9th EUROPEAN CONFERENCE on INFECTIONS in LEUKAEMIA

COVID Group

Vaccine

▶ VIRTUAL CONFERENCE
From September
16th to 17th 2021

Final revised slide set
post-ECIL meeting

Recommendations

Common guidelines for all HM patients including HCT or CAR-T cell recipients

HM patients with previous COVID-19 infection should be vaccinated with a full program **AIIt/u**

Considering the low response of HM pts to 1 dose, delaying the 2nd dose is not recommended unless mandated by the patient's individual situation **BIIt/u**

Whichever the vaccine response, HM pts should be informed of the ongoing risk of Covid-19 despite vaccination and keep the hygiene and social distancing recommendations of their community or country **BIIt**

The vaccination of the house-hold contacts of hematology patients including children, according to the EMA approval for specific age groups, is strongly recommended **AIIt/h**

There are no data on the persistence of the Ab response after vaccination, with or without further treatment in this population. The field is also rapidly evolving. Therefore, patients can receive a 3rd dose according to national guidelines. However, the benefits and risks in specific patient subgroups are unknown – recommendation not graded

Guidelines for non-transplanted patients with hematologic malignancies

General considerations

- There is until now no specific safety issue of Covid vaccination with mRNA or viral-vector based vaccines in non-transplanted HM pts.
- Except in specific conditions where the expected response rate is very low (cf. next slide), patients with HM should receive a full vaccination program with the most immediately available vaccine **AII h/t**
- Uncontrolled data indicates better responses with the two mRNA vaccines over the Ad26.COV2.S vaccines *(Thakkar Cancer Cell),* and with the mRNA1273 over the BNT162b2 vaccine *(Greenberger, Cancer Cell; Stampfer, Leukemia)*. However, no evidence-based recommendation can be given on choice of vaccine in the absence of prospective comparative trials. The choice of the vaccine should be in accordance with official EMA recommendations and country recommendations.
- Pts who have been vaccinated before or during treatment should be assessed 6 months after the end of treatment and revaccinated if they have low Ab titers **BIII**
- Considering the low rate and heterogeneity of the response in the different HM and therapies, vaccinated patients can be assessed for their Ab response 3-5 weeks after the last dose – recommendation not graded

Specific guidelines for patients with LPD or AL

Vaccination is probably not worthwile in the following situations although there is no expected safety issue:

- patients receiving anti-CD20 Abs, or within the 6-12 months following the last dose

- profound hypogammaglobulinemia (≤ 4g/L), deep lymphopenia (<500/µL), BMCA targeted-bispecific therapy (Belantamab-mafodotin)

Recommendations in HSCT recipients

- HSCT recipients should receive COVID-19 vaccine AIIu/t.
- Vaccination should preferably be initiated at least 6 months after HSCT if transmission of SARS-CoV-2 in the community is low BIIu.
- Earlier vaccination should be considered if there is high prevalence of SARS-CoV-2 in the community. However, early vaccination is associated with a lower likelihood for an immune response BIIu
- There is a risk for worsening/eliciting GVHD in allogeneic HSCT recipients. This risk needs to be considered when deciding about time for vaccination AIIu

Recommendations in HSCT recipients

- Based on data from other vaccines, it is likely that immunity obtained from either pre-transplant SARS-CoV-2 infection or vaccination will be wiped out by the transplant procedure. However, no data currently exists regarding this issue. However, it seems logical from a risk/benefit assessment that such patients should have a full dose new vaccine schedule after transplantation BIII

Vaccination of HSCT donors

- There is no specific recommendation for vaccinating stem cell donors for any other purpose than protecting the donor. However, previous vaccination of the donor might reduce the risk to jeopardize the donation

Patients treated with CAR-T cells

- Due to the paucity of data until now, the group has no recommendation