Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Chief Medical Officer of Health

MEMO

TO: Health Care Providers
FROM: Dr. Janice Fitzgerald, MD, MPH Chief Medical Officer of Health
DATE: April 23, 2021
SUBJECT: Clinically Extremely Vulnerable Eligibility for COVID-19 Vaccination

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Regional Health Authorities have begun booking the **clinically extremely vulnerable** group into COVID-19 immunization appointments over the next few weeks.

The Department of Health and Community Services website has been updated with client information sheets to help individuals determine if they fit into this category and assist with planning for their immunization. At this time we are continuing to follow NACI's current recommendations for extending the interval for the second dose of COVID-19 vaccines up to 4 months after the first dose.

Individuals who still have questions may choose to contact their health care provider for more information.

In the context of COVID-19 vaccination, people who are **clinically extremely vulnerable** include:

- Solid organ transplant recipients;
- People with specific cancers:
  - People on active/recently completed cytotoxic chemotherapy (within last 12 months) or having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors, PARP inhibitors or CDK4/6 inhibitors;
  - People with cancers of the blood or bone marrow such as leukemia, lymphoma and multiple myeloma at any stage of treatment;
  - People with lung cancers;
  - Patients on treatment with monoclonal antibodies or immune therapy;
  - People who have had bone marrow or stem cell transplants in the last six months or who are still taking immunosuppression drugs; and
  - Patients on treatment with different anti-cancer hormonal medications (e.g. breast and prostate cancers).
- Respiratory patients:
  - All patients on chronic oxygen therapy (regardless of disease);
  - All patients (≥16 years of age) with cystic fibrosis;

  - All patients with interstitial lung disease (e.g. idiopathic pulmonary fibrosis, CTD-ILD, etc.);
  - Patients with pulmonary hypertension (PH) requiring PH-specific therapy;
  - Any asthma or chronic obstructive pulmonary disease (COPD) patient with a severe exacerbation in the previous year (resulting in emergency room visit or admission); and
  - Any patient with severe lung disease based on PFT (FVC or FEV1 or TLC < 50 per cent).
- People with rare diseases that significatly increase the risk of infections and/or severe disease (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease, inborn errors of metabolism, thalassemia);
- People on immunosuppression therapies sufficient to significantly increase risk of infection (biologic modifiers, steroid use ≥20mg/day for ≥14 days, AZT, cyclophosphamide);
- People who have had their spleen removed;
- Those over 16 years of age with significant intellectual or developmental disabilities;
- Adults on dialysis or stage 5 kidney disease;
- Women who are pregnant with significant heart disease, congenital or acquired; and
- People with significant neuromuscular conditions requiring respiratory support.

The Newfoundland and Labrador COVID-19 Immunization Plan can be found here: https://www.gov.nl.ca/covid-19/vaccine/files/NL-COVID19-Immunization-Plan-1.pdf
Please see Annex for a comparison of systemic glucocorticoid preparations.

Annex
Comparison of systemic glucocorticoid preparations

	Equivalent doses (mg)	Antiinflammatory activity relative to hydrocortisone*	Duration of action (hours)
Glucocorticoids			
Short acting			
Hydrocortisone (cortisol)	20	1	8 to 12
Cortisone acetate	25	0.8	8 to 12
Intermediate acting			
Prednisone	5	4	12 to 36
Prednisolone	5	4	12 to 36
Methylprednisolone	4	5	12 to 36
Triamcinolone	4	5	12 to 36
Long acting			
Dexamethasone	0.75	30	36 to 72
Betamethasone	0.6	30	36 to 72
Mineralocorticoids			
Fludrocortisone	Not used for an antiinflammatory effect¶. The typical dose of fludrocortisone for mineralocorticoid replacement is 0.1 to 0.2 mg.		12 to 36

The mineralocorticoid effect of commonly administered glucocorticoids may be estimated as follows:

§ When given at replacement doses, triamcinolone, dexamethasone, and betamethasone have no clinically important mineralocorticoid activity.

§ 20 mg hydrocortisone and 25 mg of cortisone acetate each provide a mineralocorticoid effect that is approximately equivalent to 0.1 mg fludrocortisone.

§ Prednisone or prednisolone given at anti-inflammatory doses ≥50 mg per day provide a mineralocorticoid effect that is approximately equivalent to 0.1 mg of fludrocortisone.

* Equivalent anti-inflammatory dose shown is for oral or intravenous (IV) administration. Relative potency for intraarticular or intramuscular administration may vary considerably.

¶ The anti-inflammatory potency is 10 to 15 times that of hydrocortisone; however, fludrocortisone is not used clinically as an anti-inflammatory agent.

Data from:

1. *Schimmer BP, Funder JW. ACTH, Adrenal Steroids, and Pharmacology of the Adrenal Cortex. In: Goodman & Gilman's: The Pharmacological Basis of Therapeutics, 12th ed, Brunton LL, Chabner BA, Knollmann BC (Eds), McGraw-Hill Education 2011.*
2. *Liu D, Ahmet A, Ward L, et al. A practical guide to the monitoring and management of the complications of systemic corticosteroid therapy. Allergy Asthma Clin Immunol 2013, 9:30.*