

## **PFF GUIDANCE ON COVID-19**

**December 21, 2021 – UPDATED\***

The Pulmonary Fibrosis Foundation medical team is actively monitoring the evolving outbreak of the COVID-19 coronavirus to evaluate the potential health implications for the pulmonary fibrosis (PF) community in the [U.S.](#)

[COVID-19](#) results from an infection by a respiratory virus (coronavirus) that can lead to inflammation and injury within the lungs. In some people, this can progress to a serious illness. However, most people infected with the virus will not become gravely ill.

The Centers for Disease Control and Prevention (CDC) has identified certain groups that are at higher risk for developing serious illness if they become infected. These include individuals with severe chronic medical conditions, compromised immune systems and those who are elderly.

**People living with PF are considered higher risk and should take special precautions** to prevent respiratory infections, such as COVID-19, [influenza](#), and other pulmonary pathogens, and limit complications. The CDC's guidelines for people at higher risk are available [here](#).

COVID-19 variants have emerged around the world and in the U.S., and some of these strains of the virus are known to spread more easily. This may mean that for those who are exposed to these variants, immunity from a previous COVID-19 infection or from a COVID-19 vaccination may not be as effective at preventing infection, though more research needs to be done to fully understand the impact of the new COVID-19 variants.

### **The Delta and Omicron Variants**

The Delta variant has been the predominant variant of the virus in the U.S. throughout most of 2021 and is present in all 50 states. It is more infectious and is leading to higher transmissibility than earlier forms of Sars-CoV2, the virus that causes COVID-19, even in some vaccinated individuals.

Scientists have recently discovered and are studying the [omicron variant](#). The World Health Organization and CDC have classified Omicron as a variant of concern, and it is rapidly becoming the predominant COVID-19 strain in the U.S. The Omicron variant is more

transmissible than the Delta variant. Evidence suggests that while vaccines have reduced activity against the Omicron variant, a booster vaccine dose improves protection against infection.

As a result, the CDC released [updated guidance](#) on the need for COVID-19 vaccination and a recommendation for everyone in areas of high transmission to wear a mask in public places, even if they are fully vaccinated.

### **How is it Spread?**

COVID-19 is spread primarily from droplets produced when an infected person coughs or sneezes within six feet of other people. In addition, infection may be spread through airborne transmission of smaller droplets and particles that can remain suspended in the air over greater distances or over longer times. Also, the virus may be transmitted when a person touches the eyes, nose or mouth with hands that have the virus on them.

### **Symptoms**

Symptoms, which are not specific for COVID-19, appear to occur within 14 days of exposure and should be communicated to your physician include:

- Fever
- Muscle pain or body aches
- Worsening cough
- Increased shortness of breath
- Chills
- Repeated shaking with chills
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Contact your healthcare provider if you develop symptoms or think you have been exposed.

### **Precautions**

Most importantly, get a COVID-19 vaccine. If you have not been vaccinated, find a vaccine near you. Following vaccination, individuals should continue to adhere to safe practices, including the use of face coverings, hand washing, and physical distancing until the prevalence of the SARS-CoV-2 virus in the community is significantly reduced.

The CDC recommends using a [self-test](#) before gathering indoors with others, regardless of vaccination status, even if you do not have symptoms and have not been exposed to anyone

with COVID-19. Self-testing is especially important before meeting with [unvaccinated children](#), [older individuals](#), those who are [immunocompromised](#), or individuals at risk of severe disease.

Those who are immunosuppressed, either from medications or from medical conditions that cause immunodeficiency should continue more stringent precautions against exposure to COVID-19. In these individuals, vaccine response may be much less protective than in the general populations.

The U.S. Food and Drug Administration (FDA) has issued emergency use authorization of AstraZeneca's long-acting monoclonal antibody therapy (Evusheld) to help protect certain immunocompromised individuals from COVID-19 infection.

## **Vaccines and Boosters**

### ***Vaccines***

Three vaccines have been approved for **Emergency Use Authorization (EUA)** by the FDA. Of these three vaccines, the Pfizer-BioNTech COVID-19 Vaccine, now marketed as Comirnaty, has received EUA approval from the FDA for use in individuals 16 years of age and older. FDA guidance regarding the Janssen (Johnson & Johnson) COVID-19 vaccine has been updated to include contraindication in individuals with a history of thrombosis (development of blood clots) with thrombocytopenia (low blood platelet count) following the Janssen COVID-19 Vaccine or any other adenovirus-vectored COVID-19 vaccine.

In accordance with [Recommendations issued by the Centers for Disease Control and Prevention](#), the Pulmonary Fibrosis Foundation [strongly encourages vaccination](#) for COVID-19, as the benefits far outweigh the risks. To ensure that you are not part of the limited population for whom vaccination is not recommended at this time, reach out to your primary care physician and pulmonologist for more information.

People who are eligible to receive the COVID-19 vaccine should proceed with vaccination, as the currently authorized vaccines are highly effective in reducing the severity and spread of disease. Strategies that are known to reduce the spread of infection, such as wearing a mask, social distancing, and frequent hand washing, remain crucial in limiting the spread of COVID-19, especially as new variants of the disease are discovered.

Lung transplant recipients and people taking medications to suppress their immune system may have a lower immune response to the COVID-19 vaccine according to a [recent study](#) by Johns Hopkins University. The study suggests that a substantial proportion of transplant recipients likely remain at risk for COVID-19 after 2 doses of mRNA vaccine.

### ***Third Dose for Immunocompromised Individuals***

Individuals who have received a lung transplant, their loved ones, and people with compromised immune systems should get vaccinated and continue to take precautions to prevent infection from COVID-19. To provide additional protection for transplant recipients and

those with a compromised immune system, the CDC recommends an additional dose of the Moderna or Pfizer BioNTech mRNA COVID-19 vaccine be given no fewer than 28 days after the initial two doses.

### **Boosters**

The CDC recommends boosters for all three available COVID-19 vaccines in the U.S.

Everyone ages 16 years and older who received a Pfizer-BioNTech or Moderna COVID-19 vaccine should get a booster dose at 6 months or more after their initial series. Those who received the Johnson & Johnson vaccine, are age 18 and older, and have been vaccinated for two or more months should also get a booster.

Individuals may choose which vaccine they receive as a booster dose. There may be reasons for using the same brand or a different one in individual cases, so questions should be directed to your physician.

### **Information**

Stay informed by visiting the Centers for Disease Control and Prevention's [website](#), the [PFF's COVID-19 Resources](#), and following instructions from your local public health officials.