

Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions for Transplant Candidates, Recipients, and Care Givers

Last updated June 4, 2021

Information regarding COVID-19 continues to change rapidly. This document will be updated with new information whenever possible. Please contact your transplant center with specific concerns.

Coronaviruses are common viruses that cause the common cold, and do not usually cause serious symptoms. A new coronavirus named SARS-CoV2 causes the disease called Coronavirus disease 2019 (COVID-19). This coronavirus appeared in December 2019 and has quickly spread all over the world. COVID-19 spreads from person to person through close contact, most often by respiratory droplets that are spread when an infected person coughs, sneezes or talks. People are thought to be most contagious when they have symptoms, but even those who are not experiencing symptoms or have mild symptoms can also spread the virus.

What are the symptoms of COVID-19?

This list is not all-inclusive. If you develop symptoms concerning for COVID-19, contact your transplant center right away. Common symptoms include:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills/repeated shaking
- Muscle pains
- Headache
- Sore throat
- Fatigue
- Nausea, diarrhea, abdominal pain
- New loss of smell and/or taste
- Rash

How is COVID-19 treated?

Most people with COVID 19 who have mild to moderate symptoms will recover on their own with supportive care. However, some people with risk factors, such as being a transplant recipient, are at risk for more severe disease.

The FDA has issued an Emergency Use Authorization (EUA), which allows for emergency use of combination anti-SARS-CoV-2 monoclonal antibodies to treat non-hospitalized patients with mild to moderate COVID-19, who are at high risk of clinical progression. You may be eligible for this treatment, so it is important to contact your primary care doctor as soon as you develop symptoms to see if this treatment is appropriate for to you.

While less common, COVID-19 may be severe and have serious complications leading to hospitalization or death. Letting your primary care provider or transplant team know about your symptoms right away is critical so they can provide further guidance. Along with supportive care, some treatments that are being used in hospitalized patients include remdesivir (an antiviral medication) or dexamethasone (a steroid). These medications may be considered depending on your overall condition and medical issues.

- For information on COVID-19 Treatment, visit <https://www.covid19treatmentguidelines.nih.gov/whats-new/>

Are the COVID-19 vaccines safe and effective in transplant candidates and recipients?

The AST COVID-19 Task Force has provided updated and helpful information about vaccines [here](#). Please refer to this important [statement](#) from the AST for some guidance, which will be regularly updated as more information is gathered.

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

There are several things you can do to protect yourself, but vaccination is an important thing you can do to protect yourself and others. COVID-19 vaccines are safe. Although they may be less effective in transplant patients, they are more effective than not getting the vaccine. Everyone 12 years of age or more should get a COVID-19 vaccination as soon as they can. Younger children will soon be eligible for vaccination as well. Widespread vaccination is critical to stopping the pandemic. Vaccination is recommended even if you have had COVID-19 infection. Please discuss the timing of your vaccination with your provider if you have had COVID-19 infection. Other best practices include:

- Wash your hands or use hand sanitizer frequently
- Avoid touching your eyes, mouth, and nose
- Avoid large crowds
- Practice social distancing by staying at least six feet from other people and groups
- Stay at home if you are sick
- Get vaccinated against the flu during flu season

- Get your COVID 19 vaccination as soon as possible. If you are immunosuppressed (after transplant), continue safety measures even after vaccination until more is known about how protected transplant patients are from the vaccine.
- Make sure that your family, friends, and other close contacts get vaccinated too.

PROPER COUGH & SNEEZE ETIQUETTE

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

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Is it safe for me to go outside without a mask? When can I resume normal activities?

In most areas of the country, it is safe to be outdoors without a mask, provided that you follow basic safety guidelines. Local and state public health authorities will determine many of these, so it is important to stay up to date.

The CDC recently changed its [guidelines](#) for the use of masks indoors for completely vaccinated individuals. However, even if you are fully vaccinated, **transplant recipients should continue wearing a mask** indoors when surrounded by other people. Transplant recipients should also continue to avoid crowds and large gatherings (especially indoors), practice social distancing, and wash their hands often.

The CDC does not specifically recommend wearing gloves under most circumstances. Instead, transplant candidates and recipients should wash their hands often. The CDC also does not recommend the use face shields, as the effectiveness of these face coverings is unknown at this time. You should still wear a mask even if you use a face shield.

You can resume domestic travel (within the U.S.) safely. Wearing a mask is mandatory on planes, buses, trains, and other public transportation. For international travel, please follow U.S Department of State [requirements](#). Please monitor for an increase in COVID-19 cases at your travel destination and avoid traveling to places with high rates of COVID-19.

It is safe to return to work and/or school once you have been fully vaccinated. However, we recommend you continue wearing a mask, social distancing and washing your hands, as the response to vaccine varies by individual and post-vaccine infections are possible.

DO choose masks that	DO NOT choose masks that
 <p>Have two or more layers of washable, breathable fabric</p>	 <p>Are made of fabric that makes it hard to breathe, for example, vinyl</p>
 <p>Completely cover your nose and mouth</p>	 <p>Have exhalation valves or vents, which allow virus particles to escape</p>
 <p>Fit snugly against the sides of your face and don't have gaps</p>	 <p>Are intended for healthcare workers, including N95 respirators or surgical masks</p>

Do NOT wear a mask

 <p>Around your neck</p>	 <p>On your forehead</p>	 <p>Under your nose</p>	 <p>Only on your nose</p>
 <p>On your chin</p>	 <p>Dangling from one ear</p>	 <p>On your arm</p>	

What are the outcomes of COVID-19 in transplant recipients?

Transplant recipients are at high risk of needing to be hospitalized if they develop COVID-19. This may be partly due to immunosuppression and partly due to higher rates of other medical problems such as diabetes, hypertension, and kidney disease among others.

What should I do if I have COVID symptoms or am diagnosed with COVID-19?

The first step is to separate yourself from others. Although, there are many different causes for fever, cough, shortness of breath, stomach upset, and flu-like symptoms, COVID-19 is still a concern in most parts of the world. If your symptoms are mild, you should then contact your transplant center or primary care provider to arrange for COVID-19 testing. However, if you are noticing chest pain, confusion, difficult breathing, or other severe symptoms, please call 911 (or emergency services).

It is important to remember that most people, including transplant candidates and recipients, experience only mild to moderate symptoms and recover from COVID-19 without problems. Many do not need hospitalization but are able to stay at home in isolation.

You can also refer to the AST COVID-19 Resources for Transplant Recipients and candidates for specific instructions and home monitoring guides: <https://www.myast.org/covid-19-transplant-handouts-recipients-and-candidates> .

I had COVID-19. When can I stop self-isolating?

The CDC [recommends](#) that transplant recipients recovering from COVID-19 stay home longer than 10 days and up to 20 days counting from the first day of symptoms and/or diagnosis. In some medical centers, transplant recipients may also need repeat COVID-19 testing to further determine when to stop isolation. These extended recommendations are because transplant recipients with COVID-19 may be infectious for a longer period than those who are not immunosuppressed.

I had COVID-19 and recovered. Can I get reinfected?

Yes, while getting COVID-19 a second time is rare, it has been reported. As variant strains develop, it is also possible to get another infection. A variant strain has one or more mutations in its viral structure that make it different from the virus circulating in the community. Some variants may be more

infectious. For now, the available COVID vaccines protect from most currently circulating variants, but this may change with time. The CDC continues to monitor [emerging variants](#) and its implications on current treatment guidelines and vaccines.

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

The risk of acquiring COVID-19 from organ donation is low. The rare cases reported in the literature involve lung transplant recipients. Organ procurement organizations are screening all potential donors for COVID-19 symptoms and exposure history. All potential donors are tested for COVID-19 prior to transplant further decreasing risk of transmission.

Transplant centers have also taken careful steps to screen living donors, including checking for symptoms, exposures, and viral testing. At some centers, living donors are being asked to avoid travel to high-risk areas and to isolate themselves before donation and monitor for symptoms.

I had COVID-19. When can I be cleared for transplant?

If you have had COVID-19 and recovered, please contact your transplant center once you are symptom free so they can assess you and determine when you would be ready for transplant.

How do I cope with stress and take care of my mental health?

We understand the uncertainty associated with the pandemic may be stressful for you.

We suggest the following to support yourself:

- Take breaks from watching, reading, or listening to news stories and social media.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

Get immediate help in a crisis

- Call 911
- [Disaster Distress Helpline](tel:1-800-985-5990): 1-800-985-5990, or text TalkWithUs to 66746
- [National Suicide Prevention Lifeline](tel:1-800-273-8255): 1-800-273-TALK (8255)

Resources for Patients

1. Get the latest public health information from CDC or WHO:
<https://www.coronavirus.gov>
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
2. Get the latest research information from NIH: <https://www.nih.gov/coronavirus>
3. For information on COVID-19 Treatment:
<https://www.covid19treatmentguidelines.nih.gov/whats-new/>
4. For information on specific clinical trials underway for treatment of patients with COVID-19 infection: clinicaltrials.gov.
5. Information from the American Society of Transplantation: <https://www.myast.org/covid-19-information>
6. CDC information for COVID-19 and children: [Caring for Children](https://www.cdc.gov/coronavirus/2019-ncov/children)
7. COVID-19 information for parents from Pediatric Infectious Disease Society: [COVID-19 Resources](https://www.pidsociety.org/covid-19-resources)
8. AST COVID-19 resources for transplant recipients and candidates:
<https://www.myast.org/covid-19-transplant-handouts-recipients-and-candidates>