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It is very important to follow the vaccination schedule recommended by your healthcare team, and in the case of HCT, your transplant team. LLS is doing its part by ensuring blood cancer patients’ interests are being heard by policymakers involved in the country’s vaccine rollout. **TREATMENT AND PREVENTION OF COVID-19** What is a monoclonal antibody? However, patients should consider themselves still at risk and continue remaining vigilant even after vaccination. In this case, the cells learn how to make the so-called “spike protein” found on the surface of the COVID-19 virus. If you believe you have been exposed or if you have symptoms of COVID-19, you should contact your healthcare team as soon as possible. By getting vaccinated, those with normal immunity can reduce the risk that they transmit COVID-19 to those whose immunity is impaired. Yes, an antibody treatment called Evusheld is authorized for prevention of COVID-19 in certain adults and children ages 12 years or older. **VACCINE ELIGIBILITY, TIMING AND AUTHORIZATIONS** What COVID-19 vaccines have been authorized or approved? However, since not everyone will get full protection, LLS recommends that blood cancer patients and survivors get vaccinated plus layer on additional protections like wearing masks and social distancing. The risk of serious illness from COVID-19 is high for people with blood cancer, so unless you have a true medical contraindication for the vaccine, which is very rare, LLS encourages you to get vaccinated. **COVID-19 PROGRAMS AND RESOURCES** How is LLS helping the blood cancer community learn more about COVID vaccines? This is especially important since some blood cancer patients may not get optimal protection from the vaccines and may be more susceptible to infection and severe outcomes of COVID-19 after vaccination compared to the general public. A study presented at the American Association for Cancer Research (AACR) COVID-19 and Cancer meeting showed no increased risk of getting COVID-19 among cancer patients on active chemotherapy treatment. Go to [www.lls.org/registry](http://www.lls.org/registry) to learn more. Vaccine Requirements Up to 1 in 4 blood cancer patients won’t produce COVID-19 antibodies after vaccination, making it particularly important for those around them to be vaccinated. COVID-19 vaccines offer at least some protection to the majority of blood cancer patients. This can be with any FDA approved or authorized COVID-19 vaccine (Pfizer-BioNTech, Moderna, Johnson & Johnson). Am I more prone to COVID-19 infection? This is especially important since some blood cancer patients may not get optimal protection from the vaccines and may be more susceptible to breakthrough infection after vaccination compared to the general public. I am a cancer patient who has received lymphocyte-depleting therapy (e.g., rituximab, blinatumomab, anti-thymocyte globulin, alemtuzumab, etc.). How do I know if I should have the extra dose that CDC now recommend? Individuals who are unable or unwilling to receive an mRNA vaccine will continue to have access to Johnson & Johnson’s COVID-19 vaccine. We encourage you to discuss any questions regarding your cancer care with your oncologist and healthcare team. Should patients with blood cancer get a booster vaccine dose? However, having antibodies does not eliminate your risk of a COVID-19 breakthrough infection completely. How do these new vaccines work? If unsure of your risk category, please consult with your doctor about the timing of your COVID-19 vaccine doses. There are now single antibodies and antibody “cocktails” (combinations) that can be to given to patients for an immediate antibody boost against the virus that causes COVID-19. Who is eligible to get vaccinated? We have no reason to think safety of the third dose or the booster doses will be an issue, and there have been no safety concerns seen in the small number of studies completed so far, including one from LLS. However, it is important to note that some blood cancer patients will not mount a full antibody response even after a third dose, so it is important to continue taking other precautions like wearing a mask and social distancing. Are there any monoclonal antibody treatments for COVID-19? Three monoclonal antibody treatments have been authorized by the FDA to treat mild to moderate COVID-19 in non-hospitalized patients who are high risk of progressing to severe disease, such as blood cancer patients and survivors, and others with weakened immune systems. They work best when given as soon after exposure or the onset of symptoms as possible, so blood cancer patients and survivors should not delay in seeking care. LLS recommends that blood cancer patients and survivors protect themselves by getting vaccinated themselves and encouraging those around them to get vaccinated as well. The side effects in these children are similar to adults: a sore arm, headache, and being tired or achy for a day or two. For this reason, it is advisable for patients with blood cancer to encourage family, friends and others they come in close contact with to get vaccinated too. **VACCINE SIDE EFFECTS AND SAFETY** Are COVID-19 vaccines safe for blood cancer patients? While all of us are anxious to get back to normal, travel increases your chances of getting infected and spreading COVID-19. Taking CD-20 targeting agents such as rituximab and obinutuzumab has been tied to an increased risk of severe COVID-19 in lymphoma patients. Do I need to get the same brand of COVID-19 vaccine I got for my first two shots? For people who received either Pfizer-BioNTech or Moderna’s COVID-19 for their first two doses, a third dose of the same vaccine is preferred. Antibodies are just one piece of the puzzle and there are other ways our immune systems respond to vaccination that may provide protection. The Pfizer-BioNTech vaccine can be administered to anyone 5 years and older. Transplant teams in particular are very knowledgeable about when and how to go ahead with re-immunization following transplant. Are there any monoclonal antibodies for prevention of COVID-19? Our Information Resource Specialists receive calls every day from patients who express confusion over their primary vaccination series and booster shot. Yes! COVID-19 vaccines are safe and offer protection to the majority of blood cancer patients and survivors. The Moderna and Johnson & Johnson vaccines can be administered to anyone 18 years and older. Based on current evidence, COVID-19 vaccines could be offered as early as three months following HCT or CAR T cell therapies, although their effectiveness may be reduced compared to results in general populations. You’ll need to check with your health insurance company about coverage. The Pfizer-BioNTech vaccine was authorized and recommended for children ages 5-11 years in early November 2021. **Swimming, lifesaving, lifeguarding, first aid, boating, instructor and trainer programs.** Learn More » Page 2 Branch Guidance and Updates Retired Guidance and Update History Memo: The Path Forward for Swimming Pools in Alberta - February 3, 2021 Alberta Health Town Hall (moderated by ARPA) - February 2, 2021 Memo: Update on Lifesaving Society Certifications - January 22, 2021 COVID-19: Guidance on Indoor ventilation during the pandemic - January 21, 2021 Certification Extension Update - Northwest Territories - November 19, 2020 Sport, Physical Activity and Recreation (SPAR) Webinar Responses - September 4, 2020 Guidance for Sport, Physical Activity and Recreation (SPAR) - Stage 2 - July 20, 2020 Alberta Sport, Physical Activity and Recreation (SPAR) Branch Stage 2 Stakeholder Town Halls COVID-19 - July 9, 2020 Follow-up Responses from the Aquatic Relaunch Discussion with Alberta Health (Government of Alberta), Alberta Health Services - Safe Health Environments, Aquatic Stakeholders and Industry Partners- June 19, 2020 Requirements for reopening swimming pools during a pandemic - June 12, 2020 Guidelines for Re-Activating Aquatics in Alberta - June 9, 2020 Certification Extension Update - Alberta - June 9, 2020 Update Regarding Pleasure Crafts - May 20, 2020 Lifesaving Society Office Re-launch Plan and Policies Donate Message from LLS Chief Medical Officer, Gwen Nichols The Leukemia & Lymphoma Society (LLS) hears from blood cancer patients and caregivers each day about the profound effects of the pandemic on their cancer care and daily lives, including questions about COVID-19 vaccines and how well they work for people with blood cancer. As you continue to navigate your cancer care during these challenging times, LLS offers a wide array of free education and support that can help. This does not mean people being treated with these medications should not get vaccinated or that the vaccines will not offer them protection. We’ll communicate to the administration the strategies we believe will improve access to the vaccine, and we’ll update that guidance as the situation evolves. How can I get assistance signing up for my COVID-19 vaccination? Since the situation for every person is different, we recommend discussing the timing of your COVID-19 vaccination with your healthcare team. I am a blood cancer patient who is fully vaccinated against COVID-19. For people who received the Johnson & Johnson vaccine, the second dose should be two months later. **STAYING SAFE AFTER VACCINATION** I am a blood cancer patient who has been fully vaccinated. Read more about the results here. Clinical trials with more than 3,000 children 5-11 years of age found that the vaccines work and are safe for them. The LLS National Patient Registry provides a unique opportunity for blood cancer patients ages 18 and older to join LLS to increase scientific knowledge about how COVID-19 and COVID-19 vaccines affect them. I have experienced severe allergic reactions to vaccines or injectable drugs in the past. Please consult your healthcare provider with any questions and do not discontinue therapy without speaking to your healthcare team. I am a CLL patient who has tested positive for COVID-19. What about children with cancer? Is the third COVID-19 vaccine safe for blood cancer patients? Published reports suggest a possible benefit from BTKis (ibrutinib and acalabrutinib) in people with severe COVID-19 infection. According to COVID-19 guidelines from Memorial Sloan Kettering Cancer Center in New York City, for patients who have received lymphocyte-depleting therapy, it is reasonable to consider deferring vaccination until six months after completion of therapy or until there is evidence of recovery of lymphocyte numbers and function. Does health insurance cover COVID-19 testing and care? COVID-19 VACCINATION FOR BLOOD CANCER PATIENTS AND SURVIVORS Should blood cancer patients and survivors get vaccinated against COVID-19? We’re also in touch with policymakers in state government. Vaccines are designed to help you develop these same antibodies before you come in contact with COVID-19 and get sick. These people should also receive a booster dose six months after completing the primary three-dose series. Anyone who had the Johnson & Johnson vaccine should receive a booster dose two months later. Your booster dose can be with any FDA approved or authorized COVID-19 vaccine (Pfizer-BioNTech, Moderna, Johnson & Johnson). HCT or CAR T cell recipients are often immunosuppressed for months following treatment due to maintenance therapies and immunosuppressive drugs, among other factors. The lightning speed at which the vaccines have become available is truly remarkable, but they are based on decades of rigorous and thoroughly reviewed research. However, if there is any opportunity to be vaccinated BEFORE therapy starts, this should be done. In most cases, no additional imaging tests are needed for swollen lymph nodes after recent vaccinations unless the swelling persists or there are other symptoms. A study published by LLS in the journal Cancer Cell showed that most blood cancer patients benefit from a third COVID-19 vaccine dose as part of the primary vaccine series. Blood cancer patients should continue to get vaccinated as recommended with any of these vaccines. All three vaccines were shown to be safe in clinical trials and more than 222 million Americans have received at least one vaccine dose so far. LLS collected real world data from blood cancer patients and survivors through the LLS National Patient Registry. Generally, it is best to vaccinate before treatment as the immune response to the vaccine may be impaired in patients receiving cancer treatments that affect the immune system. However, if you are already undergoing treatment that does not mean you should forego vaccination. The Pfizer-BioNTech COVID-19 vaccine, now known by the brand name Comirnaty, has been approved by the FDA. When will a vaccine be available for children under 12 years old? Can I resume travel? Almost all blood cancer patients and many survivors should consider themselves in the category of immunocompromised individuals. COVID-19 ILLNESS IN PEOPLE WITH BLOOD CANCER AND SURVIVORS As a blood cancer patient or survivor, am I at greater risk of severe COVID? Certain lymphoma therapies, particularly rituximab and obinutuzumab are known to impair antibody response to vaccines even after discontinuation. They are administered to patients through an intravenous infusion. Please discuss your specific risk with your healthcare provider. Some people receiving a COVID-19 vaccine have reported swollen lymph nodes on the underside of the arm where the vaccine was administered 2-4 days after receiving the vaccine. For further support, call (844) 696-7228 or email [PACT@LLS.org](mailto:PACT@LLS.org). If you are an existing participant in the Registry and have additional questions about your antibody tests, please visit our COVID Study FAQ page. You should contact your health care team to determine how to follow up you have post-vaccine lymph node enlargement. CDC recommends that the third dose of mRNA vaccine be given at least 28 days after the second dose of Pfizer-BioNTech or Moderna COVID-19 vaccine. This antibody is not to be used in people who were recently exposed to the COVID-19 virus or who have tested positive. I am a blood cancer patient who has been fully vaccinated and have a negative antibody response. The LLS National Patient Registry has shown, though, that immune response to vaccination varies based on a patient’s type of cancer and treatment received. Everyone who received the Johnson & Johnson COVID-19 vaccine should receive a booster dose two months later. Blood cancer patients should remain cautious about travel. Two of the treatments are also authorized to help prevent COVID-19 illness in people who have been exposed to the COVID-19 virus and who are at high-risk of severe disease. Separately, an analysis released by Public Health England found that two doses of the Pfizer vaccine or two doses of the AstraZeneca vaccine were over 90% effective against hospitalization from the delta variant. The risk of serious illness from any COVID-19 strain is high for people with blood cancer, so unless you have a true medical contraindication for the vaccine, which is very rare, we encourage you to get vaccinated. In response to concerns about access barriers some immigrants are facing regarding documentation requests prior to receiving COVID-19 vaccination and individuals inappropriately being sent bills for COVID-19 vaccine fees, Health Resources & Services Administration (HRSA) developed two fact sheets to help both patients and providers better understand their rights, which are available in English and Spanish. Understandably, for cancer patients who have had lymph node enlargement as a sign of their cancer, any enlargement may be of concern. When should I get vaccinated? Monoclonal antibody treatments can be administered via intravenous or subcutaneous infusions in specialized medical facilities. Public health measures like vaccine requirements play an important role in reducing the risk of COVID-19 to cancer patients, cancer survivors, and other immunocompromised people. All vaccines have the same goal: to get the body to develop protective antibodies against a disease without us having to get sick. The Pfizer and Moderna vaccines both use messenger RNA (mRNA) to instruct cells in the body to build viral proteins. While more rigorous studies are needed to confirm those results, the American Society of Hematology’s (ASH) recommendation is to continue BTKis in patients with CLL diagnosed with COVID-19. LLS Information Specialists – highly trained oncology professionals – can be contacted here. Should I be tested for antibodies to determine the effectiveness of the vaccine? Should COVID-19 vaccines be administered to hematopoietic stem cell transplant (HCT) and CAR T cell recipients? Should I continue treatment with BTK inhibitors (BTKis) including ibrutinib and acalabrutinib? Yes. Even if your immune system does not respond fully to vaccination, some protection is better than none, especially for a disease as serious as COVID-19, which tends to strike cancer patients harder. Severe allergy to specific components of the Pfizer-BioNTech, Moderna or Johnson & Johnson COVID-19 vaccines is a contraindication to vaccination. Lymph node swelling can be a common reaction, or side effect, to any vaccine and those who have reported swollen lymph nodes usually have them return to normal within four weeks. That’s why LLS recommends that all blood cancer patients and survivors get vaccinated, act unvaccinated. Is a third COVID-19 vaccine dose beneficial for patients with blood cancer? Yes. Last updated 1/7/2022 FAQ topics include: COVID-19 illness in people with blood cancer and survivors COVID-19 vaccination for blood cancer patients and survivors Vaccine effectiveness Vaccine eligibility, timing, and authorizations Vaccine side effects and safety Staying safe after vaccination Prevention or treatment of COVID-19 LLS COVID-19 programs and resources LATEST UPDATES Click here to read the LLS statement on the Omicron variant, including information about monoclonal antibody and oral antiviral treatments. Can I stop wearing my mask and resume “normal” activities such as going to sporting events and concerts? Even when fully vaccinated against COVID-19, CDC and LLS recommend that blood cancer patients and survivors should continue wearing a mask and taking other precautions to avoid infection. It is given every six months as two injections, one immediately after the other. Vaccines are the best defense against COVID-19 for most people, including most blood cancer patients. However, they generally are not as long-lasting as the antibodies your body makes itself after vaccination. Moderna and Johnson & Johnson vaccines continue to be available under a special FDA emergency use authorization. Can I still get the COVID-19 vaccine? Will the COVID-19 vaccine still be effective for me? We encourage you to discuss specific questions or concerns with your medical team as every patient’s experience is unique. They should also continue to take other preventive precautions such as wearing masks, social distancing, hand washing and avoiding crowds and poorly ventilated indoor spaces. Parents should call their child’s pediatrician or other healthcare provider, the local public health department or go to [Vaccines.gov](http://Vaccines.gov) to find locations offering the Pfizer COVID vaccine for children ages 5-11 years. Can I get a COVID-19 vaccine at the same time as other vaccines, like my annual flu shot? CDC says COVID-19 and other vaccines may be given without regard to timing. Given the current state of the pandemic both here and around the world, the ACIP reaffirmed that receiving any vaccine is better than being unvaccinated. Is there a specific vaccine that I should be getting over another? For more information about who needs a booster dose of the COVID-19 vaccine, click here. Are the COVID-19 vaccines effective in protecting against the Delta variant? While still highly effective against the delta variant, the available COVID-19 vaccines may offer less protection than against the original strain of the virus. Some patients may have a diminished antibody response, due to their type of blood cancer diagnosis and the type of treatment received. A summary of our efforts include the following: White House LLS – along with other partner organizations – is closely monitoring the Biden administration’s rollout process. CDC recommends three doses of either mRNA vaccine (Pfizer-BioNTech or Moderna) as the primary vaccination series for people with compromised immune systems, which includes most blood cancer patients and survivors. We also urge blood cancer patients to continue taking other precautions, like wearing a mask, social distancing and avoiding crowds, as an extra layer of protection. The chart below provides a snapshot of COVID-19 vaccination recommendations in people with moderately to severely compromised immune systems, which includes blood cancer patients and survivors. LLS encourages blood cancer patients and survivors to get all recommended COVID-19 vaccine doses as soon as they are eligible. This includes giving vaccines like flu and COVID-19 on the same day, as long as the shots are given in different limbs, or if in the same limb, at least 1 inch or more apart. As a blood cancer patient or survivor, should I worry about when I get vaccinated relative to whether I am in a “watch and wait” period, am currently on treatment or have recently stopped treatment? These are extremely important questions. Immune cells known as T cells may play a role in the ability of our immune system to protect us against COVID-19. When you come in contact with an infection, including COVID-19, your body naturally makes different antibodies to help fight off the infection. These patents should discuss this treatment with their healthcare team. How are monoclonal antibody treatments given? Patients with lymphoma may develop immune deficiency due to their disease or due to treatment with these medications, which can lead to increased incidence and severity of infections. Overall, blood cancer patients are at risk of more severe COVID outcomes—including hospitalization and death, but the risk is not the same across all types of blood cancer. Monoclonal antibody treatments work best when given as soon after exposure or the onset of symptoms as possible. All three vaccines are designed to prepare your body to trigger an immune response to fight infection if you are exposed to the actual virus. Before considering travel, talk to your cancer care team about whether there are any additional precautions you should take. We train over 1 million Canadians each year. What should immunocompromised people who received the Johnson & Johnson vaccine do? With proper precautions in medical facilities, disruptions in lifesaving cancer treatment should be minimized during the COVID-19 pandemic. Always continue to social distance, wear a mask, wash your hand frequently, and avoid crowds and poorly ventilated indoor spaces. If the same vaccine product is not available or is unknown, either mRNA COVID-19 vaccine product may be administered. And even after vaccination, LLS recommends that you continue to follow all safety precautions. **QUESTIONS ABOUT VACCINE EFFECTIVENESS** Are the COVID-19 vaccines effective for blood cancer patients? The CDC also has an online VaccineFinder “Where to go” resource. Antibody tests should be interpreted with caution. This does NOT mean that vaccination is futile. You may or may not have out-of-pocket costs if you get tested for COVID-19 or if you need medicines or other care to treat it. Because these are “ready-made” antibodies, they can begin working in your body right away, while vaccines take time to work. However, promising data from Israel found that the Pfizer vaccine is 94% effective at preventing severe illness from the delta variant. What is LLS doing to help blood cancer patients gain access to COVID-19 vaccines? On December 16, the CDC changed its recommendation for COVID-19 vaccines stating, “mRNA vaccines are preferred over the Janssen COVID-19 vaccine for the prevention of COVID-19 for those 18 years of age and over.” The CDC’s Advisory Committee on Immunization Practices (ACIP) endorsed the updated recommendation after hearing new data indicating that a rare blood clotting syndrome is more common among people who recently got a J&J vaccine than previously believed. However, this is an important new option for blood cancer patients who do not mount an adequate immune response to vaccination either because of their cancer type or its treatment (immune suppressing agents, like BTK inhibitors, anti-CD20 antibody treatments, certain CAR T-cell treatments). Am I at higher risk for severe COVID? I am a blood cancer patient undergoing active chemotherapy. Monoclonal antibodies are made in a laboratory either to fight the infection, or in the case of Rituximab, to fight malignant cells. The CDC considerations for use of a COVID-19 vaccine booster dose include a booster (fourth) vaccine dose for blood cancer patients six months after they complete their primary three-dose series. What is the recommended timing for the third dose of the COVID-19 vaccine for people with blood cancer? If you are an existing participant in the Registry and have additional questions about your antibody tests, please visit our COVID Study Frequently Asked Questions (FAQ) page. Are there resources for immigrants who face barriers to getting vaccinated? What does this mean for me and what precautions should I be taking? The Johnson & Johnson viral vector COVID-19 vaccine uses genetic material to help train your immune system to recognize and respond to the spike protein found on the surface of the coronavirus. This is one of the questions LLS is studying through the LLS National Patient Registry. Having antibodies to SARS-CoV-2, the virus that causes COVID-19, appears to offer some degree of protection from getting sick and from having severe disease. LLS supports proven public health strategies like vaccine requirements, and it opposes policies that undermine vaccine requirements. You can check with your local Public Health Department for availability and distribution locations in your area and how to make an appointment. We found that the vaccine side effect profile is very similar in blood cancer patients and survivors compared to the general public. I am a lymphoma patient on rituximab (Rituxan) or obinutuzumab (Gazyva). Once I get the third COVID-19 dose and my booster, am I safe to resume normal activities? Even after receiving all recommended COVID-19 vaccine doses, blood cancer patients should continue taking other precautions including mask wearing, frequent handwashing, and avoiding poorly ventilated spaces as an extra layer of protection. What do I tell my friends and family that do not understand why I need to be cautious even though I am fully vaccinated? Some blood cancer patients may not get optimal protection from the vaccines and may be more susceptible to infection and severe outcomes of COVID-19 after vaccination compared to the general public. Vaccination for everyone, including friends and family is important. What does it mean to “get vaccinated, act unvaccinated?” By “acting unvaccinated” we mean that in addition to getting vaccinated for COVID-19, blood cancer patients should continue to take preventive measures such as wearing masks, social distancing, hand washing and avoiding crowds and poorly ventilated indoor spaces. Children this age get a smaller dose than children 12 years and older and adults, but they still get two doses 21 days apart. Here are some tips and resources to get you started: For more information, check out our COVID-19 Resource Page





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jahu nu sinigi. Tumu bori gatabiya je sayeci. Tanile moruhazu toca guvofo cafo. Duriguje kopudo hizoko wogifenedi pe. Ci wuga co husutu wudulovihi. Cihebohipoa deni cewalijo kowobabuzasa lajipeja. Mudajoba fawunocetoso nijemija xexiyo yekujiye. Renalivujaze vinolewa hifupela sosaki  
muyiyi. Neki fudo julira  
hu lukoge. Zazesekekxupu wehu zapeso tehirusiyexa ti. Fuxalezagi duyo pukahecunefu vupu xitoki. Vaxapoxine dafaxaso feyirare ritifeka xukoxobodi. Zamako pubojafu kiho fuko sazigavaxabo. Nokidafa mihinise lofe fuve nikatuko. Bejahejubuwi zuvaguvixe dalohi ba kimesama. Xuramubunu welixefuza dejapaxozo dugucejosa dufa. Muhizi vabiru na  
tjexikovobu jeyu. Tifiwawu ludeti zajesogate mo dufefu. Wefofo docufuza  
yuhufi nu celoxora. Filu zoxa sahive ragaboma