



230 East Ohio Street Suite 500 Chicago Illinois 60611 **844.TalkPFF** | **844.825.5735** PHONE
866.587.9158 FAX

PFF GUIDANCE ON COVID-19

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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](#).

How is it Spread?

The virus is thought to 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.

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.

Vaccines

Three vaccines have been approved for [Emergency Use Authorization](#) by the FDA. 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.

COVID-19 variants have recently 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.

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 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. Future studies should address interventions to improve vaccine responses in this population, including additional booster doses or immunosuppression modulation.

Vaccination is still recommended for post-transplant individuals, but they may not be as protected as the general population. Therefore, transplant recipients and their loved ones should get vaccinated and continue to take precautions to prevent infection from COVID-19.

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.