


**Date and time:** Friday 15 October 2021, 0900 - 1010  
**Venue:** Kahurangi Meeting Room, level 4 Bldg 21 LabPlus, Zoom 98663221899  
**Attending:** Ian Dittmer -Chairperson; Abby Earrey, Emma Maddren, Fiona Miles, George Gorringer, [REDACTED], Jim Kriechbaum, Jo Denvir, Louise Finnel, Martin Wilkinson, Simone Tune, Yvonne Fullerton, Veronica Corrigan(observer),  
**Apologies:** Cat Pollard, Claire Campbell, Karyn Lowe,  
**Guest:** Peter Rygrok, Mark O'Carroll  
**Minutes Taken By:** Susanne Biddick

No.	Item	Discussion/ action points	Owner
1	Welcome	<p>Karakia – Fiona opened the meeting with a Karakia.</p> <p>Pre discussions re the case.</p> <p>Conflict of interest : Ian – as he is involved in renal transplants, Yvonne – as she assesses transplant candidates. Welcome and introductions.</p> <p>[REDACTED]</p>	
2	Case	<p><u>Heart &amp; Lung Transplants/Vaccinations</u></p> <p>The question is – Is it ethical to mandate COVID vaccination for patients referred for heart transplant? This can also apply to a lung transplant patient.</p> <p> CEAG.pptx</p> <p>Peter gave a summary of the presentation. Heart transplants are rare in NZ with about 12 – 15 per year and about 20 on a wait list. 7% don't make it past a few weeks and about 50% reach about 15 years. People who have a transplant have done everything possible to meet the criteria for a transplant. The view should be looked at for both heart and lung transplant patients. Patients after a transplant have a long hospital stay and the rehab is in a shared facility at Hearty Towers, including gym work. Hence they are in contact with a number of other patients and a large number of DHB staff. It is not viable for these patients to be in a separate facility. The reason why patients may not want to be vaccinated is the same for the general population. If a patient cannot be vaccinated for medical reasons, the transplant team would need to find a different way to work with these patients, although the patient would probably not be on the transplant list. Organs are a gift and we owe it to the donors family to optimise that gift, especially as the number of gifted organs outweigh the demand. 2/3<sup>rd</sup> of patients are from outside of Auckland. It is better to be vaccinated pre transplant. Donors and recipients are both swabbed for COVID. This vaccine should not be added as another priority to the transplant requirements. The transplant staff are guardians of the heart/lung and match the appropriate organ to the recipient. It did not seem appropriate to canvass donor families regarding whether Covid vaccinations for recipients should be required or not. There is a high risk of patients contacting COVID before and after a</p>	

		<p>transplant if not vaccinated. 30% of heart transplants are Maori. Immune responses are looked at prior to transplant for other vaccinations a patient will have had. Unvaccinated patients are at risk of passing on COVID to other patients and staff. The risk may change when there is a high vaccinated general population. Patients are informed that we do want them to be on a transplant list but they need to meet the requirements listed.</p> <p>Ian thanked Peter and Mark for the work they are doing.</p> <p>Further discussion with CEAG. Yvonne raised concern in Starship where parents of long term children were unvaccinated and the risk this adds to other patients and staff. Most of the team agreed that a COVID vaccine should be added to the criteria for a heart or lung transplant. We must not lose track of each person and their freedom of choice, although there are specific requirements for all patients which must be met before a transplant.</p> <p>Ian to write the letter and review by the committee before sending to Peter.</p>	Ian
3	Any other business	None.	
4	Close	Karakia – Helen closed the meeting with a Karakia.	
Date of next meeting: Friday 19 November 2021			