Questions About COVID-19 and Cancer

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What is COVID-19?

COVID-19 is the name of the illness caused by a newer type of coronavirus, which was first reported in China in December 2019. The name of this coronavirus is “SARS-CoV-2.”

Coronaviruses are a family of viruses that can cause common colds, as well as more serious respiratory diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

COVID-19 variants

Over time, viruses such as the one that causes COVID-19 can change (mutate), which can result in new variants of the virus. These variants might have slightly different traits than the original virus – for example, they might spread more easily or be more resistant to some treatments (or to COVID-19 vaccines).
Several new variants have appeared since the start of the pandemic, and others are likely to appear in the future.


How COVID-19 spreads

According to the CDC, COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, nose, or mouth. They might also contaminate surfaces they touch. Another person could be infected by breathing in the droplets or by touching a surface that the droplets have landed on and then touching their eyes, nose, or mouth.

It’s important to know that anyone who is infected with COVID-19 can spread it, even if they don’t have any symptoms.


Symptoms of COVID-19

People with COVID-19 can have a wide range of symptoms, ranging from mild to severe (and some people have no symptoms at all). Symptoms can appear 2-14 days after exposure to the virus. The most common symptoms of COVID-19 are:

- Fever or chills
- Cough
- Shortness of breath
- Muscle aches and pains
- Sore throat
- New loss of smell or taste
- Stuffy or runny nose
- Sore throat
- Feeling very tired
- Headache
- Diarrhea
- Nausea or vomiting
COVID-19 can also sometimes cause **serious signs and symptoms** that need medical attention right away:

- Trouble breathing
- Constant pain or heaviness in the chest
- New confusion or being hard to wake up
- Pale, gray, or blue-colored skin, lips, or nails, depending on skin tone

COVID-19 generally doesn’t affect children as much as it does adults, but children can become infected, and some can even get very sick from it.

Both adults and children who have **certain medical conditions**\(^3\) are at a higher risk for severe symptoms from COVID-19 (see below).

For more on the possible symptoms of COVID-19, visit the CDC website at [https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html]\(^4\).

**Long COVID**

Some people who’ve been infected with COVID-19 might have long-term effects. These might be called *post-COVID conditions, long COVID, chronic COVID, or long-haul COVID.*

Some common symptoms of long COVID include:

- Extreme tiredness that affects your daily life
- Symptoms that worsen after mental or physical effort
- Trouble thinking or concentrating
- Shortness of breath
- Diarrhea

These symptoms might last weeks, months, or even longer.

People who are vaccinated against COVID-19 might be less likely to get long COVID than people who aren’t vaccinated, but anyone can develop long COVID.

To learn more, visit the CDC website at [https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects]/\(^5\).
If I have cancer (or had it in the past) am I more likely to get very sick from COVID-19?

Some people with cancer are at increased risk of serious illness if they get COVID-19, because their immune systems have been weakened by the cancer and/or its treatments. People who were treated for cancer in the past (especially if it was years ago) are more likely to have normal immune function. But the situation for each person is different. Things like the type of cancer a person has (or had), the type(s) of cancer treatment they receive(d), and other factors (see below) might all affect their risk of serious illness from COVID-19.

Doctors are still learning about the risks of COVID-19 infection for people with cancer. But in the meantime, it's very important that people with cancer take steps to lower their risk of infection (see below). This is especially true for people with blood cancers (such as leukemia or lymphoma) and those getting chemotherapy, long courses of corticosteroids, certain types of immunotherapy, or a stem cell or bone marrow transplant, because they can have severely weakened immune systems.

According to the CDC, some people with cancer might also have other factors that can increase their risk of serious illness from COVID-19, including:

- **Being older**
- Having a weakened immune system after getting an organ transplant, after a stem cell or bone marrow transplant, or after getting certain treatments like chemotherapy
- Being overweight or obese (having a body mass index [BMI] of 25 or higher)
- **Smoking** (now or in the past)

Because the situation is different for everyone, it's important that all people who've had cancer, whether currently in treatment or not, talk with a doctor who understands their situation and medical history.

How can I lower my risk of getting COVID-19 (or getting very sick from it)?

According to the CDC, there are several things you can do to help lower your risk of being infected, as well as infecting others.

Stay up to date with COVID-19 vaccines
Vaccines are one of the most important ways to help protect against COVID-19. The CDC recommends that everyone 6 months of age and older stay up to date with COVID-19 vaccines, which includes booster doses for most age groups. This is especially important for people who are at higher risk of serious illness from COVID-19, including many people with cancer. For more information about the vaccines, including the different types of vaccines and dosing schedules, see COVID-19 Vaccines in People with Cancer.

Talk to your doctor about other medicines to lower your risk

For people who are less likely to get enough protection from COVID-19 vaccines, a medicine known as Evusheld, which combines the monoclonal antibodies tixagevimab and cilgavimab, can help lower the risk of infection. (This is known as pre-exposure prevention.) This medicine is given as an injection into a muscle once every 6 months.

Evusheld can be used in people who do not have COVID-19 and who have not recently been exposed to the virus, AND who:

- Aren’t likely to have an adequate immune response to the COVID-19 vaccine because they have a weakened immune system (which includes many people being treated for cancer), OR
- Can’t get the vaccine because of a previous severe reaction to the vaccine (or parts of it)

It’s important to note that in people who are able to get the COVID-19 vaccine, this treatment should be used in addition to, not instead of the vaccine.

If you’ve recently received a dose of the COVID-19 vaccine (including a booster shot), you should wait at least 2 weeks before getting Evusheld.

Lower your risk in other ways

Being vaccinated or taking preventive medicines can help lower your risk, but it doesn’t protect you completely. Even if you’re up to date with COVID-19 vaccines or have had COVID-19 in the past, you can still be infected.

Other things you can do to help lower your risk of getting COVID-19 might include:

- Avoiding indoor spaces that are crowded or aren’t well ventilated
- Avoiding close contact with other people (especially those who are sick)
• Wearing a high-quality, well-fitting mask\textsuperscript{13} when out in public

What might be recommended for you depends on factors such as if you have a weakened immune system (or other risk factors for severe COVID-19) and how common COVID-19 is in your community.

The CDC keeps track of COVID-19 Community Levels (classifying each county as low, medium, or high), which can help you decide which actions you should take, based on the latest information.

For more on what you should do based on your COVID Community Level and your risk of getting very sick, visit the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html\textsuperscript{14}.

Keep in mind that each person’s situation, including what they might be comfortable with, is different. If you have (or have had) cancer, or if you’re taking care of someone with cancer, talk to the cancer care team about which precautions and behaviors are right for you.

**What should I do if I might have been exposed to COVID-19?**

If you think you’ve been exposed to COVID-19, the CDC recommends getting a COVID-19 test\textsuperscript{15}, but you should wait at least 5 days after being exposed (because the test might not show you have COVID-19 before that, even if you really do). In the meantime, the CDC recommends taking precautions such as wearing a high-quality mask when around others and staying at home. To learn more, visit the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html\textsuperscript{16}.

You should also get tested if you have symptoms that might be from COVID-19 (see above).

Testing can be done using an at-home test kit, or you can be tested at a local testing center, pharmacy, doctor’s office, or clinic. If you’re going to your doctor’s office or clinic, call before going in to be tested. The test can be done on swab samples from inside your nose or throat, saliva (spit) samples, or breath samples. For many tests, the results can be available within about 15 minutes.

To learn more about COVID-19 testing, including how the tests are done and testing locations in your area, visit the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html\textsuperscript{17}. 
If the test shows that you have COVID-19, isolate yourself from others and call your health care provider right away to find out what you should do next.

Is it safe to get cancer treatment during the pandemic?

The pandemic has affected the way many people, including people with cancer, get their medical care.

Many clinics and infusion centers have made changes to allow you to come in safely for in-person visits as well as treatment. These might include screening for COVID-19 symptoms ahead of your visit, proper spacing of waiting room and infusion chairs, spacing out appointments to limit the number of people in the waiting room at one time, requiring people to wear a mask, and cleaning all surfaces frequently.

It’s important to keep in contact with your cancer care team to determine the best course of action for you. In some cases, this might involve using telehealth services - talking to your care team online (or over the phone) - instead of physically going to the clinic.

Doctors also need to learn more about how COVID-19 is affecting people with cancer. Registries such as the COVID-19 and Cancer Consortium[18] and studies such as the NCI COVID-19 in Cancer Patients Study[19] are actively collecting data. It’s very important to gather more data and analyze it over a longer time to better understand the effects of COVID-19 on current and former cancer patients. Contact your doctor if you are interested in participating in a registry or study.

Why are there limits on who can come with me for my doctor visits or treatments?

While some medical visits are now being done online or over the phone, things like physical exams, lab or imaging tests, and treatments (such as surgery, radiation therapy, or chemotherapy) still need to be done in person.

Many doctor’s offices, treatment centers, hospitals, and other facilities have set limits on the number of people a patient can bring with them for visits or treatments, or that can visit them in the hospital. This is to help protect the people in these places, many of whom might be vulnerable if they were to be infected with COVID-19.

At the same time, these policies can create a great deal of anxiety for both cancer patients and their loved ones. The caregivers who usually accompany patients are an important source of support for them, and they can often be invaluable in both giving
information to the health care team and in helping to make sure that patients understand what’s being told to them.

While it might not be possible for caregivers to attend all of these in-person visits right now, there are still some ways to stay involved and informed about what’s going on:

- Ask if the patient can have the caregiver on a phone call during the visit so the caregiver can listen to the conversation and ask/answer questions.
- Ask for a family consult with someone from the health care team after the visit so the caregiver knows what was discussed.
- Ask if the center might allow more frequent telehealth visits so the caregiver can be present.
- If you have an online portal, ask if you can submit questions and get answers there.
- Ask if you can get a copy of the progress note that the healthcare provider writes up after each visit – either a physical copy on the day of the visit or in some other format (for example, through an online portal).

**How is COVID-19 treated?**

Not everyone who gets COVID-19 needs to be treated. But treating COVID-19 can be very helpful for some people, especially those who are more likely to get very sick from it. If treatment is needed, it works best when started as soon as possible, which is why it’s important to tell your health care provider right away if you have COVID-19.

Several different drugs *(or combinations of drugs)* might be used, depending on how sick a person is, how old they are, and other factors. These treatments can be used in most people, including people with cancer.

Some of these drugs work by targeting the virus that causes COVID-19. Examples include:

- **Remdesivir** *(Veklury)*
- **Nirmatrelvir** and *ritonavir* *(Paxlovid)*
- **Molnupiravir** *(Lagevrio)*
- **Bebtelovimab**

Some drugs work by helping to reduce inflammation in the body. (Inflammation can lead to some of the more severe symptoms of COVID-19.) Examples of such drugs include:
Baricitinib
Tocilizumab
Corticosteroids, such as dexamethasone and prednisone

People who have fully recovered from COVID-19 have antibodies against the virus in the liquid part of their blood (known as plasma). Treatment with this plasma (known as convalescent plasma) is being studied for use in some people with a weakened immune system who get COVID-19.

Many other drugs that might help treat COVID-19 or its symptoms are now being studied as well.

What about chloroquine, hydroxychloroquine, and ivermectin?

Chloroquine, hydroxychloroquine, and ivermectin are medicines that have been used to treat other conditions, but based on early lab studies, some doctors have tried them in people with COVID-19. The FDA has cautioned against the use of these drugs to treat COVID-19 unless a person is taking part in a clinical trial. While these medicines are still being studied, current evidence does not show that they are safe and effective for use against COVID-19.

What about dietary supplements or over-the-counter treatments?

Despite claims appearing online and in social media, it’s important to know that there are no supplements or over-the-counter (non-prescription) treatments available online or in stores that have been proven to prevent, treat, or cure COVID-19.

Should people still get screened for cancer during this pandemic?

At the start of the pandemic, many places put elective medical procedures, including cancer screening, on hold to conserve medical resources and reduce the risk of spreading COVID-19 in healthcare settings. But health systems are now back to scheduling cancer screening tests and exams.

Decisions about getting screened depend on many factors, and they may not be the same for everyone. Some important things to consider include your risk of getting a certain type of cancer, how long it’s been since you were last screened for it, how common COVID-19 is in your community, and your age and overall health.

Talk to your health care provider about the risks and benefits for you of being screened.
Remember that cancer screening can help save lives, so it’s important to not just forget about it. Getting back on track with cancer screening should be a priority.

For more information, see Cancer Screening During the COVID-19 Pandemic\textsuperscript{21}.

Screening tests are different from tests your doctor might order if you have symptoms that could be from cancer. If you’re having symptoms you’re concerned about, contact your health care provider about the best course of action for you at this time. Do not put off getting medical care if you have signs or symptoms that might be from cancer.

Where can I learn more about COVID-19?

We have more information on COVID-19 here:

- [COVID-19 Vaccines in People with Cancer]\textsuperscript{22}
- [Questions to Ask Your Health Care Team About COVID-19]\textsuperscript{23}
- [Cancer Screening During the COVID-19 Pandemic]\textsuperscript{24}

For other sources of information on COVID-19, including more detailed answers to some common questions, visit the following websites:

- US Centers for Disease Control and Prevention (CDC)\textsuperscript{25}
- US Food and Drug Administration (FDA)\textsuperscript{26}
- World Health Organization (WHO)\textsuperscript{27}

**Hyperlinks**

medical writing.

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