



ASTS Position Statement on the Role of COVID-19 Vaccination for Transplant Candidates and Recipients

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The goal of organ transplantation is to improve the health of people with failing organs. The pandemic has been exceptionally challenging for transplant and organ failure patients because of their reduced ability to fight the disease. Lessons learned from the pandemic include that 1) acquisition of COVID-19 in transplant recipients is more lethal than in the general population, 2) COVID-19 disease is mitigated through vaccination, although not as efficiently as in the healthy population, and 3) vaccination is consistent with the routine transplant practice to identify and mitigate conditions known to put an individual recipient at risk.

There are many reasons for routine organ transplant candidate and recipient vaccinations. The obvious is to provide a mitigation of the acquisition of COVID-19 and death. Additionally, transplant candidates and recipients frequently interact with other at-risk individuals in the clinic or hospital and if infected can serve as an infectious vector to them. Virtually every candidate for an organ transplant has recognized conditions that increases their risk for severe disease. Additionally, the severity of COVID-19 disease is exacerbated by surgical procedures and in those taking medications to suppress the immune system. “Healthy” transplant recipients taking baseline anti-rejection medications have been observed to have more severe COVID-19 disease. Therefore, “good medicine” is to mitigate against known risks, and vaccination is an effective tool that decreases the risk for the transplant candidate and recipient. Pre and post-transplant vaccination against a wide spectrum of diseases has been routine for years. The medications required for successful transplantation diminish antibody responses (compared to the general population) to vaccinations and COVID-19 is not an exception. Therefore, the ASTS continues to recommend routine vaccination for all organ recipients (with timely boosters) and for those on the waitlist (if possible within time limitations). This mandate is consistent with our pre-existing “routine standards of care” to mitigate known infectious disease prior to organ transplantation.