

**OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee  
Meeting Summary  
April 14, 2015  
GoTo Teleconference**

**Daniel Kaul, MD, Chair  
Cameron Wolfe, MD, Vice Chair**

*Discussions of the full committee on April 14, 2015 are summarized below and will be reflected in the committee’s next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/> .*

**Committee Projects**

**1. What to do when Infectious Disease Screening Results Affecting Match Runs are Updated**

There is currently no requirement in policy to re-execute a match run if there is a change in the deceased donor’s infectious disease testing results that would impact a candidate’s appearance on a match run. This presents a potential patient safety concern. Currently, four serology results are used to screen potential transplant recipients on or off of an organ match run:

<b>If the deceased donor tests positive for:</b>	<b>Then candidates may choose not to receive organs on the following match runs:</b>
Cytomegalovirus (CMV)	Intestine only
Hepatitis B Core Antibody (HBcAb)	Heart, Intestine, Kidney, Liver, Lung, Pancreas, Heart-Lung, Kidney-Pancreas
Hepatitis C (HCV) Antibody	Heart, Intestine, Kidney, Liver, Lung, Pancreas, Heart-Lung, Kidney-Pancreas
Human T-Lymphotropic Virus (HTLV)	Heart, Intestine, Kidney, Liver, Lung, Pancreas, Heart-Lung, Kidney-Pancreas

When considering this list, it is important to note that the requirement to screen deceased donors for HTLV was eliminated from policy in 2009. Only a small number of OPOs are still completing this test, so maintaining screening for candidates is no longer practical or appropriate. Additionally, the Board approved the addition of candidate screening based upon hepatitis B and hepatitis C nucleic acid test (NAT) results in November 2014. These additions have not been implemented yet, but are anticipated in August 2015.

The Committee had previously reviewed public comment feedback on this proposal during its March 31, 2015 meeting. Staff developed post-public comment language modifications for consideration by the Committee during this call to address several themes. These changes included:

- The creation of a new definition for “primary potential transplant recipient”
- Removal of more specific proposed language related to informing the potential recipient of new positive test results in addition to requirements already in place in *Policy 15.3.A: Deceased Donors with Additional Risk Identified Pre-Transplant*
- Minor clarifications based upon public comment feedback received
- Stylistic edits suggested by UNOS staff for clarity

After completing a line-by-line review of all of the proposed language and discussing these proposed modifications, the Committee voted unanimously to recommend its proposal for consideration by the Board of Directors at the June 1-2, 2015 meeting (12 yes, 0 no, 0 abstentions).

## **Other Significant Items**

### **2. Case Review**

The Committee began its review and classification of potential donor-derived disease transmission events reported in 2015. The Committee reviewed five cases investigated by the CDC and nine staff-led case reviews.

## **Upcoming Meetings**

- May 12, 2015 teleconference
- June 9, 2015 teleconference
- The fourth Thursday of every month is noted as an optional teleconference date for the Committee, as needed
- October 21, 2015 in-person meeting, Chicago, IL