University of Utah Health Solid Organ Transplant Recipients, Candidates & Potential Donors:

As a high-risk patient, it is natural to be concerned about the novel coronavirus (or COVID-19) outbreak. While this situation is rapidly evolving, we wanted to reach out and give you an update, especially as it applies to you and/or your family member waiting for or living with a transplant. This information is also important to potential living liver or kidney donors.

**What is the novel coronavirus? Is it the same thing as COVID-19?**

Coronaviruses are a group of viruses which mostly infect animals, but there are 4 well-known strains which cause respiratory infections—essentially the “common cold.” In addition to these common coronaviruses, both SARS and MERS are also both coronaviruses which cause more serious infections in humans.

The new, or novel, coronavirus strain causing this current outbreak is called **SARS CoV-2.** The disease caused by this virus is called “**COVID-19.**”

**What is the situation in Utah? In the United States?**

At the time of this writing (March 10, 2020), there have been two cases of COVID-19 confirmed in Utah. It appears both patients contracted the virus while traveling out of Utah or the country. Utah has also declared a state of emergency to assist in preventing and treating COVID-19. Daily, cases are increasing across in the US. Initially cases in the US were linked to international travel and/or known exposure to a person with COVID-19. As we are now seeing community transmission in some areas in the US, spread to all states is highly likely.

**Spring break is around the corner. Can I travel?**

The CDC is recommending people to avoid all nonessential travel to China, Iran, Italy, and South Korea at this time, and to avoid cruises into or within Asia. Enhanced caution is recommended for Japan as well. With the rapid expansion of the number of places with community transmission, it is hard to predict where there is increased risk in the US, as this is changing on a daily basis.
Therefore, we recommend that our transplant recipients, including their immediate families do not travel to the designated high-risk areas and limit social exposure to large crowds and large people gatherings. You may wish to limit travel in general, especially if close contact with crowds is anticipated. Please call your transplant coordinator if you have questions regarding travel risk.

In addition, if you are on a transplant waiting list OR if you are being considered to be a living donor, we also encourage you to avoid the listed areas.

In general, we recommend you practice social distancing and avoid any crowded locations, such as indoor sporting events, school events, concerts, rallies, airports, malls, gyms, etc. We encourage you to continue to monitor the rapidly changing situation.

Are transplant patients at higher risk for COVID-19?
What we know from published data is that older patients and those with chronic medical conditions are at increased risk for severe disease with COVID-19. Based on data from influenza and SARS, we are concerned that if COVID-19 infection occurs, our transplant patients would be at higher risk for progression to pneumonia and more severe disease. Children, in general, seem to have less severe disease, which is encouraging but we don’t know how this applies to our immunocompromised children and all children can still transmit COVID-19 when infected or mildly symptomatic.

If you are thinking about being a living donor, what can you do to protect yourself and limit the impact to transplant potential?
If you are a potential LIVING liver or kidney donor, you may be asked specific questions related to your recent travel, your potential exposure to COVID-19 and if you have had any symptoms of respiratory illness or flu. Depending on your risk of exposure, you may not be able to donate within 14 days of exposure or certain travel. If you need to be tested for COVID-19, this will be decided upon by your Living Donor team on a case by case basis.

If you are living with a transplant or waiting for one, what can you do to protect yourself and your family?
We are still seeing a good amount of influenza infections, so please make sure everyone in your family who is healthy enough to receive a flu vaccine has done so. Currently,
everyone is still at much more risk from influenza and other respiratory viruses, such as RSV, than from the novel coronavirus/COVID-19.

**MASKS**

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 masks do not prevent droplets from contact with the eyes. However, they may prevent you from touching your nose and mouth. Transplant recipients should avoid overcrowded situations.

If you are a recent transplant patient (under 100 days from transplant) you are still encourage to wear a N-95 mask when in and around the University of Utah Hospital Campus due to the risk of infection related to construction. This recommendation is not impacted by COVID-19 outbreak.

If you are having any respiratory symptoms, such as coughing, and regardless if there are concerns for COVID-19, you may be asked to wear a surgical mask if you are coming into clinic as we do with all other patients that may display signs of illness.

**We strongly encourage good hygiene!**

Good hygiene, including frequent hand washing or hand sanitizer, is crucial to prevent spread of diseases. Be mindful to not touch your face if at all possible. As always, keep sick family members at home and avoid exposure to sick people (those with fevers, coughs, runny noses, etc.).

We encourage our patients to keep a good supply of necessary medications (such as immunosuppressive drugs for transplant) on hand, just in case someone in your family becomes ill and you are stuck at home. It is also advisable to have general supplies stocked in case of illness including Tylenol, hydration supplies (electrolyte drinks, etc.), drinking water, tissues, hand sanitizer, disinfectant spray, etc.

**What symptoms to look for and when to call:**

Patients who become ill with mild respiratory symptoms should avoid healthcare facilities. It is preferable to use telehealth services or call your transplant coordinator within the transplant program who can triage symptoms and advise you regarding the
need for in-person evaluation and testing. Patients with a fever (at or greater than 38.0 °C or 100.4 °F), chills, shortness of breath, cough, confusion or other more severe symptoms may need to be evaluated in the clinic or emergency department.

We respectfully ask that before traveling to the hospital or clinic, if you have symptoms such as high fever or cough, you call your transplant coordinator at 801-581-2634 or 1-800-824-2073 prior to entering the facility. You may be evaluated for COVID-19 and/or other respiratory illnesses. You may be escorted into clinic and asked to wear a mask.

Where can I get good information and stay up to date?
The information available can be overwhelming. We encourage use to use reputable sources for additional information about the novel coronavirus situation, and the CDC always has excellent, accurate and updated information:

University of Utah Health: https://healthcare.utah.edu/coronavirus/

Utah State Health Department: https://health.utah.gov/coronavirus


Some of the professional medical organizations dealing specifically with transplant, including the American Society for Transplantation (AST) and the Transplantation Society (TTS) are also good resources specific to solid organ transplant. We have attached a patient-focused FAQ from AST updated as of March 4, 2020.

Please don’t hesitate to reach out to your transplant or donor team if you have additional questions or concerns.