

Is the vaccine for the Omicron variant different to the covid 19 vaccine?

Current vaccines are based on the original Wuhan strain. Trials are underway with variant-specific vaccines (eg. based on Omicron) but we don't have data yet.

How do we know if the vaccines are being accepted by our system

Not always possible, but you can measure SARS-CoV-2 antibodies in the blood. Most people will have SARS-CoV-2 antibodies after vaccination, although how the levels correlate with long-term protection is still somewhat uncertain.

How do we know if we have developed antibodies from vaccine? Is there a reliable test yet?

See above

Will having a range of different vaccines reduce the chance of insufficient response?

It may be that having different vaccines improves the responses, but data is still lacking. In general, best to get whatever vaccine is available when you need a booster (assuming no significant adverse effects from the previous specific vaccine).

ATAGI has not recommended more than 3 doses of COVID Vaccine to transplant recipients under 16 years of age? Is this of concern? How do you access adequate antibody response ? Hospital?

No, the best approach is to follow the ATAGI advice. They closely monitor the vaccine data in all community groups. If your transplant doctor feels it is necessary, antibody testing can be done in many laboratories (although direct comparisons between the different tests can be difficult).

If we go shopping wearing N95 mask..should we wear glasses?

Goggles aren't routinely recommended for general use. Mask use remains the sensible option in the community. Your transplant specialist may make recommendations based on your specific circumstances.

we have a child who has only just started a transition back to school because one of us has had a double lung transplant. our child wears a mask unless he is eating (which has to be inside on bad weather days) but none of the other children or teachers wear masks at all. we have all been fully vaccinated. should we be concerned that he is having close contact with unmasked children and that there are cases being reported in the school daily at the moment?

I think individual situations like this are best discussed with your specialist. Mask use in schools has relaxed, and of course many schools have had COVID-19 outbreaks, so it is difficult. Having the family all vaccinated (including boosters) is obviously a key issue. Vaccine uptake in the general school population is reasonable, depending on the age group and the location/State. Recent information on vaccine rates can be obtained from

<https://www.health.gov.au/sites/default/files/documents/2022/05/covid-19-vaccine-rollout-update-12-may-2022.pdf>

Is there any data relating general health of transplant recipients with severity of covid impact?

Excellent point. The issue of long-covid and covid-graduates of transplant recipients have not been adequately assessed and is a very important research priority.

Can you please give a picture of the current situation - if a transplant recipient were to be infected with SARS-CoV2 today? If the patients recovered, was their kidney function/viability of the transplant affected?

Over the past few weeks, I think we are seeing some positive trend of COVID\_19 infection in our transplant recipients. We are certainly seeing less severe disease, and less ICU admission. Fortunately, for patients who experienced acute kidney injury, the function in 2-3 months returned to their baseline.

What about Remdesivir for treatment of Omicron? is it effective?

We had been treating patients with severe disease using Remdesivir.

Has there been any trials of transplant patients that have been exposed to positive Covid persons and not caught Covid

The only preventive intervention so far that may be effective with Omicron is Evusheld. It is important to note that this intervention is for very high risk patients as a prophylaxis - that is those who had not been exposed and not infections.

If able, should transplant recipients work from home?

From my perspective, and with the change in the pattern of the epidemiology of disease, if your job needs you to be in-person, I would suggest that it is currently safe, but must adhere to COVID-19 non-pharm safe measures.

Could you repeat the names of the oral medications

molnupiravir for transplant recipient. Paxlovid is very difficult to dose in most cases because of the risk of interactions with Tacrolimus and Cyclosporine.

Do Covid-19 antivirals for young adult transplant recipients have any impact on fertility?

Molnupiravir should not be given in patients who are pregnant. Patients should use a reliable method of contraception (birth control) or not have sex while taking molnupiravir and for 4 days after the last dose if there is a possibility you could become pregnant. If you are a male who is sexually active with a partner who could become pregnant, you should use a reliable method of contraception (birth control) during treatment and for 3 months after the last dose of molnupiravir.

Is the rate (10-30%) of long covid impacting people in the general population the same for young adult transplant recipients?

Good question, I believe it is possibly less in the non-transplant population, but data in transplant recipient is unclear.

Where can I find information about the eligibility criteria and process for receiving Evusheld? My transplant team couldn't provide any info at clinic 2 weeks ago.

It depends on which state you are in, NSW ACI (Agency for clinical innovation) states criteria including solid organ transplantation within the last 12 months. These criteria will likely broaden very soon, as more supply enters the country.

Is more evusheld anticipated to be available, and if so when? At the moment the eligibility criteria

The initial criteria were very narrow, but these will broaden soon, as supplies increase. While the TGA gives some instructions, each state sets out their own criteria. I understand that the next delivery of stock is very soon to be available, with more to come in the following months.

How do we actually get Evusheld if it is preventative we need it prior

If you fit the eligibility criteria, which is relatively narrow at present, but soon to be broadened, your transplant center will be able to provide and administer for you.

Is Evusheld an accessible drug for transplant recipients? I understand some WA transplant recipients have received this trial injection, and it sounds to be very promising in its benefits - what is Evusheld, how can it help immunocompromised persons, and how do we access this trial?

Evusheld is now accessible in Australia, and has been for about one month. The initial supply was limited, hence the initial eligibility criteria were relatively narrow, this will likely broaden soon. Many of the studies are promising, but remember that many of the studies were performed early in the pandemic, and much has changed since then. Evusheld is a combination of two different antibodies against covid, given by intra muscular injection (2x injections), it provides you with protective antibodies. It is not an alternative to vaccination. It is now available through transplant hospitals, you do not need to be part of a trial to access the treatment