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Going for job? Wait 1 to 6 months after transplant

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WHAT ISOT SAYS

1 Patients with immunosuppression may have reduced response to vaccination because of altered T lymphocyte functions. These patients may have lower antibody response compared to general population.

2 Participating recipient can have minor side-effects as seen in many other vaccines like vaccine site pain, fever, fatigue, muscle and joint pain, and headache after administration of vaccine. Severe or long-lasting side effects are extremely rare

3 In case of adverse event, the transplant patient is required to report to health care providers for appropriate management. After completion of Covid-19 schedule, routine antibody testing is not required to confirm sero-conversion. If needed for research, antibody testing can be done after 14 days of second dose

4 Transplant patient with suspected or active Covid-19 infection should not get vaccination. Vaccination should be deferred for 4-8 weeks after symptom resolution

“ Due to immunocompromised nature of transplant patients, the

“ Transplant recipients who have previous Covid-19 infection and/or






patients, the formation of antibodies might take longer than general population. But they should take the vaccine as it reduces severity and mortality Dr Vansanthi Ramesh DIRECTOR, NOTTO	infection and/or have antibodies against Covid-19 are also required to be vaccinated. All should be encouraged to get vaccinated after addressing their concerns Dr Vivek Kute SECRETARY, ISOT
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Ahmedabad: While the debate on who should and should not get Covid-19 vaccine goes on, the Indian Society of Organ Transplantation on Wednesday submitted its guidelines to the central government for those going for organ or tissue transplants or have already undergone it.

The guideline suggested vaccination for all transplant patients. However, it advised those who have already undergone the procedure to wait for one to six months after the procedure. The advisory also asked patients about to undergo the procedure to take the vaccine two weeks prior to the scheduled transplant date.

The guidelines recommend that the patients should be given 'inactivated vaccine'. "In general, in immune-compromised patients, live vaccines can cause vaccine-related disease. Therefore, patients with organ transplant should not receive live vaccines," mentioned the recommendation.

The experts also pointed out that so far only healthy individuals have been administered the shot. Thus, the impact or any possible side-effects of the vaccine in immuno-compromised patients is not known.

Dr Vivek Kute, a professor at IKDRC-ITC in Ahmedabad and secretary of ISOT, said that the guidelines are in response to the queries by the patients and also to address common concerns about the procedure. The experts suggested creating awareness about the vaccination among the community to take it to the patients and their relatives.