Hopkins Approach to COVID for SOT

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Masks, Social distancing, Hand hygiene
Kim MY, Current Opinion Transpl Rep 2020;29,1-3

Local Hospital

Outpatient

Exposure

Quarantine for 14 days

Telemedicine

Discontinuation of isolation after 28d

Symptoms +

COVID-19 patient
MMF (-) if ALC < 700/mL
MMF dose ↓ if ALC 700–1000/mL
Tacrolimus 5–10 ng/mL

Telemedicine

RT-PCR test

Laboratory test
Chest radiography

ICU

Inpatient

Severe hypoxia

Discharge when clinically improvement

Admission
Johns Hopkins Approach to COVID-19

- Review labs for lymphopenia in all patients
  - Reduce MMF/MPA/Aza for ALC<1000
  - Stop MMF/MPA/Aza for ALC <700
- Start Vitamin D-3 2000 units daily in all SOT patients
- Start Aspirin 81 mg daily in all SOT patients
- Test for COVID-19 if COVID Symptoms or signs
  - Fever, cough, SOB, chills, headache, sore throat, loss of taste or smell, diarrhea, muscle aches.
  - Send pulse oximeter to COVID + pts at home.
  - F/U daily with Txp ID Nurse Practitioner during the week and On Call Nurses on Weekends
- Admit pts if
  - SOB, cannot hold breath for 10 seconds
  - O2 sat < 92%
  - Elevated inflammatory markers
    - CRP
    - D-dimer
    - Ferritin
Johns Hopkins COVID-19 Treatment

- Stop MMF/MPA/Aza immediately and indefinitely
- Start ergocalciferol 50,000 units po daily x 5, then Cholecalciferol D3 2000 u
- Aspirin 81 mg daily
- Consider adding an alpha blocker to medical regimen
- Convalescent plasma
- Remdesivir 200 mg day 1, then 100 mg x 9d ok with CKD
- Dexamethasone 6 mg up to 10 days if hypoxic
  - Acyclovir or valacyclovir prophylaxis for 3 months after the COVID episode if the patient has had dexamethasone or tocilizumab (2 cases of HSV hepatitis reported in the literature)
  - CMV PCR monitoring out to 3 months
  - Repeat beta-d-glucan and galactomannan at some point during followup
- Start tocilizumab ?
  - IL-6 >100 pg/mL or
    - D-dimer >1 ug/mL
    - CRP >10 ug/mL
    - Ferritin >1000 ng/mL
  - Secondary prophylaxis as above
- Investigational Drugs:
  - Clazakizumab, Bamlaminumab, many others
Outpatient management for KT recipients: Prevention

- Social distancing
- Maintain good hand hygiene
- Telemedicine: video and telephone-only encounters
- For-cause renal biopsy
  - Noninvasive measures of transplant rejection
    - Donor-derived cell-free DNA
    - Peripheral blood gene expression test

Gleeson et al. CJASN 2020
Strategies for Safer Living During the COVID-19 ERA  
(After an organ transplant)

THE BEST WAY TO PROTECT YOURSELF

Safety during the COVID-19 pandemic requires **you and those around you** to adopt the following behaviors:

- **Handwashing**: Everyone should wash their hands with soap & water or a hand sanitizer often.
- **Wear a cloth face mask**: You and those around you should wear a facemask to prevent the spread of the virus.
- **Cough or sneeze**: Cough into a tissue or bent elbow. Throw the tissue into the trash right away.
- **Physical Distancing**: Stay 6 feet from other people. Avoid crowds and groups of people.
- **If you feel sick**: Stay home and away from others. Call your healthcare team.
- **Do not touch your face**: Wash your hands before touching your face.
- **Clean and disinfect**: Sanitize frequently touched objects and surfaces.