine only (PPV23 Pneumovax II®), should receive a “catch up” dose of the pneumococcal conjugate vaccine (PCV13, Prevnar®)

**CLL patients should NOT receive live vaccinations e.g. Zostavax® and yellow fever vaccines**

#### 20.2.1 Shingles Prophylaxis:

- In line with the JCVI recommendation Sept 2021 patients with CLL are eligible to receive the non-live Shingrix® vaccine for HSV prophylaxis if they meet other eligibility criteria
- CLL patients who have had shingles should receive lifelong aciclovir 400mg BD as secondary prophylaxis once initial treatment has been successfully completed