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CMAAO Coronavirus Facts and Myth Buster: Around the Globe

National Comprehensive Cancer Network (NCCN) – Preliminary Recommendations for COVID-19 Vaccination in Patients with Cancer

Patients receiving hematopoietic cell transplantation or cellular therapy: Coronavirus disease 2019 (COVID-19) vaccination should be done ≥ 3 months after hematopoietic cell transplantation (allogeneic or autologous) or cellular therapy (e.g., chimeric antigen receptor [CAR] T-cell therapy).

Patients with hematologic malignancies: For patients receiving intensive cytotoxic chemotherapy, vaccination against COVID-19 must be delayed until the absolute neutrophil count has recovered. For patients with marrow failure due to disease or treatment who are likely to have limited or no recovery, and for those on long-term maintenance therapy, vaccination should be done when the vaccine becomes available.

Patients with solid-tumor malignancies: For patients who are receiving cytotoxic chemotherapy, targeted therapy, checkpoint inhibitor therapy or other immunotherapy, or radiation therapy, vaccination should be done when the vaccine becomes available.

For patients who have to undergo a major surgery, COVID-19 vaccination must be postponed until at least a few days after surgery.

Involve Private Practitioners in the National Program to Give the Vaccine

- Private practitioners can meet patients where they are. The most vulnerable patients do not have to stand in a queue or travel several kilometers to be vaccinated. They are present within the communities, are easily accessible, and can shift people away from gatherings of large groups of people who may be sick.
- One can avoid wasting time and resources.
- Vaccines are being distributed only to hospitals that are already overwhelmed with COVID-19 patients.
- Practicing doctors can identify the most vulnerable patients and contact them to get them vaccinated first.
- Their knowledge of their patients is current and deep, while hospital systems know comparatively lesser about people's chronic conditions, recent health problems, lifestyles and other risk factors.
- Physician practices can fight the myths and misconceptions.

The US Food and Drug Administration (FDA) issued emergency use authorization (EUA) for the first molecular COVID-19 test for home and over the counter use - the Cue COVID-19 Test. This will be the first

molecular diagnostic test that will be available without a prescription.

Individuals who have been fully vaccinated against COVID-19 can safely gather without mask and inside with nonvulnerable people who are not yet vaccinated, suggest guidance issued by the Centers for Disease Control and Prevention (CDC).

The new guidance states that people for whom it has been at least 2 weeks since their last required dose can:

- Meet other fully vaccinated people indoors without wearing masks or physical distancing
- Visit with unvaccinated people from one other household who have a low risk for severe COVID-19 indoors without wearing masks or practicing physical distancing
- Avoid quarantine and testing after exposure to someone infected with COVID-19, if they remain asymptomatic.

However, some restrictions continue to be there until further data is obtained. Those who are fully vaccinated must:

- Wear masks and practice physical distancing in public settings and around people at high risk for severe disease
- Wear masks and practice physical distancing when visiting unvaccinated people from more than one household.

- Avoid medium- and large-sized gatherings
- Avoid traveling.

Individuals who are considered to have a high risk for severe disease include cancer patients, those with chronic kidney disease, chronic obstructive pulmonary disease (COPD), Down syndrome, heart disease, heart failure, a weak immune system, obesity, sickle cell disease and type 2 diabetes. It also includes pregnant women and smokers.

In public places, fully vaccinated people are required to follow guidance to protect themselves and others, which includes wearing a well-fitted mask, physical distancing (at least 6 feet), avoiding crowds, avoiding spaces that are not well-ventilated, covering coughs and sneezes, washing hands frequently, and following any applicable workplace or school guidance. Fully vaccinated people should also be vigilant of symptoms of COVID-19, especially after exposure to someone with suspected or confirmed COVID-19.

Vaccinated grandparents can visit children and grandchildren who are healthy and local.

Studies from Spain and Israel have shown that the amount of viral load appears to be significantly lower if someone gets infected after receiving vaccination, compared to people who get infected and have not received the vaccine.

(Excerpts from Medscape)

With input from Dr Monica Vasudev



Travel Restrictions for Countries Affected by Ebola Announced by CDC

The US CDC has stated that travel restrictions are going to be imposed for people coming from Guinea and the Democratic Republic of Congo (DRC) to the US. These two countries have seen recent outbreaks of the Ebola virus. The US government will direct travelers from Guinea and the DRC to six US airports, reported the CDC. Airlines will be required to obtain information from all passengers boarding flights to the US who have been in either of the two countries within the previous 21 days. The data has to be shared with the CDC and local health departments for monitoring. Similar travel precautions were imposed during the 2014 Ebola outbreak as well... (CNN)

MS Disability, Age Linked to Worse COVID Outcomes

According to registry data, disability and age have been reported to be linked with poorer COVID-19 outcomes in patients with multiple sclerosis (MS). Out of nearly 2,000 people with MS and COVID-19 in North America, 17.8% of the nonambulatory patients died, compared to 4.3% patients who walked with assistance and 0.6% patients who were ambulatory. Death was more common among MS patients aged 75 years and older, who had COVID-19. The findings come from 2,059 MS patients reported by more than 150 healthcare providers in North America between April 1, 2020 and January 29, 2021. About 85.4% of the patients had laboratory-confirmed COVID-19. The data were presented at ACTRIMS Forum 2021, the annual meeting of the Americas Committee for Treatment and Research in Multiple Sclerosis... (Medpage Today)