

Haematology patients and COVID-19: What should I know?

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DISCLAIMER: Information regarding this year's coronavirus pandemic changes on a daily basis. By the time you read this, there may be updated information. Please always refer to government websites for up to date information and recommendations.

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What is COVID-19 and how do I catch it?

COVID-19 is a virus which is part of the coronavirus family – viruses which often cause the common cold. COVID-19 is more severe, and can cause a serious respiratory illness and pneumonia. The virus is spread by droplets from sneezes, coughs or even talking. Droplets can spread this way to about 2-3 metres from an infected person. Droplets can contaminate surfaces such as buttons, handles, and hands. Touching your face, eyes, nose or mouth can transfer these droplets and transmit infection. Infected patients can be asymptomatic for 5-11 days but will unknowingly be contagious to others during this time.

How bad is COVID-19?

More than 80% of patients with COVID-19 only develop mild symptoms of fever, cough and difficulty breathing. Only about 1 in 100 people die, and these fatalities are usually in older patients or those with other health problems especially heart disease or diabetes.

Does my cancer or cancer therapy make me more at risk of COVID-19?

Any person, with or without cancer, is considered to be at risk of COVID -19 if in the previous 14 days they have:

- Been in contact with a person with COVID-19
- Travelled overseas, particularly to a country of interest: the list of these countries is updated regularly.

COVID-19 may have a higher risk of spread to patients who have compromised immune systems due to cancer and its treatments. Many cancers suppress the immune system themselves, and the radiotherapy, chemotherapy and immunotherapy treatments we use often specifically deplete the white blood cells and antibodies that we need to fight infection.

Your immune defence may be low if you have any of the following:

1. Your white blood cell count (either lymphocytes or neutrophils) is low
2. Your immunoglobulin (healthy antibody) level is low
3. You are have no spleen due to surgery or radiation
4. Your ability to cough is compromised due to pain or paralysis
5. Your heart, kidney, lung or liver function is reduced
6. You have uncontrolled diabetes or high blood pressure
7. Your treatment includes/included chemotherapy, radiotherapy, targeted biological agents, steroids, immunosuppressive therapies.

You can discuss your risk with your treating specialist and make a plan to prevent infection.

Are cancer patients with COVID-19 any different to non-cancer patients?

The risk of serious illness or dying from COVID -19 infection may be higher in cancer patients. Other risk factors for these worse outcomes include older age, history of smoking and other medical conditions such as heart disease, hypertension, lung disease, diabetes or kidney disease. Cancer

patients with COVID-19 should be cared for within facilities with rapid access to intensive surveillance and treatment. Cabrini has the capacity to look after your care needs were you to become unwell with pneumonia relating to COVID-19.

Is my suppressed immune system permanently disabled?

Not necessarily. Many of these treatments are given over a defined time period, then they stop. The immune system then recovers over the following weeks to months. It is important to remember however that even when your blood cell counts return to normal, the function and vitality of your immune system may still be compromised. It can take up to 9 months or even longer to get over some very immune suppressive cancer therapies.

I have Haemochromatosis (hereditary iron overload) - am I more at risk?

At the moment there is no evidence that Haemochromatosis increases the risk of COVID-19.

I am a regular blood donor, can I continue to donate?

Lifeblood (previously known as the Red Cross) are in need of blood donors more than ever. If you are able to donate, please do so. You will not be able to donate if you are in quarantine, if you are unwell or if you have been in contact with anyone with proven COVID-19. Consult the Lifeblood webpage for updated information <https://www.donateblood.com.au/page/novel-coronavirus-update> or call Lifeblood on 13 14 95.

I require venesection (donation of blood for treatment of my haematological disorder) - can I still do this?

This situation is changing rapidly. Healthy donors with Haemochromatosis who fit the criteria for routine blood donation (ie with no exclusions to donate blood) will be encouraged to continue donating (see above). Patients whose blood cannot be used to transfuse into other people (such as patients with Polycythemia Rubra Vera, or Haemochromatosis patients who have a pre-existing or new COVID-19 reason for exclusion to be a regular blood donor) may have their venesections postponed. This is to encourage self-isolation of all Australians. Please talk with your Haematologist about this. Haemochromatosis patients may find this website helpful <https://haemochromatosis.org.au/coronavirus-update/>.

Will my appointments with my Specialist be altered?

For patients receiving chemotherapy, your appointments will be scheduled as normal. For patients with an appointment for routine review who are feeling well, telehealth (telephone or video appointments) will be available. Our admin staff will discuss this option with you. At this time, your appointments will run as scheduled.

If you are unwell with cold or flu-type symptoms, we ask that you ring and let us know, we may need to reschedule your appointment.

All patients returning from overseas travel, who are otherwise well should arrange a delay in their appointment by at least two weeks.

Can I still bring someone to my appointment?

Having support with you at appointments is important. Please do not bring more than one support person. Most people infected with COVID-19 will have only very mild symptoms. We ask this in order

to comply with the rules of social distancing, and to protect patients with suppressed immune systems, plus our staff at the front line.

Can I bring my child to my appointment?

Because children can be asymptomatic carriers, we would ask that no children are brought to appointments where possible.

What about vaccines?

Vaccination is crucial to prevent many infections in cancer patients. Discuss with your doctor about which vaccines to have, and which to avoid.

Vaccines we encourage for newly diagnosed patients and certainly prior to cancer therapy are: are the influenza vaccine, pneumococcal vaccine, hepatitis B vaccine and tetanus vaccine. Even if you have already started or have finished chemotherapy, most of the recommended vaccinations can and should still be given. Discuss this with your treating specialist.

Vaccines to avoid as they may activate in patients with suppressed immune systems are the live viral vaccines: measles vaccine, yellow fever and Zostavax® shingles vaccine.

Please see our separate information sheet regarding the influenza vaccine in particular.

Is there a vaccination or antiviral treatment for COVID-19?

Currently (March 2020) there is no vaccination or antiviral treatment available for this virus.

How do I avoid catching COVID-19?

This virus is very contagious and has the capacity to spread rapidly through the community. According to the World Health Organisation:

All people should stay home apart from essential activities or off-site work, according to the Government restrictions. Furthermore:

1. Wash your hands frequently with alcohol based hand rub or soap and water.
2. Maintain Social Distancing – stay 1-3m away from others.
3. Avoid touching your eyes, nose or mouth
4. Practice Respiratory Hygiene : ‘Cover your cough’ by turning away from others and coughing into your elbow or a tissue rather than your hand. Dispose of tissues carefully and wash your hands after coughing, sneezing or any other body fluid clean-up.
7. If you have fever, cough or difficulty breathing seek medical attention immediately. Stay at home if you are unwell. If you have a medical appointment, call ahead to let the clinic know your symptoms so you can be directed to the appropriate treatment facility.
8. Stay informed regarding the virus. Follow the directions of your local health authority

Should I wear a mask?

According to the World Health Organization (WHO) there is no need for healthy people to wear face masks. There is also no evidence that COVID-19 can be spread by pets, letters, packages or food. People with a cough, fever or difficulty breathing should wear a single-use surgical mask if going out in public. Carers of unwell patients should also wear a mask. If you attend hospital or a medical clinic with a cough, you may be asked to wear a mask for the protection of others. Medical, nursing and

other hospital staff members will adopt 'respiratory precautions' (Personal Protective Equipment, or PPE) when attending patients with suspected contagious respiratory illnesses. If you are well, there is no need to wear a mask. Please do not stockpile masks – this limits availability of this sort of equipment to health care personnel.

Should I be taking any vitamins or supplements to prevent COVID-19?

There is no evidence that any vitamin or supplements prevent illness unless you are proven to be deficient. The only vitamin that is commonly deficient in Australia is vitamin D. A balanced diet plus a vitamin D supplement if you are deficient (or if you are low on sunlight exposure due to self-isolation) is all you need to do.

Claims on social media that megadoses of vitamins eg Vitamin C intravenously are spurious and dangerous. At best, high doses of vitamin C are simply excreted in your urine but provide no proven benefit. At worst, high dose intravenous vitamin C can cause organ damage. High dose of vitamin A, D, E and K can be very toxic and sometimes fatal. Herbal supplements that 'boost the immune system' are also unproven, expensive and may have unexpected side effects.

If you are concerned about your restricted diet during self-isolation, a multivitamin at the recommended dosage once a day is reasonable, but no more.

Should I stockpile medications?

Have a 2-week supply of crucial medications in case you need to be quarantined at home. Excessive stockpiling is not advised, as this creates supply issues and people in severe need may miss out. Speak with your pharmacy about home delivery in case you need to self-isolate at home.

Should I cancel travel?

As of late March 2020, yes. Discuss this with your own Specialist if you think there should be an exception to this advice.

Can I still go out to meet my friends and family?

Obey the Government restrictions which are updated frequently. The safest thing you can do is to stay at home.

How do I deal with my stress about COVID-19?

It is normal to feel stressed, worried or anxious about this issue. Talk with people who you trust such as your doctor, friends and family. If you must stay at home, be sure to maintain a good diet, sleep, and exercise. Maintain contact with family and friends by phone, email or social media. Don't treat your stress with alcohol, smoking or other drugs. Seek counselling if you are feeling overwhelmed. Have a plan for how to deal with your physical as well as your emotional and mental health needs. Discuss these with your doctor. Stay informed using credible sources such as WHO website, or your local health agency. Limit how you "feed your worry". Avoid watching or listening to excessive media coverage that you find upsetting and agitating. Youtube videos or audiofiles, and phone apps on meditation can be very helpful to alleviate the symptoms of stress and worry.

What do I do if I think I have COVID-19?

If you are unwell with fever/ cough/ shortness of breath, if you have travelled internationally or have been in close contact with someone who has tested positive for coronavirus, you need to follow the



ABN 46 602 136 514

guidance on the Department of Health website <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>

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