

COVID-19 – Information for Transplant Patients

This FAQ will be updated as more information becomes available. For more information, visit our website: www.lhsc.on.ca/transplant

What is COVID-19?

Coronaviruses make up a large family of viruses that circulate in both humans and other animals. Human coronaviruses are common and are usually associated with mild illness, similar to the common cold, and can spread easily between people.

Are transplant recipients at higher risk for COVID-19?

Similar to other virus infections, COVID-19 infection can cause a more severe illness in transplant recipients. It is very important to protect yourself from exposure to COVID-19. It is difficult to say how common COVID-19 is among transplants - we are only able to track recipients who report to us that they have tested positive for COVID-19. However, based on the information we have, we know that transplant recipients who get COVID-19 have an increased chance of being hospitalized and are at a higher risk of dying compared to the general public. While this is improving with less severe variants, early diagnosis and better treatments, transplant recipients remain at a higher risk. Patients at the greatest risk of death are those who have not been fully vaccinated or patients with other conditions such as diabetes and heart disease.

What can I do to protect myself from COVID-19?

1. **As vaccinations and masks are not 100% effective, the best strategy against COVID-19 remains distancing even with vaccination and wearing masks.** Avoid situations that put you at risk of exposure, particularly crowded indoor settings. It is very important that you and everyone you are in close contact with (e.g. those in your household) follow public health guidelines and avoid exposure to COVID-19.
2. **Stay away from anyone who is sick or may have been exposed to COVID-19.** Remember that people can be infectious without showing any signs of infection. People who visit you should limit their exposure to others who may be at risk. School age children who are not vaccinated are potential sources of COVID and may not have any symptoms. If you will be with someone for an extended period in your home, we recommend that they have a rapid test. A negative test however is not 100% accurate. A negative test in anyone with symptoms does NOT mean they only have a cold. If others in their household have or recently had COVID, they may have COVID even with a negative rapid test.
3. **Vaccinations are the best way to reduce risk of severe illness from COVID-19.** We recommend that you receive either Pfizer-BioNTech or Moderna vaccines. For those who are unable to receive an mRNA vaccine, the Novavax Nuvaxovid vaccine is now an option. This vaccine is a 'conventional vaccine' like your flu shot, and is effective. For more information about COVID-19 vaccinations for transplant recipients, [check out our FAQ](#). To continue to benefit from vaccines, you need to receive the boosters as they are available. The frequency of boosters is decreasing. Public Health will continue to inform you of availability and eligibility.
4. **Wear a good mask when in crowded situations, especially indoors.** All patients should wear the best mask they have access to. Avoid wearing **cloth masks** because they are not very effective unless they are multilayer, with a middle filter layer and they need to be washed frequently. Surgical masks are widely available in drug stores and supermarkets and are generally of good quality. N95 masks are actually 'respirators' and not masks. They offer the best protection but need to be fitted properly as to filter. **Note a poorly fitting N95 is no better than a poorly fitting surgical mask.** The mask should cover both your mouth and nose and have no gaps between the mask and your face. In Canada, N95 respirators should have a "NIOSH" label and an approval number stamped on the device. Spreading COVID infection outdoors is much less of a risk than indoors, as more ventilation occurs outdoors and people usually are more distanced. However, infection can occur in crowds so they should be avoided, and if not avoidable, masks should be worn.

5. Although we recommend that you wash your hands, use sanitizer, and clean household surfaces, most evidence shows that COVID is spread in the air. **As a general good habit, it is important to avoid touching your eyes, nose, and mouth with unwashed hands.** There is debate on COVID being spread by ‘droplet’ or ‘aerosol’ but remember that a very small droplet essentially becomes an aerosol. This is why the best thing that can protect you is a good mask that blocks both, as well as distancing from people, having good ventilation and being vaccinated. If you feel that a space is poorly ventilated, it probably is.
6. Stay active – maintain your fitness.

What about vaccinations?

Vaccination and boosters are very important for you to get. Please check out our [FAQ on COVID-19 vaccines](#). We strongly recommend that recipients get the vaccine as soon as possible and get the booster doses as they become available.

What are the symptoms of COVID-19?

Symptoms of COVID-19 vary. The most common symptoms are a runny nose (especially with a loss of smell), headache, fatigue and sneezing. You may also have a sore throat, cough, fever or new diarrhea. Since these symptoms in transplant patients can also be a sign of other complications, contact your transplant team or clinic as soon as possible.

What should I do if I think I have COVID-19?

1. If you think that you have been exposed to COVID-19, or have had close contact with anyone who has or may have COVID-19, **get tested immediately**. Early treatment improves outcomes.
2. If you have access to a rapid test, test yourself. Get a good sample for the rapid test and swab the back of your throat, tongue AND your nose. The latest variants can locate to your throat more than your nose.

If you are feeling short of breath and have difficulty breathing, go to your local Emergency Department.

Other than to seek testing or treatment, you need to self-isolate for 10 days after the start of your symptoms or your positive test. After the first 10 days, continue to wear a mask in public (both indoors and outdoors) for a further 10 days. This isolation may be longer than Public Health guidelines but studies have shown that you can still shed and spread the virus up to 20 days. You can stop self-isolating after 20 days **ONLY** if you have no fever and your symptoms have been improving for at least 24 hours and you follow all public health measures, e.g. masking, physical distancing. Everyone you live with must self-isolate at the same time as you, regardless of their vaccination status.

Continue to take your medications and have your blood drawn as normal.

What treatment is there for COVID-19?

Treatment may be available to you but must be started within 7 days of symptoms start. Your team will discuss your treatment options with you if treatment is indicated. This may include:

- **Paxlovid** is a drug you would take daily for 5 days at home. Paxlovid is effective in treating COVID but it will interfere with your anti-rejection drugs. If Paxlovid is determined to be the best choice for you, it is important that this is managed by your transplant team.
- **Remdesivir** is an antiviral drug that is given as an outpatient through IV. It requires a daily dose for 3 days. This may be difficult to manage for some transplant patients or the IV therapy may not be available in your area. Again, you need to contact your transplant team to determine your best option

There is NO evidence to support the use of ivermectin for the treatment of COVID-19 and in fact may be dangerous. Similarly, other products like bleach, hydrogen peroxide, mouth washes, etc. that are advertised on social media are ineffective or dangerous. Always talk to your doctor or transplant team for advice and read only sites known to have reliable information like our transplant site, Health Canada or the CDC.

What about Evusheld?

Evusheld is a preventative treatment for COVID-19 and NOT a treatment for active infection. **Evusheld is NOT a replacement for COVID-19 vaccines.** COVID-19 vaccination remains the best defense against infection. However, transplant recipients have a lower antibody response to COVID-19 vaccines than the general public. Evusheld is an antibody mixture that can neutralize some but not all COVID variants. It may add one more layer of protection against COVID-19 for some patients. The benefit of Evusheld with ever changing mutations of COVID-19 may change. While Evusheld was effective against early variants of COVID-19, many of the current variants are resistant to Evusheld. It is likely that these resistant variants will continue to become more dominant. Because of this, as of December 12, 2022, Ontario Health does not recommend routine use of Evusheld for pre-exposure prophylaxis for any patient group, including immunocompromised patients.

How accurate is a rapid test for COVID-19?

A rapid test, also called a rapid antigen test (RAT), looks for pieces of the viral proteins (also called antigens) from the SARS-CoV-2 virus. This is the virus that causes COVID-19. A PCR (polymerase chain reaction) test looks at the genetic material or nucleic acid of the virus. The PCR test is the preferred test - it is more sensitive and can detect the virus earlier (e.g. in individuals who have a low viral load and are asymptomatic). The rapid antigen test is useful in that it provides results in a short time, is fairly inexpensive, can be done at home and can be done repeatedly. However, it can report a negative result even in people with COVID if the amount of virus is low, if done early in infections or if the test is not done properly. If the rapid test is positive, you very likely have COVID-19.

It is important to get a good sample by swabbing the back of your throat, tongue AND your nose. The latest variants can locate to your throat more than your nose.

Should I reduce my antirejection drugs to help fight COVID-19?

Anti-rejection drugs increase your risk of COVID infection and reduces your response to vaccines. However, **you should never change the dose of your anti-rejection medications without consulting your transplant physician.** Reducing or stopping your anti-rejection medications will not help prevent you getting COVID-19 but it will increase your risk of rejection. If you get COVID-19, early treatment is available and effective. For patients with moderate to severe illness, treatment may include reducing or discontinuing some of your anti-rejection medications.

Is working in an office safe?

The Transplant Program cannot dictate what your working conditions must be. We encourage you to discuss your particular concerns with your employer and work together toward building a safer work environment. Where possible, request 6 feet space between you and coworkers. Wear a mask to protect yourself. Good ventilation is important but has not been studied in enough detail to make recommendations in transplant patients in offices. Clearly the virus that causes COVID-19 spreads between people more readily indoors than outdoors. Improving ventilation is a key engineering control that can be used as part of a layered strategy to reduce the concentration of viral particles in indoor air and the risk of virus transmission to unvaccinated and otherwise at-risk workers in particular. A well-maintained ventilation system is particularly important in any indoor workplace setting and when working properly, ventilation is an important control measure to limit the spread of COVID-19. Contact your Transplant Team directly with any further specific concerns regarding your environment for further support or guidance.