

# MEMO

<b>Date:</b>	<b>April 6, 2021</b>
<b>To:</b>	<b>GPOs, CON Clinic Managers and Staff</b>
<b>From:</b>	<b>Dr. Jaco Fourie, Medical Lead, NH Cancer Care Kristin Marren, Administrative Lead, NH Cancer Care</b>
<b>Re:</b>	<b>COVID-19 Vaccinations for Oncology (CEV) Patients in the North</b>

The Ministry of Health has identified and prioritized Clinical Extremely Vulnerable (CEV) populations to book appointments to receive COVID-19 vaccinations starting March 29, 2021. This includes cancer patients treated with/for:

- Systemic therapy now or in the past 12 months, including chemotherapy, molecular therapy, immunotherapy, monoclonal antibodies, and hormonal therapy
- Radiation therapy now or in the past 6 months
- Targeted cancer treatments that can affect the immune system such as CAR-T cell treatments now in the past 6 months
- Blood or bone marrow cancer (such as leukemia, lymphoma, myeloma, etc.)
- Bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine related to your transplant

Patients that fit this criteria have been added to the provincial registry and **should be receiving a letter from the Ministry of Health between now and April 15, 2021**. However, as the situation evolves more patients will become eligible. For patients meeting this criteria that haven't received a CEV letter from the Ministry of Health by April 15, 2021, providers may have to **complete an attestation letter for eligible patients, which is included in this communication and detailed in Appendix 1**.

Patients will be asked to access the online Get Vaccinated registration and booking tool or to call the Northern Health phone number on page 1 of their invitation letter to book an appointment. **Timing of vaccinations is important and should follow the guidance in the BC Cancer FAQ Script for Staff**.

Additional information can be found at:

[FAQ for staff answering patient questions about the COVID-19 vaccine](#)

BC Cancer COVID-19 Information for Patients:

<http://www.bccancer.bc.ca/health-info/covid-19-and-cancer-information-for-patients>

BC CDC COVID-19 Vaccine Planning Information for People with Solid Cancers:

[http://www.bccdc.ca/Health-Info-Site/Documents/COVID-19\\_vaccine/Solid\\_cancers\\_Patient.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID-19_vaccine/Solid_cancers_Patient.pdf)

More information on CEV Populations from the Ministry of Health can be found at:

<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/cev>

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## Appendix 1. Details for use of Attestation Letter for CEV Cancer Patients – CON Staff and Physicians

### The following outlines details for use of the attestation letter for CEV/Cancer Patients:

- It is intended to be used for patients who meet the eligibility criteria of the CEV and to assist patients in booking a vaccine if they do not get an invite letter and/or they are not on the CEV database.
- For patients with a haematological diagnosis and patients with solid cancers who were on treatment before the 25th of March we should encourage to wait for their official letter as they should get this, and/or they can check with the central booking system to see if they are already identified. The majority of these patients will not need an attestation form.
- Patients who are new and have just or are planned to start systemic therapy and radiation could be given an attestation form and ideally there should be a process put in place to give these to eligible patients moving forward.
- Once all age groups are eligible for vaccine, the attestation form should no longer be needed
- The form can be signed by a clinician other than a physician or nurse practitioner but an MSP number does need to be put on the form. If this is signed by someone other than a provider, I suggest using the MRPs MSP number. Rationale for other clinicians able to complete the attestation letter, is that cancer care is delivered in interdisciplinary care way.
- There is a clause in the Ministry instructions allows physicians to provide an attestation form to patients if they believe there is sufficient evidence to consider them *Clinically Extremely Vulnerable* if they were to develop COVID. Vaccine supplies are still limited and we appreciate everyone is anxious to get a vaccine and we are all to some degree vulnerable. This clause should be used sparingly and only by physicians on a case-by-case basis