Pathogens of Special Interest

*Changes effective March 23, 2020

- Acute Flaccid Myelitis
  - Enterovirus D68, A71
- Amebic encephalitis
  - e.g. Balamuthia, Naegleria, Acanthamoeba
- Anaplasma or Ehrlichiosis
- Anthrax
- Arboviral Infections
  - e.g. West Nile, La Crosse, St Louis Encephalitis, Powassan, Eastern / Western Equine Encephalitis, California Serogroup Virus Diseases
- Babesiosis / *Babesia microti*
- Brucellosis / *Brucella* species
- Carbapenem-resistant enterobacteriaceae (CRE)*
- Chagas / *Trypanosoma cruzi* (T. cruzi)
- Chikungunya Virus Disease
- Coccidioidomycosis (*Coccidioides* species)/Valley Fever
  - Identified by autopsy, biopsy, or cultures
  - Excludes serology
- Coronavirus (Pandemic strains)*
  - E.g. Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Virus (MERS), SARS-CoV2 (COVID-19)
- Fungi/Mold (if growing from sterile site, e.g. blood culture, excluding Candida species)
- Hantavirus
- Hepatitis A
- Hepatitis B (active only)*
- Hepatitis C (acute, past or present)*
- Histoplasmosis (*Histoplasma capsulatum*) identified by autopsy, biopsy, or cultures
- HIV Infection*
- Influenza (Pandemic strains)
- Influenza-associated pediatric mortality
- Lymphocytic choriomeningitis virus (LCMV)
- Leptospirosis / Leptospira Fever, Crimean-Congo Hemorrhagic Fever
- Listeriosis / Listeria monocytogenes
- Lyme disease / *Borrelia* species
- Malaria / *Plasmodium* species
- Measles / Rubeola
- Microsporidia
  - e.g. Encephalitizoon species
- Mumps
- New World Arenavirus
  - e.g. Guanarito virus, Junin, Machupo, Sabiavirus
- Plague / *Yersinia pestis*
- Poliomyelitis, paralytic
- Poliovirus infection, nonparalytic
- Q fever / *Coxiella burnetii*
- Rabies, animal or human
- Rubella / German Measles
- Smallpox/Variola
- Spotted Fever Rickettsiosis (including but not limited to Rocky Mountain Spotted Fever)
- Strongyloides
- Tuberculosis (TB)
  - Identified through a culture or DNA probe in the organ donor or other evidence suggesting by active TB
- Tularemia / *Francisella tularensis*
- Varicella / Chickenpox
- Viral Hemorrhagic Fevers
  - e.g. Lassa, Ebola, Marburg, Dengue, Yellow
- West Nile Virus Disease
- Zika virus
# HIV, HBV, and HCV Reporting Rules

<table>
<thead>
<tr>
<th>Donor</th>
<th>Recipient Outcome</th>
<th>Action/Adjudication</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Ag/Ab+ or NAT+*</td>
<td>HIV Ag/Ab+ or HIV PCR +</td>
<td>No need to report. Expected.</td>
</tr>
<tr>
<td>HIV Ag/Ab – and HIV NAT -</td>
<td>HIV Ag/Ab+ or HIV PCR + **</td>
<td>Report. Unexpected. ***</td>
</tr>
<tr>
<td>HBsAg + or HBV NAT +</td>
<td>HBsAg+ or HBV DNA +</td>
<td>No need to report. Expected.</td>
</tr>
<tr>
<td>HBsAg-, HBV NAT - and HBcAb -</td>
<td>HBsAg+ or HBV DNA +**</td>
<td>Report. Unexpected. ***</td>
</tr>
<tr>
<td>HBsAg-, HBV NAT - and HBcAb -</td>
<td>HBcAb+ alone</td>
<td>Report. Unexpected.</td>
</tr>
<tr>
<td>HBsAg-, HBV NAT-, HBcAb +</td>
<td>HBsAg+, HBcAb+ or HBV DNA +**</td>
<td>Report ***</td>
</tr>
</tbody>
</table>

* Only used for HIV+ Recipients in the HOPE Variance
** Recipient who was negative before transplant
*** Needs to be reported in an urgent manner
**** While HBV may be expected in a liver recipient who does not receive prophylaxis, it would be a breakdown of the system and should be reported; unexpected for other organs important to ensure that the recipients of other organs are being evaluated

**NOTES:**

1. Previously resolved infectious diseases from this list without potential reactivation do not need reporting.
2. Expected transmissions in which the donor disease is known prior to transplant (e.g. hepatitis B, hepatitis C, and HIV/HOPE Act) do NOT need to be reported.
3. OPTN Policy requires reporting of Pathogens of Special Interest to both the OPTN Improving Patient Safety Portal Potential Disease Transmission Event and the transplant hospital safety contact within 24 hours of receipt.
4. DTAC can request disease reporting of other rare CDC Nationally Notifiable Diseases.