

Coronavirus Disease 2019 (COVID-19): FAQs for Transplant Recipients

Last updated March 9, 2020

Information regarding COVID-19 is changing rapidly. This document will be updated as able with new information. Please contact your transplant center with specific concerns.

Background:

Coronaviruses are common viruses that usually cause a simple cold. When new strains of viruses emerge, they can cause more severe disease as seen with the recent novel coronavirus disease called Coronavirus disease 2019 (COVID-19). This coronavirus is called Severe Acute Respiratory Syndrome 2 virus (SARS-CoV-2). This new virus and disease were the cause of the outbreak in Wuhan, China, starting in December 2019 and now has spread to many parts of the world.

COVID-19 symptoms:

- Fever
- Cough
- Shortness of breath
- Other flu-like symptoms

Some transplant recipients may develop pneumonia.

Currently there are no antivirals or vaccines effective against this virus, although studies to develop these are ongoing.

Many transplant recipients and their families have questions regarding COVID-19.

The information and questions below are designed to help give answers with currently available information, as well as links to national and international websites for regularly updated information.

Frequently Asked Questions:

Q: Are transplant recipients at higher risk for the virus?

A: We do not have specific information on whether COVID-19 infection will be more severe in transplant recipients compared to healthy people; however, other viruses often cause more severe disease in people whose immune system is low, such as transplant recipients. For this reason, it is important to take precautions to prevent infection.

Infection occurs mostly through close, direct contact with someone who is carrying the virus.

- People are thought to be most contagious when they have symptoms, BUT some people may carry the virus even if they are not showing symptoms or only mildly ill.
- It may be possible to catch the virus from a surface that an infected person touched if they touched their nose or mouth without washing their hands before placing them on the surface (like door handles, table tops, etc.).
- The chances of being infected depend on whether there are infected individuals surrounding the transplant recipient.

Q: Are there any travel restrictions for transplant recipients?

A: There is widespread or continued community transmission in:

- China
- Iran
- Italy
- Japan
- South Korea.

As of March 9, 2020, there are people with COVID-19 in 100 countries. We currently recommend that transplant recipients:

- **Do not** travel to areas with high amounts of the circulating virus.
- If living in these areas, they should try to **avoid** crowds. The level of risk varies by country and area, and it is changing quickly.

It is best to **postpone nonessential travel**, particularly to countries where access to medical care may be limited.

We also highly suggest that transplant recipients' immediate household contacts **should postpone non-essential** travel to areas that are considered high risk.

Travel restriction recommendations are likely to change over time. Check frequently for updated recommendations:

- **Centers for Disease Control and Prevention (CDC):**
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- **World Health Organization (WHO):**
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>
- **In Canada:** <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>



Q: My family member just returned from an area with high COVID-19 activity. What should I do?

A: It is best to avoid close contact for 14 days with individuals who returned from an area where they could have been exposed to COVID-19. If the individual remains healthy after 14 days, contact can be resumed.

If avoiding contact is not possible, it is recommended to:

- Practice frequent handwashing or hand sanitizer use
- All household members should avoid touching their eyes, mouths and noses.
- Cough and sneeze etiquette should be practiced (see figure below).


1. Limit sneezing & coughing



Into your elbow


Into a tissue

2. Dispose of tissues



Directly into a trashcan

3. Wash your hands



At least 20 seconds

PROPER COUGH & SNEEZE ETIQUETTE

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Q: Should transplant recipients wear a mask or avoid public places?

A: The benefit of wearing masks in public is controversial even for transplant recipients. It is unknown if wearing a mask will help **prevent** infection. Most surgical masks are not tight-fitting, and aerosols can get through. However, they may prevent you from touching your nose and mouth. Transplant recipients should avoid overcrowded situations.

If you have a fever and are coughing and sneezing, you should:

1. Tell your transplant center.
2. Put on a mask when you go out in public, to the hospital, or a transplant clinic.

Overall, if you choose to use a mask to prevent any spread of infection, it is recommended to choose a surgical mask (**DO NOT** use an N95 mask), and use it combined with good hand hygiene.

THE N95 VERSUS THE SURGICAL MASK

What are the differences? What is recommended?



N95 MASK

- Should be used **ONLY** by healthcare professionals
- Require testing to ensure the proper fit
- Use of this mask is **NOT** recommended for the public to prevent infection by the CDC or WHO



SURGICAL MASK

- Commonly seen within hospital or doctor's office waiting rooms
- Recommended for community use to prevent spreading germs to others via coughing or sneezing
- Will not 100% prevent someone from getting an illness from other people
- Can prevent one from touching their mouth or nose with their hands

Q: What should I do if I have flu-like/respiratory symptoms?

A: There are many different causes for fever, cough, shortness of breath, and flu-like symptoms.

If you have (1) not traveled to high-risk areas in the last two weeks or (2) you have not been in contact with someone who has COVID-19 (for example someone who has

recently returned from a country or area with high COVID-19 activity and is ill), it is **unlikely** you have COVID-19.

Currently, in North America, you are much more likely to get influenza or other respiratory viruses, compared to getting COVID-19. If you believe you have COVID-19 based on your travel or contact history, call your transplant team for further instructions. If you have a cough or fever and access to a mask, place a **surgical mask** on (refer to figure above titled “The N95 Versus the Surgical Mask”) when in public to **avoid the spread of infection** to anyone else.

If you have only mild symptoms your transplant center may not want you to come to the clinic, so **talk with your transplant center FIRST** before coming to a hospital or clinic.

Q: What should I do if a family member/co-worker is diagnosed with COVID-19?

A: If a close contact is diagnosed with or suspected of having COVID-19, he/she should avoid all further contact with the transplant recipient. The transplant recipient or their family members should let their transplant coordinator know that they have been in contact with someone diagnosed with COVID-19. The transplant recipient should be monitored for symptoms and contact their transplant coordinator if they develop fever, cough or shortness of breath.

Currently, there is **no approved vaccine or medication** to treat or prevent infection, but clinical trials are in development.

Q: How can I get tested to see if I have COVID-19?

A: At this moment, testing for the virus that causes COVID-19 can only be done by public health authorities, but this may change. If you believe you have COVID-19, call your transplant team for further instructions.

Q: Is it safe for me to go to the hospital for appointments?

A: The risk of acquiring COVID-19 in hospitals in the United States and Canada is still very low. Healthcare facilities are evaluating patients for the risk of COVID-19, and if the suspicion is high, those patients are being isolated.

Q: What can I do to prepare for an outbreak of COVID-19 in my area?

A: We recommend that you be mindful of what is happening in your community by checking the local public health reports.

Some other things to consider:

- Avoid crowded areas and sick individuals

- Wash hand frequently
- Ensure you have enough supplies and medication
 - If possible, **have at least 2 weeks of your medicines remaining at all times.**
 - Check to see if your insurance allows for 90-day supply rather than a 30-day supply.
 - If you're insurance supplies 30 days at a time, **do not wait until the day before to refill**, but refill a week in advance each time.
- Consider having medicines:
 - Mailed to your home
 - Using a pharmacy drive-thru
 - Having your caregiver pick up your medicines from the pharmacy to avoid crowded places

Q: I am awaiting a transplant. Could I get COVID-19 from my donor?

A: The risk of acquiring COVID-19 from organ donation is low. Donors are being screened for COVID-19 symptoms and travel history. Living donors who have been to high-risk areas are generally being asked to postpone donation for 14 to 28 days after returning.

Also, living donors are being asked to not travel to high risk areas for at least 14 days before donation and monitor for symptoms. Information about recent travel and possible exposure is also asked about deceased donors to help determine if it is safe to use them for organ and tissue donation.

Q: Where can I get up-to-date information about COVID-19?

A: The CDC and WHO are working hard to maintain up to date information about the spread of COVID-19 including changing conditions in the United States. For further information:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>