CUTANEOUS LYMPHOMA FOUNDATION

COVID Update - September 1, 2021

Members of the cutaneous lymphoma community have been reaching out with their questions related to COVID-19, the delta variant as well as the CDC's new guidelines for a third dose of the vaccine as well as a booster shot. Drs. Michi Shinohara and Jasmine Zain, both cutaneous lymphoma specialists as well as members of the Cutaneous Lymphoma Foundation's Medical Advisory Council, generously addressed these questions below:

What information can you share with cutaneous lymphoma patients about the third COVID-19 vaccine shot? (CDC's definition for third dose vaccine vs booster vaccine provided below)

Given the range of cutaneous lymphoma diagnosis and the sub variants, it's hard to broadly categorize all patients as immunocompromised. However, many patients with cutaneous lymphoma may be considered to be immunocompromised. Also important, individual-immunosuppressive medicines (i.e. Methotrexate, Cyclosporine, chemotherapy, etc.), not just a diagnosis, can be a factor in a person being immunocompromised and/or affect the recommendation for the timing of a third dose.

It should be noted that currently, the third dose of the vaccine is for people who are immunocompromised and only for those individuals who received the Moderna or Pfizer vaccines. The guidelines also state an immunocompromised person should wait 28 days after their second dose to receive their third, and the third dose should ideally be the same brand as your first two.

Regarding booster vaccines, they are being recommended for all individuals who received either the Moderna or Pfizer vaccines 8 months after their second dose and should ideally be the same brand as your first two.

In summary, broadly speaking, cutaneous lymphoma patients, whether they are being actively treated or not, are recommended to receive the third dose. However, patients should always refer to their prescribing doctor regarding a more personal recommendation.

Should people who received the Johnson & Johnson or the AstraZeneca vaccines be concerned that there is no recommendation for them to receive a booster shot?

Both the Moderna and Pfizer vaccines are mRNA vaccines while the Johnson & Johnson and AstraZeneca are not. The recommendation for a both a third dose and a booster comes from the current information showing the protection from the mRNA vaccines may wane faster than that of the others. It's likely that we will hear more about booster shots across all vaccines soon.

Are there studies being done specifically about cutaneous lymphoma patients and the effects of COVID and/or the vaccines on them?

Although there may be individual studies being done at institutions, we are not aware of anything being published so far that is specific to cutaneous lymphomas. However, there are studies being done from other broader perspectives (i.e., transplant, oncology patients, etc.), which may include people affected by cutaneous lymphomas.

What is the difference between immunosuppression and compromised immunity?

The terms immunosuppressed, immunocompromised and compromised immune system are interchangeable and indicate that part of the immune system is not fully working.

Are there new concerns or precautions that cutaneous lymphoma patients should take into consideration with the Delta variant?

Based on the research so far, it appears the Delta variant is even more infectious and contagious than what we experienced last year, meaning it is spreading faster and easier. Therefore, it is still very important for people to follow the recommendations of masking, social distancing, and hand-washing even if they have been fully vaccinated.

For patients under active treatment, as we've explained, some treatments can affect the effectiveness of the vaccines. Therefore, given the potential immune system issues along with the impact of treatments, we recommend that even after receiving the vaccine doses, people should still mask, distance and wash hands frequently or use a hand sanitizer.

Should patients with cutaneous lymphoma avoid traveling?

The vaccines were not designed to protect against infection, but rather against *severe* infection and hospitalization. Meaning, you can still get infected after vaccination. The safest thing is to avoid travel during the pandemic. Travel has the potential to increase your exposure to other people who may or may not be vaccinated. The mode of traveling (i.e., plane, train or personal car) would factor into the overall potential risk. So, we recommend that you discuss the risk with your physician before making any travel plans. Regardless, when making these choices it's important for people to consider that, even vaccinated, your immune system may not have generated a strong enough response against viruses that are getting more infectious.

What can you tell us about post-exposure prophylaxis?

There are some antiviral medications including monoclonal antibodies that can be taken. If you've recently been in a high-risk exposure you should contact your physician to discuss a possible prophylaxis. Unfortunately, with the challenges around limited access these are not always available but worth inquiring about in high risk situations.

Both Drs. Michi Shinohara and Jasmine Zain concluded with; the information we have is constantly evolving and unfortunately there are questions that have no answers yet. We still don't know about the long-term effects this virus will leave and information might change. It is important for people to keep updated with the CDC guidelines, take your advice from experts, and follow those instructions to the best of your abilities.

Information taken from the CDC's website:

What's the difference between a booster dose and an additional dose?

Sometimes people who are moderately to severely immunocompromised do not build enough (or any) protection when they first get a vaccination. When this happens, getting another dose of the vaccine can sometimes help them build more protection against the disease. This appears to be the case for some immunocompromised people and COVID-19 vaccines. CDC recommends moderately to severely immunocompromised people consider receiving an additional (third) dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the initial 2-dose mRNA COVID-19 vaccine series.

In contrast, a "booster dose" refers to another dose of a vaccine that is given to someone who built enough protection after vaccination, but then that protection decreased over time (this is called waning immunity). HHS has developed a plan to begin offering COVID-19 booster shots to people this fall. Implementation of the plan is subject to FDA's authorization and ACIP's recommendation.