

ISHLT Statement on Vaccines in Transplant Recipients

The International Society for Heart and Lung Transplantation (ISHLT) reaffirms its strong support for the role of vaccines in protecting the health and survival of heart and lung transplant candidates and recipients. Immunization is an effective and important tool of preventive care against infectious diseases, particularly for individuals who are immunocompromised due to solid organ transplantation [1].

In light of recent changes within the United States' Advisory Committee on Immunization Practices (ACIP), and given the ongoing attempts to question meticulously collated safety and efficacy data, ISHLT emphasizes the importance of basing clinical decisions on rigorous scientific evidence. While vaccine policies may change and evolve, the transplant community should continuously evaluate available scientific evidence to best support our patients' health and safety and optimize our patient outcomes.

Transplant recipients, as a result of their altered immune systems, represent a known vulnerable population. Vaccines—when appropriately timed and administered—reduce the burden of infectious disease and prevent serious complications in this group [2]. ISHLT strongly supports global efforts to ensure equitable access to safe and effective immunizations for all transplant patients [3]. We also highly encourage all household contacts to receive appropriate vaccines to further protect the health of transplant patients. Furthermore, transplant candidates should also continue to have equitable access to vaccines, to protect their health and maximize the chance for safe transplantation.

We encourage all transplant professionals, transplant candidates, transplant recipients and their families around the world to work collaboratively to protect the health and safety of transplant recipients through evidence-based immunization practices. ISHLT remains committed to providing education and guidance that reflect the latest developments in vaccine science, with steadfast goals of maintaining patient safety, global equity, and scientific integrity.

REFERENCES

1. Danziger-Isakov L, Kumar D; AST ID Community of Practice. **Vaccination in solid organ transplantation.** Am J Transplant. 2019;19(Suppl 2):S23–S30.
2. Kumar D, Ferreira VH, Blumberg E, et al. **A 5-year prospective multicenter evaluation of influenza infection in transplant recipients.** Clin Infect Dis. 2018;67(9):1322–1329.
3. World Health Organization (WHO). **Immunization Agenda 2030: A Global Strategy to Leave No One Behind.** Available at: <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>