COVID-19 therapeutics – update/guidance

The COVID-19 pandemic has been downgraded from being a public health emergency and is now considered to be endemic in the UK and beyond. With successful roll out of effective vaccination, serious morbidity and mortality risk have been significantly reduced for the population in general or organ transplant recipients in particular. Published evidence from the UK as well as other countries confirm SARS-CoV-2 vaccination offers excellent protection against hospitalisation and death for solid organ transplant recipients. Further, the evidence indicates receipt of increasing number of doses is associated with incremental protection, including during the Omicron dominant era. Vaccination appears to offer protection for approximately 6-months, and the JCVI currently recommends Spring and Winter booster vaccine doses for the vulnerable patient population including organ transplant recipients. For these reasons, NHSBT continue to unequivocally support vaccination as the mainstay for protection and strongly encourage organ transplant recipients to receive every booster dose offered by the NHS. Whilst vaccination has significantly reduced the risk of hospitalisation and death in organ transplant patients, it does not reduce the risk of acquiring the infection. Therefore, even vaccinated patients can become infected, and in such situations, patients have access to anti-viral treatments. Anti-viral treatments given in a pre-hospital setting are aimed at reducing the risk of disease progression to hospitalisation. NICE recently published guidance on anti-viral treatments for COVID (https://www.nice.org.uk/guidance/ta878).

Organ transplant recipients have been prioritised to receive anti-viral treatments. Based on currently available evidence and the NICE TA publication, NHSBT clinical team recommends

(1) Solid organ transplant recipients who test positive for SARS-CoV-2 should have un-restricted access to Sotrovimab.

(2) Solid organ transplant patients who test positive for SARS-CoV-2 should be considered on case-by-case basis for Paxlovid™ treatment. A joint risk-vs-benefit assessment should be undertaken between the patient, transplant team and Paxlovid™ prescriber (e.g. CMDU in NHS England territory) and an individualised decision made for the patient. This will take into account relative risk of COVID-19 progression without Paxlovid™ treatment versus harm due to unfavourable interaction between Paxlovid™ and co-prescribed anti-rejection medications such as Tacrolimus, Ciclosporin or Sirolimus. The transplant team and patient should agree a plan for dose changes to anti-rejection medications and drug level monitoring as relevant for individual circumstances.