

OPTN Ad Hoc Disease Transmission Advisory Committee Monkeypox Summary of Evidence Workgroup

Meeting Summary

August 22, 2022

Conference Call

Lara Danziger-Isakov, MD, MPH, Chair

Stephanie Pouch, MD, MS, Vice Chair

Introduction

The Ad Hoc Disease Transmission Advisory Committee met via Citrix GoToMeeting teleconference on 08/22/2022 to discuss the following agenda items:

1. Monkeypox Summary of Evidence Discussion

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UNOS staff and the Chair gave an overview of the draft for the Committee's Summary of Evidence for Monkeypox. The Chair noted this is a preliminary call and the document will be refined based on the discussion had in the call. The Chair explained that the document was approved by the OPTN Executive Committee and UNOS staff, and the Committee will collaborate to create a patient resource as well. UNOS staff noted the AATB Physicians' council published an update to the community that will be added to the Summary of Evidence, including laboratory testing/diagnostic recommendations and current donor data collection to utilize. The Monkeypox uDRAI addendum will be added as well.

Summary of discussion:

The Vice Chair noted the OPTN Executive Committee was very supportive of the Summary of Evidence. UNOS Staff explained that 'Terms to Know' needed to be updated, and the Past Chair volunteered to work on this. UNOS staff suggested adding the CDC's most recent MMWR on household transmission, but CDC staff explained that there was no viral culture positive results and no evidence of infectivity. CDC staff emphasized the need to note that transmissibility is still yet to be determined. HRSA staff suggested adding a sentence that recommends looking at donor history in terms of contacts or a household exposure, and the Chair noted that information is in the uDRAI.

While examining the 'Routes of Transmission' section, the Past Chair noted there has not been a monkeypox transmission associated with blood transfusions, and the Committee should be careful on additions due to risk of creating a larger fear resulting in organ discard. CDC staff explained that Monkeypox affects the MSM community in the US who are not able to donate blood, so that eliminates the risk of blood transmission. CDC staff explained that this indicates that blood transmission is possible and will have to be monitored through the epidemiology. The Past Chair noted how dynamic this information is as the Committee is still learning, so he suggested a short section describing the United States outbreak. The Chair agreed. A member suggested highlighting the differences between SARS-CoV-2 and monkeypox, and the fact that there are no recipients with a confirmed transmission of Monkeypox.

While reviewing the 'Infectivity' section, UNOS staff emphasized the clarification that when Monkeypox DNA was detected in blood at its peak from 6-15 days post-inoculation, it was not determined if the virus was viable. The Chair and Committee members agreed.

UNOS Staff stated the 'Safety of the OPO, Recovery Team, and Transplant Programs' and the 'Screening Considerations' sections have not been completed, and the Chair emphasized a need for a draft of those sections by 8/24/22.

The Past Chair offered to provide information in the initial section with the proportion of HIV infected individuals who have Monkeypox because he anticipates this will be a concern.

While reviewing the 'Living Donor' section, UNOS staff asked about the timeline of 8-week deferred donation for living donors after a confirmed Monkeypox infection. A Committee member stated any timeline given is not grounded in data because we still do not have that information and do not want to harm the donor. The drafting Committee member stated that the 8-week timeframe comes from the resolution of the skin rash. Members agreed that the timeline should likely be a clinical decision by transplant teams and can be determined based on severity of symptoms of the donor and the urgency of the recipient. The Chair explained that the language needs to convey the risk to the recipient as well as stressing the importance of the health and safety of the living donor. The Chair also suggested the addition of recommending living donors avoid risk factors 21 days prior to transplantation to protect the donor and the recipient, while keeping these risk factors broad due to the amount of time it takes to update the Summary of Evidence.

The Chair expressed a need to condense this document and cite sources that are very dynamic particularly when reviewing the 'Available Vaccinations and Testing' section. The Vice Chair stated this section should hyperlink to vaccinations on the CDC website, focus specifically on donation, and reduce the amount of text in this section. The Past Chair suggested mentioning the concern for viremia in a 28-day period with the ACAM2000 vaccine, while noting the difference in risk for organ donation as opposed to tissue and blood donation. The Chair agreed and suggested the Committee poses it as a possible cause of deferral. A member stated the length of the risk of viremia is not known with the ACAM2000 vaccine, so it should ultimately be a clinical decision as well. The Chair suggested the removal of side effect information with vaccines, and UNOS staff stated this would be a good addition to patient resources.

The review of the 'Treatment' section caused Committee members to support condensing the material and moving side effects of treatment to patient resources.

Next steps:

- UNOS staff will work with Committee members to fill in outstanding sections of the Summary of Evidence
- A preliminary read will be conducted by 8/26/22
- The document will be sent out on 8/29/22 to receive edits from Committee members
- All edits must be sent to UNOS Staff before 9/6/22
- The Committee will vote on the final document on 9/6/22

Upcoming Meeting

- September 6, 2022, 3PM EST

Attendance

- **Workgroup Members**
 - Anil Trindade
 - Charles Marboe
 - Cindy Fisher
 - Dong Lee
 - Gerald Berry
 - Helen Te
 - Kelly Dunn
 - Lara Danziger-Isakov
 - Lorenzo Zaffiri
 - Marty Sellers
 - Melissa Greenwald
 - Michelle Kittleson
 - Raymund Razonable
 - R. Patrick Wood
 - Sam Ho
 - Sarah Taimur
 - Stephanie Pouch
 - Timothy Pruett
- **HRSA Representatives**
 - Marilyn Levi
 - Jim Bowman
- **CDC Staff**
 - Rebecca Free
 - Ian Kracalik
 - Sridhar Basavaraju
 - Pallavi Annambhotla
- **FDA Staff**
 - Brychan Clark
 - Scott Brubaker
- **UNOS Staff**
 - Amelia Devereaux
 - Courtney Jett
 - Emily Womble
 - Krissy Laurie
 - Matt Belton
 - Sandy Bartal
 - Susan Tlusty
 - Taylor Livelli