

Understanding COVID-19/Novel Coronavirus: What Patients Need to Know

What is COVID-19/coronavirus disease?

The novel SARS-CoV-2 coronavirus that has recently been in the news is a virus that was first identified in December 2019. The virus currently causing coronavirus disease (COVID-19) is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. The Centers for Disease Control and Prevention (CDC) is studying the virus as well as the number of new diagnoses in the United States. The CDC is the original source of information regarding the virus for this fact sheet.

Information regarding COVID-19 is evolving on a daily basis. The latest updates are available on CDC's COVID-19 website, which may be found the below link:

<https://www.cdc.gov/coronavirus/2019nCoV/index.html>

HOW DOES THE VIRUS SPREAD?

People who are infected with SARS-CoV-2 can spread the virus to others by respiratory droplets. This is now acknowledged to be possible even before symptoms develop. For this reason, social distancing is the best way to prevent spread. COVID-19 is now spreading in communities around the United States ("community spread") in certain geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. In the healthcare setting, the CDC recommends that these patients be isolated from contact. Patients who do not require admission should remain isolated at home until they are well.

WHAT ARE THE SYMPTOMS OF THE VIRUS?

For confirmed COVID-19 cases, the following symptoms have appeared 2-14 days after exposure in infected people:

- Fever
- Cough
- Shortness of breath
- Loss of taste or smell
- Body aches

Reported illnesses have ranged from mild symptoms to severe illness. The CDC recommends that you contact your doctor immediately if you think have been exposed to COVID-19 and have symptoms. Please call ahead and take advantage of any phone triage or telehealth options if you think you may have COVID-19 in order to reduce spread of the virus.

WHICH PEOPLE ARE AT HIGHEST RISK?

Older adults, people living with cancer, people currently in treatment, obese patients people that are post-treatment and people who have serious chronic medical conditions (like hypertension, diabetes, respiratory disease or heart disease) may be at higher risk for more serious COVID-19 disease.

If you are at increased risk for COVID-19 complications due to age and/or because you have an underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure (see list below). Some steps you can take include washing your hands well and washing them often with soap. If there's a community outbreak, try to avoid large crowds and non-essential travel. Make sure to have enough medicine (such as important medications, prescriptions, and over the counter medicine) for up to a month. In addition, you should consult with your own health care provider regarding your health and your treatment, especially if you are currently in active treatment for your lymphoma/CLL.

CAN THE CORONAVIRUS DISEASE BE PREVENTED WITH MEDICAL TREATMENTS?

There is currently no antiviral medication to prevent COVID-19. Vaccines to prevent COVID-19 have recently been granted Emergency Use Authorization (EUA) in the United States. Talk to your health care provider if you are considering other vaccines like the influenza, tetanus or hepatitis.



HOW CAN PEOPLE AVOID GETTING THE CORONAVIRUS DISEASE?

The best way to prevent illness is to avoid being exposed to this virus. Without a vaccine or antivirals, we have to rely on consistently practicing these CDC recommended actions:

this virus. Without a vaccine or antivirals, we have to rely on consistently practicing these CDC recommended actions:

- Follow CDC's recommendations for using a face mask if needed (see CDC website). Improper use of face masks can actually increase your risk of infection so be careful. Masks should be used whenever outside your personal home, car or office; they should be used when people do not routinely live with are in your home, car or office.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty
- Avoid close contact with people who are sick. Stay at least 6 feet from others whenever possible
- Avoid crowds, stay home if at all possible
- Avoid touching your eyes, nose, and mouth
- Stay home when you are sick and call ahead before seeking treatment unless it is an emergency
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Wash your hands afterwards.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe multiple times a day
- Work from home if you can. If you can't, make sure to disinfect surfaces and clean your hands frequently. Keep your distance from others, even if they seem to be well.

These habits may not seem like enough to protect you from a pandemic, but they are exactly what doctors and hospitals have relied on for years to prevent spread of infection. The CDC also has specific guidance for travelers on the CDC website, but those who are older or have other medical problems should not travel right now unless it is essential.

Before traveling to an appointment to see your health care provider, please call ahead and consult with your doctor about the safest method of travel if you rely on public transportation.



QUESTIONS TO ASK YOUR DOCTOR

People with lymphoma/ CLL should consult with their health care provider for more information about monitoring their health for symptoms suggestive of COVID-19, as well as the impact of public health measures currently endorsed by the CDC. Also tell your health care provider (oncologist and primary care physician) about any other health issues or medications you're currently taking. Communicating with all of the members of your health care team will improve the quality of the care you receive.

Questions you can consider asking your health care provider to begin this conversation include:

- Should I get the vaccine when it is available to me?
- Am I at high-risk to develop serious disease if I am exposed to the virus?
- What should I do if I experience any of the symptoms of COVID-19?
- Will the current public health measures in place impact my lymphoma/ CLL treatment? (If in active treatment.)
- What is the best method/practices for me to travel to receive treatment if I rely on public transportation?
- Should I alter any part of my daily routine?
- What coverage can Medicare provide if I test positive for COVID-19?
- If I'm newly diagnosed, should I start treatment?

Consider having your questions written out and with you during your appointments.



VACCINE QUESTIONS AND ANSWERS

HOW MANY VACCINES ARE APPROVED AND WHAT HOW EFFECTIVE IS THE VACCINE?

As of January 2021, two COVID-19 vaccines developed by Pfizer and Moderna have received Emergency Use Authorization from the FDA. Both have an efficacy rate of 95 percent in clinical trials. Vaccine efficacy measures how well vaccines work to prevent diseases among vaccinated people, when compared to unvaccinated individuals. Studies thus far suggest that receiving two doses of the vaccines are important for achieving the immune response to provide lasting protection. Even after receiving the vaccine, however, it is important to continue following social distancing protocols, handwashing, and use of masks to maximize safety and avoid the spread of infection.

HOW WILL COVID-19 VACCINES BE DISTRIBUTED AND WHERE SHOULD LYMPHOMA PATIENTS GO TO RECEIVE ONE?

COVID-19 vaccines are being distributed and allocated based on a tiered system. The Center for Disease Control (CDC) has an Advisory Committee on Immunization Practices (ACIP) that has made recommendations for a phased rollout of the vaccine. ACIP has prioritized initial supplies of the vaccine be allocated to healthcare personnel and long-term care facility residents. People with certain underlying medical conditions, such as cancer, are among the groups being prioritized for earlier access to the COVID-19 vaccine. Details of this process will in part be determined by processes and prioritizations established by individual states.

Healthcare professionals will likely be in communication when the vaccine becomes available to you, and you can expect that there will be local announcements via news and other media. Health experts anticipate that these vaccines will become more widely available to the general public in late spring or early summer 2021. Be sure to speak with your oncologist about whether a COVID-19 vaccine might be appropriate for you and details of availability at your medical center or elsewhere in your community.

SHOULD LYMPHOMA PATIENTS AND SURVIVORS RECEIVE THE COVID-19 VACCINE RIGHT AWAY OR WAIT?

Most lymphoma patients should receive the COVID-19 vaccine as soon as it is available to them and if recommended by their oncologist. However, given that some lymphoma treatments might affect the efficacy of a vaccine (by impacting the immune system), lymphoma patients and survivors should consult their oncologist or healthcare team prior to receiving the COVID-19 vaccine – particularly if they are in the midst of lymphoma treatment or have had it recently (e.g. within the last 6-12 months). Studies at this point suggest that the COVID-19 vaccines are safe for even those who have underlying health conditions (with the rare exception of some of those with a history of severe allergic reactions).

CAN THE VACCINE HAVE NEGATIVE EFFECTS TREATMENTS FOR LYMPHOMA?

There is no evidence (or expectation) at this time that the vaccine will have any impact on lymphoma therapy, nor should lymphoma patients have any increased risk of side effects. Of note, the FDA approved COVID-19 vaccines are NOT “live virus” vaccines (which would be a type that in some cases may be not appropriate for lymphoma patients).

DOES THE VACCINE HAVE SIDE EFFECTS?

While many patients will have mild side effects, such as pain at the injection site, fatigue or muscle aches, more serious side effects are rare with either vaccine. You may experience mild reactions after receiving the vaccine that are in keeping with similar symptoms after receiving a flu shot. The most common side effect is soreness at the injection site. Other reactions may include fatigue, headache, muscle aches, joint aches, and, less commonly, fever. These reactions are temporary and may be a sign that your body is building immunity. It is important that any individuals with a history of severe allergic reactions alert the medical team prior to receiving a vaccine, as such reactions can occasionally occur with COVID-19 vaccination. In general, given the risk of exposure to COVID-19 in the community and the potential for severe consequences of infection (including in patients with lymphoma) it is felt that the benefits of vaccination far outweigh the risks.

For additional information and updates on the vaccine, visit the CDC's website at: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines#news>

Resources

LRF offers a wide range of resources that address treatment options, the latest research advances, and ways to cope with all aspects of lymphoma. We encourage patients to refer to the CDC website or to call the LRF Helpline if they require additional information or have difficulty navigating the CDC website.

The Lymphoma Research Foundation is committed to supporting the lymphoma community during this difficult time by delivering high-quality education and support resources. Therefore, we invite you to share this fact sheet and use this content with any patients you believe will benefit from this information. If you use this content, please cite the Lymphoma Research Foundation as the source.

Contact LRF:
Helpline: 800 500 9976
Email: helpline@lymphoma.org
www.lymphoma.org

Medical reviewers:
Leo Gordon, MD
Robert H. Lurie Comprehensive
Cancer Center
Peter Martin, MD
Weill Cornell Medicine
Michael Ison, MD
NU Feinberg School of Medicine, Infections
Disease, Robert H. Lurie Comprehensive
Cancer Center

Supported through grants from:



The *Understanding Lymphoma* series is published by the Lymphoma Research Foundation (LRF) for the purpose of informing and educating readers. Facts and statistics were obtained using published information, including data from the Surveillance, Epidemiology, and End Results (SEER) Program. Because each person's body and response to treatment is different, no individual should self-diagnose or embark upon any course of medical treatment without first consulting with his or her physician. The medical reviewer, the medical reviewer's institution, and LRF are not responsible for the medical care or treatment of any individual.

© 2021 Lymphoma Research Foundation

Last updated 2021

Stay Connected through our social media:    