OPTN Ad Hoc Disease Transmission Advisory Committee
Meeting Summary
July 5, 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 07/05/2022 to discuss the following agenda items:

1. 12 Month Covid-19 Lung Donor Lower Respiratory Testing Presentation
2. Covid-19 and West Nile Virus Data Request Presentation
3. Project Overview for Clarification of OPO Requirements for Deceased Organ Donors with Positive HIV Test Results
4. Pathogens of Special Interest Document Update

The following is a summary of the Committee's discussions.

1. 12 Month Covid-19 Lung Donor Lower Respiratory Testing Presentation

On May 27, 2021, policy was implemented that required SARS-CoV-2 lower respiratory testing pre-transplant for all deceased lung donors. The committee examined organ utilization and discard rates in the last year for positive lower respiratory test donors.

In the one year since implementation:

- Since implementation, 99.9% of transplanted lung donors had lower respiratory testing
- 256 donors (1.8%) had a positive lower respiratory test (LRT)
- Lungs were transplanted from two LRT positive donors
- Non-lung organs were transplanted from LRT positive donors
    - Kidney and liver discard rates from LRT positive donors is similar to overall discard rates
    - There is lower heart utilization from LRT positive donors
- Lung utilization by month ranged from 14.3%-18.9%

Summary of discussion:

A committee member emphasized the importance of relaying this information to heart and lung transplant centers to increase utilization of these organs. A committee member asked whether this policy is still imperative with improved treatment and vaccinations for SARS-CoV-2. Another member responded that LRTs are useful to Organ Procurement Organizations (OPOs) and transplant centers when determining whether to utilize organs, but information about the safety of utilization of these organs is essential.

Next steps:

The policy will be assessed again at 18 months post-implementation.

2. Covid-19 and West Nile Virus Data Request Presentation

UNOS staff went over the data requests for Covid-19 and West Nile Virus (WNV) to make sure the committee has a clear understanding.

Covid-19 Organ Utilization/Safety

- The intent of this request is to describe temporal trends in Covid positive organ donation and utilization, as well as demonstrate the safety of these organs and potential for an increase in utilization
- This request will be used to develop a manuscript, and success will be measured by the increase in utilization of Covid NAT positive organs, as well as decrease in variability across the country

West Nile Virus (WNV) Testing Feasibility

- The intent of this request is to determine the feasibility of having WNV NAT test results prior to procurement, determine OPOs accessibility to this testing, and determine the OPOs ability to receive results within a certain timeframe using OPTN data
- The request will be for the count/percent of OPOs with WNV NAT test results for deceased donors in a chosen cohort and the count/percent of OPOs with WNV NAT test results for deceased donors with results reported on or before the day prior to procurement int the cohort

Summary of discussion:

Committee members who are responsible for OPO representation within the Committee stated they do not have any issues with accessibility or timely results regarding WNV testing. The Chair noted the purpose of this request is to make sure we are not disadvantaging any programs or regions with this policy. UNOS staff informed that this request would come from the OPTN Donor Data and Matching System.

A member stated if we are measuring this by Cross Clamp Time it does not necessarily indicate these results were received in a timely manner. The member stated the ideal timepoint is not captured in the OPTN Donor Data and Matching System, and another member suggested examining scheduled OR time. UNOS staff highlighted the data quality concerns with this field. The Chair emphasized the Committee hopes to capture additional information to make sure there are no surprises from OPO feedback in public comment.

A committee member stated the committee is partial to targeted screening with regards to seasonality and geography. The member hopes to create a threshold for incidence that would help determine when testing would be needed. The Chair stated this data would show where the virus is prevalent in reference to region. UNOS staff said travel history and country of origin is not always reported in the OPTN Donor Data and Matching System. The Chair stated this is something the committee will examine with the data and see if recommendations can be made. A member stated time of allocation and time of procurement would be good to pull, and the Chair agreed it would be good to have an overestimate and an underestimate.

3. Project Overview for Clarification of OPO Requirements for Deceased Organ Donors with Positive HIV Test Results

UNOS staff explained that the Committee has been asked to clarify terminology regarding “HIV infected” and “HIV positive,” and determine testing that would indicate a donor has received an HIV positive test, but is not HIV infected.

Summary of discussion:

There was no further discussion by the Committee.

4. Pathogens of Special Interest Document Update

The Chair presented updates to the Pathogens of Special Interest Document that the Committee is required to review annually.

Changes to the Pathogens of Special Interest Document:

- Removed all language related to post-transplant recipient reporting requirements
- Added a brief introduction to explain the use of the document
- Classified diseases into categories, included both common and scientific names for all
- Clarified language around inclusion/exclusion requirements and made consistent
- Added the following pathogens:
    - Blastomyces
    - Monkeypox
    - CVB3
- Modified reporting requirements:
    - All amoebic infections must be reported
    - Exclude histoplasmosis reporting if only identified in respiratory culture
    - Exclude HBV reporting if only surface antibody results

Summary of discussion:

The Chair vocalized concern for the exclusion of reporting for blastomycosis if only identified by respiratory culture or donor serologic result because it leaves no positive testing to be reported. The Vice Chair said respiratory cultures should be included, but serologic results should be excluded. The Chair and the Committee members agreed. A member questioned the exclusion of serologic donor results for Coccidioidomycosis. UNOS staff stated this is in reference to what is reported as a potential transmission to the Committee, and then the Chair stated the exclusion is valid.

Next steps:

The Committee agreed to vote on the document changes in the next meeting.

Upcoming Meeting

- July 25, 2022, 12 PM ET

Attendance

- **Committee Members**
  - Ann E. Woodley
  - Charles Marboe
  - Cindy Fisher
  - Dong Lee
  - Gerald Berry
  - Helen Te
  - Jason D. Goldman
  - Lara Danziger-Isakov
  - Michelle Kittleson
  - R. Patrick Wood
  - Sarah Taimur
  - Stephanie Pouch
- **HRSA Representatives**
  - Marilyn Levi
  - Raelene Skerda
- **CDC Staff**
  - Rebecca Free
  - Pallavi Annambhotla
- **UNOS Staff**
  - Amelia Devereaux
  - Christine Chyu
  - Courtney Jett
  - Krissy Laurie
  - Matt Belton
  - Sandy Bartal
  - Sarah Booker
  - Susan Tlusty
  - Taylor Livelli