**Title**

The Gift of Jab: SARS-CoV-2 Vaccination and Long-Acting Monoclonal Antibody Use in Solid Organ Transplantation

**Presenter**

Uzoamaka Uwechia, PharmD

PGY-2 Solid Organ Transplantation Pharmacy Resident

UPMC Presbyterian

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**Learning Objectives**

1. Describe the impact of SAR-CoV-2 infection after solid organ transplantation
2. Discuss the efficacy of SARS-CoV-2 vaccinations and long-acting monoclonal antibodies against SARS-CoV-2 in transplant recipients
3. Explain the argument for and against vaccine mandates for transplant programs

**Abstract**

Patients facing end stage organ failure need replacement of the relevant organ to survive and/or increase their quality of life. In order to prevent the rejection of these life sustaining grafts by the host, chronic immunosuppression is required. This immunosuppression puts patients at an increased risk of infection and malignancy. While the balance between risks of immunosuppression and rejection has always been of concern, the emergence of the COVID-19 pandemic has drawn more attention to the risks of immunosuppression. The risk of poor outcomes after SAR-CoV-2 infection and the efficacy of SARS-CoV-2 vaccination in this patient population have been questioned. Furthermore, with the demand for organs being significantly larger than the supply can meet, choosing candidates that show a high probability of post-transplant success is important. This begs the question, should transplant candidates that refuse vaccination, therefore potentially putting themselves at risk for poor outcomes in the setting of SAR-CoV-2 infection, be eligible for transplantation?

**Questions**

1. Are solid organ transplant recipients at a higher risk for severe COVID-19 than patients without comorbidities?
	1. No
	2. Yes
2. Of the options below, which common medication in a SOT patient’s regimen demonstrated the greatest likelihood of lowering vaccine antibody response?
	1. Tacrolimus
	2. Prednisone
	3. Mycophenolate
	4. Sirolimus
3. What is an argument for vaccine mandates for solid organ transplant candidates prior to transplantation?
	1. Better vaccine response prior to transplantation
	2. Tixagevimab/cilgavimab works against all variants of SAR-CoV-2
	3. Patients that are vaccinated prior to transplantation do not need immunosuppression after transplantation to avoid allograft rejection

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