

## Transplant Board 11 Nov 2021

### 2. COVID vaccination – letter from ethics committee about heart and lung transplant decision to mandate it for recipients

- Letter taken as read (from ethics committee).
- Peter R – identified that the submission was solely representing heart transplants. Recognises that, for each organ system, a variety of factors and circumstances have different potential for Covid spread.
- Mark has requested that each service to give some thought to the impact on equity and how they plan to approach the issue. Identified the potential to create inequity if mandating vaccination. Variety of views when group canvassed.
- **Current approach by services:**
  - **Liver transplant:** had discussed as a group prior to circulation of the letter.
    - Consensus is not to decline unvaccinated patients. Have reviewed a number of papers specific to liver transplant. No greater mortality between vaccinated/non-vaccinated patients. No good grounds to decline unvaccinated patient. They can be managed safely through the liver transplant process.
    - Service is strongly recommending recipients should be vaccinated.
    - Have some mitigations: unvaccinated patient can't stay in transplant house. Advising patients that air travel might become difficult if unvaccinated.
    - Only 1 potential recipient that has not been vaccinated.
    - Concern regarding non-vaccinated support people.
  - **Renal transplant:** similar to liver transplant.
    - Consensus is not to decline unvaccinated patient. Concerns re equity. 'Dirty' mortality data makes it difficult to assess impact of Covid infection on renal transplant recipient; the patient demographics and case mix is highly varied which makes it hard to draw conclusions. Has been discussed with NRTLG chair Nick Cross.
    - Strongly recommend vaccination.
    - Patients not all co-located post-transplant but do attend daily clinic for the first month. Some challenges managing patients streamed Orange A but this is not insurmountable.
    - Non-vaccinated make up a very small number of patients
  - **Paediatrics:** currently most cannot be vaccinated (liver and kidney).
    - Similar approach to liver and renal transplant.
    - Paediatric liver - 50% are Maori. Concern that exclusion would create inequity.
    - Patients are currently not housed at Ronald McDonald House – in alternative accommodation. Ronald McDonald House have their own screening processes.
  - **Lung Transplant:**

Lung transplant patients follow the same path that heart transplant patients follow therefore the ethical considerations are the same for lung transplant patients. Lung transplant recipients have poorer outcomes. The infection primarily damages the organ that has been transplanted. The standard approach taken is to require patient to take steps to optimise outcome from transplant and vaccination is part of that.

Transplant team have discussed at length and agreed to take the same approach as hearts and mandate vaccination.

Conscious of the impact on equity and undertaken to ensure patients are seen and given the opportunity to learn the reasons why it is mandated and team believe this will lead to the vast majority of people continuing on to receive a lung transplant.

Shared accommodation post lung transplant a major factor in the decision – the heart and lung transplant recipients spend much longer rehabilitating post-transplant. They live in shared accommodation with shared cooking facilities and they attend the gym daily. There are no good options to house un-vaccinated in a difference facility and still provide the rehabilitation and other services required to ensure an optimal outcome.

- **Heart transplant:**
  - Need to explore equity with regard to heart/lung transplant. Heart – high rate of Māori requiring transplant. Has been discussed within heart service.
  - Requires a bespoke model to manage. Will manage based on individual patient needs and the extent of local service available. Every referral is provided with a vaccination schedule at the time of referral and this now includes Covid. Sensitive to remote areas, access, equity. Administrator will not turn back a referral due to non-vaccine. All referrals will be appropriately triaged and patients will be seen using a variety of means.
  - Currently no patients on wait list are unvaccinated.
- Agreement by all present to request ADHB Maori Lead – Anthony Hawke to provide advice on measures to consider/explore which may have not already been deliberated from an equity aspect and specifically ask Anthony how to explore further in partnership with Nagti Whatua.

## Transplant Board 12 May 2022 (draft minutes – not yet finalised)

### 2. Minutes and actions of previous meeting

#### Action 3: Anthony Hawke to provide advice on measures to consider/explore which may have not already been

##### deliberated from an equity aspect regarding non transplantation of unvaccinated patients

- Meeting with Ant Hawke, Mark O’Carroll and Anne-Marie Tupp. Ethics committee provided guidance however also need to consider from an equity perspective. Described to Ant approach taken. Ant endorsed that the approach was in alignment to Te Tiriti in action. Subsequent discussion re Māori Health Leads on Tx Board. Meeting documented. To be distributed. Action: Anne-Marie to distribute meeting summary.

## Meeting Summary – Discussion with Anthony Hawke

### Meeting Summary

**Date:** 22.3.2022

**Participants:** Mark O’Carroll, Anthony Hawke, Anne-Marie Tupp

**Meeting purpose:** Action from Transplant Board to be discussed: Request Anthony Hawke provide advice on measures to consider/explore, which may have not already been deliberated from an equity aspect, regarding non transplantation of unvaccinated patients (heart)

Item	Discussion
<b>Covid vaccination</b>	<p><b>Heart/Lung Tx:</b></p> <ul style="list-style-type: none"> <li>• Evidenced (international) outcome data identifies that Tx persons with Covid infection do very poorly.</li> <li>• Based on data the service adopted the international approach requiring all people coming to transplant to have a vaccination.</li> <li>• Description of pre-Tx workup and criteria provided including: <ul style="list-style-type: none"> <li>○ Suitability</li> <li>○ Tests to be completed to manage the process and to ensure optimal outcome.</li> <li>○ Some absolutes e.g. vaccine preventable diseases – the person is required to be vaccinated prior to transplant - for heart/lung Tx this includes being vaccinated for Covid.</li> <li>○ Key component of post Tx recovery &amp; vaccination requirement is the necessity of a period of 7-10 days in hospital then up to 3 months in shared accommodation. Vaccination provides protection for individual patient and other patients.</li> </ul> </li> </ul> <p>Concern: (particularly heart)</p>

- 35-40% of Tx patients are Māori. Vaccine hesitant more likely to be Māori  
Ant queried: Was this anecdotal or based on our Tx data? What is the %?

Mark:

- Would insistence of Covid vaccination lead to greater inequity? Noting that nothing has changed regarding the importance of vaccination to prevent Covid infection post-transplant.
- Currently an informal process. Should we be doing this differently? More formally? How? Is the current approach a reasonable one? Does it go far enough?
- Access: being non-vaccinated should not be a reason for non-referral. Once referral received service is confident to engage and work through any issues

Action to date:

- Requested all SOT Services to consider impact on widening inequity - How do we engage with people to walk them through the process.  
Ant identified: Insights coming from the 'navigating patient engagement for planned care' project support our ongoing objective to enhance our engagement
- Initially: A small no. of people sitting on waiting lists were unvaccinated. Engaged each individual in conversations. Vaccinated and transplanted. Process informal and specific to each individual patient. Identified by Ant as an appropriate approach.
- Currently: vast majority of Tx patients are already vaccinated. Unvaccinated are a small cohort.
- Do utilise Kaiārahi Nāhi
- Employed a Māori Heart/lung Transplant Coordinator NS - Amber Ngatai. Amber engages with patients. Whakawhanaungatanga an important part of the role. Relationships with the patients last for life hence the importance of the Coordinator role. Establishment of a relationship is essential.
- Starting to see a shift in own culture to engage with people and discuss with them the importance of vaccination.  
Ant identified this as significant and queried how this change is being captured to inform wider org shift? The Māori Health Team is developing a series of case studies, suggest inclusion of this evidence.