

Questions by themes

**1. Regarding management of COVID-19 in lung transplant recipients at UCSF**

1. Can you provide the number of lung transplant patients that have tested positive for COVID and what their experience has been?  
**At this time, we do not know the total number of lung transplant recipients that have tested positive for COVID-19 in the United States or the rest of the world. So far, COVID-19 has caused both mild illness and severe disease in lung transplant recipients. We do not have enough information yet to know if COVID-19 will be different in lung recipients compared to the general population.**
2. Is there a particular protocol being followed if a lung transplant patient gets COVID? What should we do if we think we have it? **You should call your nurse coordinator right away. You will be screened by video or by phone by one of the lung transplant doctors. If needed, you will be directed to get tested locally or at UCSF. You should cover your nose and mouth with a mask at all times when you are outside your home to prevent spreading virus to others.**
3. Is UCSF using the drug Plaquenil given to patients with COVID? OR as a precautionary measure? Should we start using those?  
**We are considering the use of hydroxychloroquine (Plaquenil) on a case-by-case basis in patients who have tested positive for COVID-19. Patients need to have close monitoring, including electrocardiogram and labs. Hydroxychloroquine can cause heart rhythm problems that can be life-threatening, especially when used with other medications. Hydroxychloroquine can also cause liver and kidney toxicity. We are not recommending its use for prevention at this time.**
4. Should I change my azithromycin from three times per week to daily to prevent COVID?  
**No. You should continue taking azithromycin three times per week. Azithromycin also has the potential to cause heart rhythm problems. Do not put yourself at risk for toxicity.**
5. Is UCSF able to do testing for COVID-19? For the antibodies?  
**Yes, we do testing for COVID-19, and our labs have developed the testing for antibodies, but we have not started testing patients yet. This an area that is rapidly changing. Only one company in the US has received FDA Emergency Use Authorization to test for COVID-19 antibodies. So far, antibody testing seems promising. A study from Wuhan found that almost 100% of patients developed antibodies by day 15 of symptoms. We do not yet know if these antibodies will protect people from becoming infected again, and if they could help determine when people can safely return to work.**

## **2. Regarding changes to the UCSF lung transplant practice during the COVID-19 pandemic**

6. Is the UCSF lung transplant program shut down?  
**No. Everyone in the team is an essential worker--doctors, nurse practitioners, nurse coordinators, pharmacists, nutritionists, schedule coordinators—are working full time. We are always available by phone, in video visits, and for in-person clinic visits as needed.**
7. Are caregivers allowed to come to the hospital if I get called in for my transplant? **Your caregivers can drive you to the hospital, but will not be allowed to come inside the hospital with you. There are strict visitor restrictions at this time.**
8. Can my caregiver come to my in-person lung transplant clinic visit?  
**No. Your caregiver may drive you to the hospital but cannot come up to the 5th floor clinic unless you need physical assistance with getting there. At this time, there are strict limits on who can be in the hospital to limit infection exposure to all healthcare personnel.**
9. Should we expect future UCSF follow-up visits to be remote, unless bronchoscopy is required?  
**While the shelter-in-place order lasts, we will do most visits by telehealth (video). If a patient reports by phone or video, symptoms that we want to check out in person, we will arrange for you to come to UCSF to be seen in the clinic. Sometimes a bronchoscopy or hospital admission may be required. Once the shelter-in-place order is lifted, we will gradually try to return to in-person visits. Though, the option of video visits will remain available on a case-by-case basis.**
10. Updates on home spirometers? When should we be expecting them and what is the plan for the roll out?  
**We have decided to provide home spirometers to our patients to help monitor lung function while the pulmonary function lab is closed and during our shelter in place orders. Unfortunately, given the limited supply we have had to prioritize who receives the home spirometers. We hope that eventually everyone will receive them. The first patients who are receiving them are those who are in the first two years after transplant, when lung function can change the most. Also, patients who are farther out from transplant who have had recent changes in their lung function. We are waiting for another shipment. As soon as we get more, we will mail them to patients who have not yet received one. As always, please call your nurse coordinator for any change that you detect in your breathing symptoms.**
11. What should we do about labwork? Are there certain labs that are “safer” than others to go to? **Assume that there is no safe place other than your home. Be extremely cautious when going to any lab. Wear a mask from the moment you leave your**

house to when you return. Wash your hands often. Keep hand sanitizer on you if possible. Try not to touch anything. Avoid touching your face.

### **3. Regarding preventive measures for lung transplant recipients**

12. When I return home from errands (grocery store, pharmacy) should the clothes I wore be removed and immediately laundered. How long if any does the virus remain on one's clothing?

**You should avoid leaving your home as much as possible. Errands should be done by less vulnerable family members (who are not immunosuppressed) or by others who can drop off supplies for you at your front door.**

**If you must leave your home in addition to wearing a mask, consider wearing gloves when outside of your care. Use hand sanitizer whenever you remove gloves. Wash your hands thoroughly before taking off your mask when you return home. Then, wash your hands again after removing your mask.**

**Fabric can hold out respiratory droplets that can dry out over time. However, we do not know how long the virus can live in clothes or fabric. If you have been closer than six feet from someone not wearing a mask, consider changing your clothes and washing them. You must be careful to wash your hands after you remove your clothes, before touching your face.**

13. Should we shower more often? When coming back from errands?

**You should wash your hands thoroughly before taking off your mask. Then, wash your hands again after removing your mask. You only need to shower more often if you would otherwise do so.**

14. Should we isolate ourselves from our spouses/other family members we live with if they are going out to do errands?

**Family members are the front line of defense for transplant patients. Family members should minimize their own risk of COVID-19 exposure by avoiding leaving home as much as possible, using mask when leaving the home, washing hands often, and maintaining social distancing outside the home.**

**If anyone in your household is not practicing strict precautions, yes, you should stay in a separate room and keep your distance.**

**Clean the doorknobs in your house.**

15. Should I still wear a mask when I go outside for a walk if it is in a very quiet neighborhood?

**Yes. You should wear a mask any time you walk outside your home.**

16. As vulnerable immunosuppressed people, should we anticipate continuing these extra precautions longer than other people? Until we are vaccinated?... If things get better in the summer, but then worsen in the fall/ winter, do we just adjust accordingly, or maintain strict precautions throughout?

**Lung transplant recipients, who are on life-long immunosuppression, should practice strict infection precautions throughout their lives. Even if there is a vaccine,**

it may not work as well in people who are taking immunosuppression medications. If the vaccine were to be a live virus vaccine it may not be safe to give it to patients taking immunosuppression.

The threat of COVID-19 may eventually decrease, however the other respiratory viruses (influenza, parainfluenza, metapneumovirus, RSV, adenovirus, rhinovirus, etc), as well as bacterial and fungal infections are an ongoing threat. Any of these infections can cause damage severe enough to need mechanical ventilation in a lung recipient. As a rule, avoid sick contacts, wear mask when on crowded places, and wash hands.

17. Are travel restrictions going to change after COVID-19 for transplant patients? Cruises? International? 3rd world countries?

**It is too soon to know how long COVID-19 will remain a threat worldwide. For now, we strongly advise all lung transplant recipients to avoid any plane and cruise travel. As we get more information over the next several months, we will provide better guidance. In any case, it is always necessary to consider the level of care available at each travel destination, and have a plan in case of unexpected illness.**

18. Do we qualify for disability right now just by being transplant patients and immunocompromised?

**Transplant patients are at an increased risk for COVID-19 due to immunosuppressed status and CA state guidance dated 3.16.2020 directs that vulnerable individuals, including those with compromised immune systems, should remain at home until statewide shelter-in-place is lifted.**

**During the COVID-19 situation, transplant providers will continue to assess patient's health condition and determine appropriateness for short term disability. Disability will be determined by transplant providers and submitted to the state on a case-by-case basis for patients up to a maximum of twelve weeks. Disability will not be approved for caregivers, however exceptions may be granted.**

19. Has the expected timeframe for the "shelter in place" extended at all? (Last session Dr. Leard said 8-12 weeks) Should caregivers abide by this as well? **At this time, the shelter-in-place order in California is in place until May 3. Further, individual cities and counties may impose extended shelter-in-place orders based on local infection rates. We do not know at this time when and how it may be lifted. Everyone, patients and caregivers, should comply with their local as well as state ordinances.**

20. Should we expect shortages on medications? **So far, we have not had reports of patients experiencing shortage of medications. However, we are advising patients to get a 90-day supply of medicines if it is permitted by your insurance provider.**