



## MINISTRY OF HEALTH

### COVID-19: WHAT PEOPLE LIVING WITH CANCER SHOULD KNOW

Coronavirus disease 2019 (COVID-19) is a new infection caused by a new coronavirus that has previously not been seen in humans. It was first identified in Wuhan, China. Symptoms from the disease range from the mild form which can be managed at home, to severe cases needing hospital admission and sometimes assistance with breathing using mechanical ventilation. Early published reports from China indicate that patients living with cancer are at a higher risk of having complications from COVID-19 if infected as compared to patients without cancer.

#### 1. Which cancer patients are at particularly higher risk of COVID-19?

The following cancer patients are at a higher risk of having severe disease if infected with the novel SARS-COV 2 virus:

- Those who are undergoing active chemotherapy, immunotherapy or radiotherapy
- Those with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma at any stage of treatment
- Those receiving other targeted cancer treatments which can affect the immune system,
- Those who have had recent surgery, bone marrow or stem cell transplants, or those still taking immunosuppression drugs.
- Those advanced in age (age over 60 years)
- Those with pre-existing cardiovascular, respiratory or kidney diseases.

#### 2. How can I protect myself from COVID-19

1. Follow all the standard infection prevention recommendations issued by the Ministry of Health.
  - a. Frequent cleaning of hands preferably with soap and running water,
  - b. If soap and water is not available, use a hand sanitizer with 60% alcohol
  - c. Avoid shaking hands
  - d. Avoid touching your face, eyes, nose and mouth
  - e. Practice social distancing; avoid close contact with people
  - f. Don't touch objects or surfaces that you don't need to.
2. Stay home, except to get medical care. Avoid unnecessary visits to the hospital- Consider making consultations via telephone or video consultation whenever possible.
3. If currently undergoing active treatment:
  - i. Stay at home in between sessions; if you need to go out strictly adhere to infection prevention guidelines

- ii. Avoid crowded places or public gatherings or any contact with anyone exposed to or infected with COVID-19
  - iii. Monitor your temperature (keep a thermometer at home). If you detect a fever above 38°C call your oncologist, don't rush to the hospital.
  - iv. If you need to re-fill your drugs, ask a family member to collect your medications
  - v. Consider self-injection of your immune booster or have a family member or health worker carry out the injection at home
4. Cancer patients should continue to maintain a healthy lifestyle including eating a balanced diet, getting at least 8 hours of sleep and avoiding stress as much as possible.
5. If you get flu-like symptoms and suspect you may have contacted a COVID-19 patient please call 719 for advice.

### **3. What can I do about my clinic visits and medications?**

1. As much as possible, limit non-essential travel and arrange to pick your medicines from your nearest cancer centre.
2. Ensure adherence to your medications unless advised otherwise by your oncologist.
3. If you are taking tablet chemotherapy or non-chemotherapy anticancer drugs like Tamoxifen, Letrozole, etc, please arrange to collect two to three months' supply early enough to avoid repeated hospital visits. Talk to your treating oncologist on the safe use and monitoring of oral chemotherapy agents such as capecitabine.
4. Ensure to stock up on pain medications and supportive commodities such as stoma bags.
5. If you are on long-term follow-up and stable, arrange with your oncologist to reschedule routine appointments by at least 3 more months.
6. Cancel all non-urgent doctor visits and arrange for telephone consultation with your oncologist.
7. While at the clinic, sanitize and ensure social distancing. Your care provider will arrange for you to be seen in small batches to enable social distancing.
8. If you are using a shared wheelchair or stretchers insist that it is sanitized before use.
9. Any cancer patient diagnosed with COVID-19 must inform the attending doctor about their cancer history and treatment and immediately alert their primary oncologist

### **4. What should I do if I suspect I have COVID-19?**

- Call your oncologist if you develop symptoms consistent with COVID-19
- Stay home except to get medical care and separate yourself from other people in your home
- Wear a facemask

- Clean your hands often or use a hand sanitizer
- Monitor your symptoms and call 719 for any further advice.



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### COVID-19: Considerations for Health Care Providers Handling Cancer Patients

Coronavirus disease 2019 is a new infection caused by a coronavirus type that has previously not been seen in humans. It was first identified in Wuhan, China. Early published reports from China indicate that patients living with cancer are at a higher risk of having complications from COVID-19 if infected as compared to patients without cancer.

Despite the unprecedented challenges COVID-19 presents, cancer centres must align to the overarching goal to provide cancer treatment to patients in need as safely and as justly as possible, all factors considered. There is currently no evidence to withhold cancer diagnosis or treatment and delaying treatments can have negative effects for cancer patients.

1. As much as possible, aim to reduce the number of people in the building or clinic to ensure social distancing and follow Infection Prevention recommendations as provided by the Ministry of Health.
2. For all clinics scheduling: Go through your entire schedule and categorizing your patients in these categories:
  - Absolutely must see in person (keep appointment as is)
  - Keep or move appointment, and also transition to Telehealth or Phone call option
  - Reschedule for future appointment especially for stable patients on long-term follow-up (able to move the appointment by at least 3 weeks)
  - Consider cancellation of all elective procedures (those procedures where a delay of 6-8 weeks will not lead to a detrimental effect on the health of the patient)
  - Elective procedures will need to be postponed by at least 2 months
  - Continue work as usual and prioritise for urgent/emergent procedures (those that absolutely need to be performed in 24-48 hours)
3. Work re-scheduling across all service points to reduce patient contact and maximise workforce capacity. Where possible, consider possibility of extended shifts, weekend coverage etc.
4. Enforce a limit of one adult accompanying each patient and a one visitor per clinic visit, inpatient care and chemotherapy day units.
5. For those who still need to attend, particularly for treatment, schedule appointments to reduce waiting times. Encourage patients not to arrive too early – consider measures such as contacting them when ready to see them.
6. Consider whether systemic therapies can be given in alternative regimens, different locations or via other modes of administration if this is appropriate for continued cancer care. This may include:
  - a. Changing intravenous treatments to subcutaneous or oral if there are alternatives.

- b. Selecting regimens that are shorter in duration.
  - c. Consider using 4-weekly immunotherapy regimens
  - d. Dispensing longer periods for oral medications.
7. For patients undergoing radiotherapy:
    - a. As much as possible, all patients on radiotherapy must continue with their treatment to completion
    - b. Explore options for hypo-fractionation where possible
    - c. Consider delaying radiotherapy for palliative/non-curative purposes unless where the oncologist advises otherwise
  8. Consider deferring supportive therapies such as zoledronic acid treatment (except for hypercalcaemia).
  9. Consider referring patients to their nearest county cancer centre for care that can be provided there to reduce unnecessary travel
  10. Consider home delivery of oral medication where possible
  11. Use of GCSF as primary prophylaxis to protect patients and reduce admission rates is encouraged where appropriate
  12. Consider treatment breaks for long-term immunosuppressive treatments when risk of coronavirus is high.
  10. Screen all inpatients and staff including temperature checks and use of checklists to identify symptomatic patients with COVID-19 infections.
  11. Staff caring for positive or symptomatic patients/exposed clients should NOT care of negative or asymptomatic patients.
  12. Make contingency plans to mitigate against disruptions in supply of drugs and other supportive commodities.
  13. Increase psychosocial support and palliative care for patients during this difficult period

### **Improving Staff Preparedness**

- Ensure oncology clinic staffs receive additional COVID-19 training to screen patients for possible COVID-19 infection.
- Develop Standard Operating Procedures for isolating potentially infected staff and patients in consultation with the hospital's COVID-19 surveillance team
- Ensure adequate supplies of PPEs (gloves and masks) for the Oncology clinic
- Treatment for patients infected with COVID 19 should be done in isolation
- At every appointment, ask questions about overall health and recent travel.
- You may ask some patients to mask and wait in a separate room or to reschedule until they are feeling better if they have respiratory symptoms.
- Frequently clean and disinfect surfaces with 0.5% chlorine throughout the clinics.
- Provide "sanitation stations" at all entrances. These stations should have tissues, soap and water or hand sanitizer with 60% alcohol, and directions about how to get a mask, if required.