

**INTERIM REPORT OF THE
OPTN/UNOS AD HOC DISEASE TRANSMISSION ADVISORY COMMITTEE**

July 14, 2011

The OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee (DTAC) met via teleconference on Thursday, July 14, 2011, and considered the following items:

1. The Chair welcomed new members and provided a brief outline of how monthly case review calls are facilitated, describing the case review and classification process.
2. The Committee received an overview of the June 28-29, 2011 Board of Directors meeting. The Executive Summary of this meeting was provided to all members. The Committee's two guidance documents and housekeeping revision to HIV screening language for potential deceased donors were approved on the Board's consent agenda without further comment. It was noted that one Board member questioned why the DTAC remains ad hoc and is not a standing committee. It was noted that in order to meet requirements for standing committees as outlined in the bylaws, the DTAC may not be able to maintain the specific expertise it requires for case review (pathology, oncology, infectious disease in addition to transplant physicians surgeons, coordinators, etc).
3. The Committee heard an update of the ongoing efforts to review the proposed Universal Donor Health Questionnaire (UDHQ). A focus group, with the DTAC Chair as a representative, was formed to review all public comment received on the proposed document. This UDHQ is meant to cover blood, tissue and organ donors, and received a tremendous amount of negative public comment feedback. There are concerns that the document not fall within the confines of the FDA, due to the cumbersome process for approval of updates. There is a hope that this form can be maintained in a way that will allow for updates as needed. The main goal is to prevent subjecting donor family members to multiple questionnaires if both tissue and organs are recovered. The form is quite general. Additional questions or recommendations are suggested to appear at the end of the form as desired regionally. Two forms will be maintained- pediatric and adult. Though the DTAC raised concerns about this, but most participants prefer the two separate forms.

The Chair will be participating in bi-monthly focus group meetings to review feedback, and appreciates thoughts or feedback that she can take back to this group for review. All members were strongly encouraged to review and share their thoughts. All updated information will be posted on SharePoint for DTAC review, and emails will be sent out periodically as new updates as received for future meetings.

4. AST, ASTS, NATCO and OPTN/UNOS are co-sponsoring the July 28 Optimal Testing of the Live Donor to Prevent Transmission of Infectious Diseases Consensus Conference in Baltimore, Maryland. Screening of potential live donors will be discussed in detail and two of the co-chairs for the meeting are current DTAC members. As part of this meeting, the community hopes that it will generate discussion that will be helpful to the Living Donor Committee as it develops living donor policy language.
5. The Chair highlighted a number of meetings and publications where DTAC data has been shared or published in order to promote patient safety through education. New members were encouraged to consider their own special interests that may relate to DTAC in order to pursue

opportunities to share information within the transplant community. Ideas may result in individual or group effort projects with the assistance of OPTN staff.

6. The US Public Health Service Guidelines for defining donor at increased risk for blood borne infection transmission (HIV, HBV and HCV) are still not out for public comment in the Federal Register. The last round of modifications led to a request for clarification from the expert review panel. At this time publication date is to be determined, but the DTAC will definitely want to provide feedback during this important public comment period.
7. The agenda item regarding modifications to the Improving Patient Safety reporting portal were held until the August agenda in order to allow appropriate time for case review.
8. The Committee reviewed twelve potential disease transmissions with 45 day follow-up and assigned tentative classifications to each. Four cases on the agenda were not covered due to time constraints, and will be discussed during the August 11, 2011, conference call. Case 46 was also held until the August call due to pending test results.

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