

Covid Prevention and Treatment and Shingles Vaccine Update

1. Background

- 1.1 The CTPG are keen to ensure that their patient population are both informed and advocates for the optimal Covid prevention and treatments available.
- 1.2 To enable this the CTPG has positively engaged with the associated NICE appraisal processes and disseminated key Covid treatment and prevention information to patients through multiple channels.
- 1.3 As can be seen in the CTPG Chair report, Covid 19 continues to present significant challenges to the cardiothoracic transplant population. It continues to impact on their quality of life.

2. Covid Vaccines

- 2.1 Post transplant and other defined high-risk patients are eligible for an autumn booster. It is important to note that the autumn booster programme includes people aged 12-64 who live with an immunosuppressed person.
- 2.2 The overall feedback from the CTPG patient population continues to be positive around access to Covid 19 vaccines.

3. Other Covid Preventative Treatments

- 3.1 Many post cardiothoracic transplant patients have been advocates for tixagevimab and cilgavimab (tix-cil), indeed several chose to fund treatment privately.
- 3.2 The CTPG have been keen to represent their views whilst taking a balanced view from an evidence and health economic basis and as such the CTPG submitted a response to NICE during their consultation process.
- 3.3 NICE published their guidance (TA900) on 14 June 2023, and they did not recommend tix-cil for preventing Covid 19.
- 3.4 AstraZeneca have developed a next generation long-acting antibody for preventing Covid 19 – ADZ 3152. NICE will be appraising the drug in line with regulatory timescales. The CTPG is a formal consultation stakeholder in the process.

4. Covid Therapies – Guidance

- 4.1 NICE appraised various therapies for people with Covid 19 (ID4038), of which the CTPG was a stakeholder. The guidance was published on 29 March 2023 (last updated 22 June 2023) [1 Recommendations | Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 | Guidance | NICE](#)
- 4.2 NHSBT issued their own guidance for solid organ transplant recipients. [INF/ \(windows.net\)](#). This guidance complements the NICE guidance and is welcomed by the CTPG.

- 4.3 NICE consulted over the possible expansion of the eligible patient population to the primary Covid 19 treatment – Paxlovid. At the last CTAG Hearts meeting the CTPG Chair requested if any of the advanced heart failure clinicians were interested in supporting the CTPG or giving a response. No clinicians came forward.
- 4.4 The CTPG Chair contacted the British Society for Heart Failure, who were keen to be involved in the NICE consultation and did indeed submit a formal response. The CTPG consultation response is shown in Appendix 1.
- 4.5 NICE have published the final draft guidance [Project information | Nirmatrelvir plus ritonavir for treating COVID-19 \(Partial Rapid Review of TA878\) \[ID6262\] | Guidance | NICE](#), which includes heart failure as an eligible condition for Paxlovid treatment.
- 4.6 The CTPG are very grateful to the British Society for Heart Failure for their engagement and support.
- 4.7 Publication of the NICE guidance appears to be delayed; it is reported in the press that NHSE have asked for a delay citing “operational implications”.

5. Covid Therapies – Delivery

- 5.1 The responsibility for delivering out of hospitals Covid 19 therapies was devolved to ICSs in June 2023. This has caused extreme anxiety and confusion among the patient community. Patients continue to encounter challenges accessing the appropriate treatment in a timely manner. The availability of clear information at a national and local level is poor.
- 5.2 The CTPG Chair has worked with partner charities to develop a directory of covid treatment services for patients. This is hosted by Blood Cancer UK, [Antibody and antiviral treatments for people with blood cancer | Blood Cancer UK](#). This is the best available patient information and the CTPG are very grateful to partner organisations especially Blood Cancer UK and Kidney Care UK for their collaboration and support.

6. Shingles Vaccine

- 6.1 On 1 September 2023 the eligibility criteria for the Shingles vaccine changed, [Green Book on immunisation - Chapter 28a shingles \(publishing.service.gov.uk\)](#). Severely immunocompromised individuals aged 50 and above are now eligible for the Shingles vaccine, this will include all patients who have received a heart and / or lung transplant.
- 6.2 Additionally, individuals aged 50 and older anticipating immunosuppressant therapy are also eligible to be assessed for the shingles vaccine. In the view of the CTPG this will include all patients on heart and / or lung transplant waiting lists.
- 6.3 It is important to note that immunocompromised patients must receive the non-live Shingles vaccine called Shingrix.

7. Summary and Recommendations

- 7.1 Covid 19 continues to have a significant impact on the physical and psychological quality of life of cardiothoracic transplant patients.
- 7.2 The patient community is disappointed at the lack of information on Covid 19 treatments being provided at both national and local levels.
- 7.3 The CTPG welcomes the extended eligibility for the Shingles vaccine as many of its patient population have experienced significant morbidity from Shingles.
- 7.4 The CTPG recommend that all clinicians working in the cardiothoracic transplant services are made aware of the latest information on Covid 19 prevention and treatments and the change in eligibility for the Shingles vaccine.