



### Additional questions from audience during COVID-19 vaccination and immune challenges for leukemia webinar

Question	Expert	Answer
<p>The CDC just came out yesterday and said that vaccinated individuals do NOT need to quarantine any longer after they have had exposure. WHY? Especially when they have said that getting the vaccine does not prevent you from spreading it to others?</p>	ALL	<p><b>FCymbalista:</b> Don't know the answer. This is new to me</p> <p><b>UGLiebert:</b> In any case, it takes at least 14 to 21 days to mount a sufficient IgG-based immune response after one-shot vaccination. The time span will be shorter after a second (booster) injection. Virus concentrations in the upper respiratory tract will probably be lower in vaccines than in the unvaccinated. However it is yet unclear if vaccines are non-infectious, i.e. not transmitting the infection.</p>
<p>Would a lack of side effects to a vaccine indicate a poor immune response and therefore less protection? (Anecdotally, people of same age with normal immune systems seem to have tangible side effects e.g. fever, fatigue, flu-like symptoms, whereas people with low white cells do not?)</p>	ALL	<p><b>FCymbalista:</b> Lack of side effects is unrelated to efficacy. Among the people with normal immune systems (i.e. such as health care professionals, we experienced a wide array from nothing to influenza like symptoms)</p>
<p>We understand that people who live with someone who is clinically extremely vulnerable are not offered the vaccine at the same time.</p> <ul style="list-style-type: none"> <li>○ What are the risks?</li> <li>○ What are the recommendations?</li> </ul>	ALL	<p><b>FCymbalista:</b> Recommendations are to be extremely careful. But regarding risk of contamination, even if we don't have any strong data yet, it seems that vaccinated people are most likely less contagious (which is maybe the answer to question 1)</p>
<p>Do COVID vaccines have any interference with other medication?</p>	ALL	<p><b>FCymbalista:</b> No. Concomitant immunosuppressive treatment will decrease the efficacy of the vaccine. Other vaccines should not be administered as the same time but with a 2 weeks minimum interval</p>

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Are there specific treatments for immunocompromised patient to be given at the beginning of the disease to prevent severe evolution?	ALL	<b>FCymbalista:</b> Unfortunately no. Various therapies are currently being tested at an early stage of the disease but nothing specific for immunocompromised patients. As an option administration of convalescent sera may work. But no definite data yet.
Can having the vaccine 're-awaken' or stimulate the pre-existing leukemia or other medical conditions?	ALL	<b>FCymbalista:</b> No there is no example of stimulating any leukemia. The only doubt is for AIHA and ITP, autoimmune conditions, in which there is a theoretical risk of reawakening the autoimmunity, but there is no data.
<b>Specific challenges of Chronic Lymphocytic Leukemia patients</b>		
Are there ways to maximise on the response a CLL patient may get from a vaccination?.	Pr Cymbalista	<b>FCymbalista:</b> Unfortunately not that I know of.
<b>Specific challenges of Acute Leukemia patients</b>		
What is the effect of COVID-19 on the use of transplantation in the management of acute leukaemia?	Dr Patel	<b>APatel:</b> Acute leukaemia remains a top priority for transplant. That said availability of donor cells (related or unrelated) has been challenged and strained along the entire supply chain (using the just in time model). Use of frozen cells has helped but the delays in the system remain. There has also be reduced transplant centre capacity, which has improved over time, for example in the UK.
Any thoughts on COVID-19 and GVHD?	Dr Patel	<b>APatel:</b> GvHD (and immune suppressive treatments) would be expected to place patients developing COVID-19 at risk, mainly based on age and additional co-morbidities. That said, patients in this situation that have developed COVID-19 can have variable spectrum of disease severity, including minimal symptoms with management at home.
<u>Patient question:</u> I had an anaphylactic shock with a prophylactic medicine during my stay at hospital, only 4 weeks after the BMT. <ul style="list-style-type: none"> <li>● Can I have the vaccine?</li> </ul>	Dr Patel	<b>APatel:</b> This is an individual risk benefit discussion between a patient and their consultant/GP. In general, patients with severe autoimmune diseases tend to be excluded from vaccine trials. The vaccine label will also have a statement in relation to the severe autoimmune diseases.

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<ul style="list-style-type: none"> <li>● What are the risks?</li> <li>● Do they depend on the type of medicine a person reacts to?</li> <li>● What is your advice for patients who experienced anaphylactic shocks?</li> </ul>		
<p><u>Patient question:</u>  I was diagnosed with MDS in August 2012 and received an allogenic stem cell transplant in March 2013. All went well and I started the vaccination programme in September 2013 which included the Flu vaccination. In November 2013, I started suffering from muscle weakness in my legs and eventually became paralysed from the waist down. I was diagnosed with Guillain - Barre syndrome which is an autoimmune disorder. I was in hospital for over 4 months and eventually recovered although I still have some numbness in my toes.</p> <p>I am very concerned that for someone in my situation, the C19 vaccination may have a side effect of triggering an autoimmune disorder as occurred after my previous vaccinations. Since 2013, I have refused the annual Flu vaccination as I think the risks outweigh the benefits.</p> <ul style="list-style-type: none"> <li>○ Do you think it is safe for me to receive the vaccination, which is the best one for me, should I wait until there is more information from the trials, especially for people post stem cell transplant?</li> </ul>	Dr Patel	<p><b>APatel:</b> This is an individual risk benefit discussion between a patient and their consultant/GP. In general, patients with severe autoimmune diseases tend to be excluded from vaccine trials. The vaccine label will also have a statement in relation to the severe autoimmune diseases.</p>
<b>Roll out of vaccines</b>		

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<p>Some countries are discussing the potential to have a different vaccine for the first and second dose.</p> <ul style="list-style-type: none"> <li>● Is this likely to occur?</li> <li>● And what impact would this have (specifically on CLL and acute leukemia patients)?</li> </ul>	Dr Delgado	
How to explain that leukemia patients and survivors are considered at varying degrees of risk across European countries?	Dr Delgado	
<b>Research and Data</b>		
For those who cannot have the vaccine or where it is felt that they are unlikely to mount a response to the vaccine, are there other treatments or options available or in research?	Pr Liebert	<b>UGLiebert:</b> As a preventive or therapeutic measure one could administer (re-) convalescent (polyclonal) serum. The efficiency is so far still controversial.
Can you be vaccinated whilst having COVID? What are the possible consequences?	Pr Liebert	<b>UGLiebert:</b> Vaccination during acute infection is not recommended. It will definitely not shorten the disease course. And vaccinations during acute COVID will conceivably not booster the immune response. However, if a vaccine is administered inadvertently to a person who is infected (i.e. SARS-CoV-2 PCR or antigen positive) no serious adverse effects are to be expected since the available vaccines are replication incompetent, subunit, or protein.