Ontario Health
Cancer Care Ontario

Guidance for Primary Care Providers – Adenopathy Related to Vaccination – 2021-04-16

To:	Primary Care Providers
From:	Cancer Screening, Ontario Health (Cancer Care Ontario)
Re:	Guidance for adenopathy related to vaccination

Background

Lymphadenopathy has been reported as a common side effect of the COVID-19 vaccination. Axillary swelling or tenderness in the vaccination arm was reported in approximately 12% of Moderna vaccine recipients following dose 1 and 16% of participants following dose 2[1]. For the Pfizer-BionNTech vaccine, lymphadenopathy was reported as an unsolicited adverse event in 64 participants in the vaccine group compared to 6 in the placebo group[2].

Due to the mass COVID-19 vaccination underway in Ontario, and general awareness that vaccines of all types could cause lymphadenopathy, primary care providers (PCPs) may see an increasing number of patients who report axillary, neck and/or supraclavicular adenopathy. Additional cases of lymphadenopathy are also expected to be found incidentally through breast screening (Ontario Breast Screening Program) and other medical imaging, and have been addressed in *Guidance for OBSP Sites – Adenopathy Related to Vaccination – 2021-04-05* and *Guidance for Medical Imaging – Adenopathy Related to Vaccination – 2021-04-12,* respectively.

The following recommendations have been developed to support PCPs in managing vaccine-related lymphadenopathy in their patients. They were developed in consultation with imaging, cancer and primary care leads within Ontario Health (Cancer Care Ontario), and consider the most recently available information. The evidence on management of lymphadenopathy continues to evolve and this guidance may be updated as new information emerges.

---

[1] Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Moderna COVID-19 Vaccine [Internet]. Centers for Disease Control and Prevention; [updated 2020 Dec 20; cited 2021 Mar 21]. Available from: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/reactogenicity.html

[2] Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Pfizer-BioNTech COVID-19 Vaccine [Internet]. Centers for Disease Control and Prevention; [updated 2020 Dec 13; cited 2021 Mar 21]. Available from: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html

Vaccine-related lymphadenopathy recommendations

Detection	Recommendation
Detected during breast screening – Ontario Breast Screening Program (OBSP)	To support the management of vaccine-related lymphadenopathy in breast screening, OBSP sites have been asked to do the following: • Schedule screening mammograms for participants prior to receiving the COVID-19/other vaccine or 6 weeks after vaccination, where possible and when it does not unduly delay care. • Collect COVID-19 (or other recent vaccination) history at the screening appointment. • Note all suspected vaccine-related lymphadenopathy in OBSP screening reports for the awareness of the PCP. When lymphadenopathy is detected on screening mammogram within 4 weeks of vaccination and is ipsilateral to the vaccination site, the following is recommended: • Where clinical history suggests lymphadenopathy is likely due to vaccination, radiologists could consider the finding benign and participant can return to routine screening; follow up with PCP to ensure lymph nodes are not palpable 6 weeks after most recent vaccination is recommended. • When clinical and/or vaccination history suggests the participant may be at risk from other etiology, participant will be recalled by the radiologist for further assessment and short interval follow up, as appropriate. When lymphadenopathy is detected on screening mammogram 4 weeks or longer after vaccination, participants will be recalled by the radiologist for further assessment and short interval follow up as per usual practice.
Detected during general medical imaging	General medical imaging facilities have been provided with similar guidance as OBSP sites with regards to lymphadenopathy detected incidentally during imaging of the neck, shoulder or chest.
Patient-detected	If patient reports palpable unilateral lymphadenopathy that is ipsilateral to the vaccination site, and is within 6 weeks of vaccination: 1. Monitor clinically for up to 6 weeks from the date of vaccination; patient may self-monitor during this period. 2. If adenopathy resolves, no further follow up is advised. 3. If adenopathy persists for more than 6 weeks after vaccination date, in-person physical examination and appropriate imaging is advised; ultrasound or mammography (where relevant), is often recommended for initial assessment. 4. Patients at risk of adenopathy from other etiologies (e.g., cancer surveillance patients) may require more timely follow up.