

Prevention and Treatment of Infectious Diseases CTAG Hearts – March 2025

1. Background

- 1.1 The CTPG are keen to ensure that their patient population are both informed and advocates for the optimal prevention and treatments of infectious diseases.
- 1.2 To enable this the CTPG aims to positively engage with the associated decision-making bodies, e.g. NICE & JCVI and disseminate key treatment and prevention information to patients through multiple channels.

2. COVID-19 Vaccines & Treatments

- 2.1 The spring 2025 COVID-19 vaccine booster programme commences on 1 April 2025, with online bookings on the National Booking Service available from 25 March 2025.
- 2.2 There appears to be a significant amount of COVID-19 vaccine “fatigue” among the heart transplant community.
- 2.3 NICE have recently appraised Molnupiravir for treating COVID-19 and their draft guidance is to recommend the treatment, if both nirmatrelvir plus ritonavir and sotrovimab are contraindicated or unsuitable. The guidance is due to be published on 16 April, 2025, [Project documents | Molnupiravir for treating COVID-19 \[ID6340\] | Guidance | NICE](#)
- 2.4 The CTPG were stakeholders in the process, with the CTPG Chair attending the NICE Committee Meetings as a patient expert.
- 2.5 The primary community NICE treatment guidance is for nirmatrelvir plus ritonavir and sotrovimab, [1 Recommendations | Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 | Guidance | NICE](#). The criteria for nirmatrelvir plus ritonavir include people on an organ waiting list or with a VAD. From 1 June 2025, the guidance is extended to include all people with heart failure.

3. Varicella zoster virus (Shingles / Chickenpox)

- 3.1 The non live shingles vaccine (Shingrix) is currently approved for post-transplant patients aged 50 years and over, [Green Book of immunisation - Chapter 28a Shingles](#)
- 3.2 On 13 November 2024, the JCVI issued a statement advising that the vaccine should be expanded to include all severely immunosuppressed adults aged 18 years and over. This advice is yet to be reflected in the Green Book hence is not part of the funded vaccine programme.
- 3.3 The CTPG has liaised with Dr Ushiro-Lumb regarding this issue. Dr Ushiro-Lumb advises that the JCVI recommendation to reduce the age banding is currently going through Ministerial Approval and expects changes to be included during 2025 in the Green Book.

- 3.4 The CTPG are disappointed by the delay in the Green Book adopting JCVI recommendations and are aware of patients who may have suffered avoidable harm as a result.

4. Respiratory syncytial virus (RSV) Vaccine

- 4.1 The Green Book currently recommends vaccines for three cohorts, adults aged 75-79, infant protection through maternal vaccination and selective immunisations for high risk infants and young children, [Green Book on Immunisation - Chapter 27a RSV](#)
- 4.2 Many patients have enquired why immunocompromised individuals are not included in the vaccine programme. The MHRA license is currently only for adults aged 60, and despite a known high risk in the immunocompromised population there is currently a lack of clinical evidence.
- 4.3 Dr Ushiro-Lumb advised that nationally more information is now available for different clinical and age subgroups and updated recommendations are being worked up.
- 4.4 Patients are aware that people with the same clinical condition & age in other countries can access the RSV Vaccine and many heart transplant recipients have suffered with RSV this winter.

5. Influenza (Flu)

- 5.1 Despite Oseltamivir being made available in the community by the CMO early in the winter virus season, patients have had considerable difficulty accessing treatment in a timely manner. Many heart transplant recipients have suffered with flu this winter.

6. Summary and Recommendations

- 6.1 Infectious diseases have a significant impact on the mortality and morbidity of cardiothoracic transplant recipients.
- 6.2 The CTPG Chair and other NHSE PPV representative have established early-stage discussions with Dr Ushiro-Lumb and Dr Gerovasili about how care pathways could be changed to better meet patient needs.
- 6.3 Dr Ushiro-Lumb's thoughts are that for certain infectious diseases, "there is a need for a holistic and comprehensive care pathway /package to be put together and updated on the basis of best evidence so that it can be delivered in a co-ordinated form as part of transplantation programs."
- 6.4 The CTPG supports this view and will work with clinical leaders to explore opportunities to develop this further.