Pathogens of Special Interest

*Changes effective December 1, 2018*

- Acute Flaccid Myelitis
- 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
- Babesiosis / Babesia microti
- Brucellosis / Brucella species
- California Serogroup Virus Diseases
- Chagas / Trypanosoma cruzi (T. cruzi)
- Chikungunya Virus Disease
- Coccidioidomycosis (Coccidioides species) /Valley Fever
  - e.g. Identified by autopsy, biopsy, or cultures.
  - Excludes serology
- Enterovirus D68, A71
- 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)²
- Histoplasmosis (Histoplasma capsulatum) identified by autopsy, biopsy, or cultures
- HIV Infection
- 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
- Middle East Respiratory Virus(MERS)
- Mumps
- New World Arenavirus
  - e.g. Guanarito virus, Junin, Machupo, Sabia virus
- Pandemic Influenza strains
- Plague / Yersinia pestis
- Poliomyelitis, paralytic
- Poliovirus infection, nonparalytic
- Q fever / Coxiella burnetii
- Rabies, animal or human
- Rubella / German Measles
- Severe Acute Respiratory Syndrome (SARS)-Associated Coronavirus Disease
- Smallpox/Variola
- Spotted Fever Rickettsiosis (including but not limited to Rocky Mountain Spotted Fever)
- Strongyloides
- Tuberculosis (TB)
  - e.g. 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

(See Next Page Notes)
NOTES:
1. Previously resolved infectious diseases from this list without potential reactivation do not need reporting.
2. Expected transmissions where the recipient center is aware of the donor disease prior to transplant (e.g. hepatitis B, hepatitis C, and HIV/HOPE Act) do NOT need to be reported.

<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>HBV</td>
<td></td>
<td></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>
<tr>
<td>HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV NAT +</td>
<td>HCV PCR +</td>
<td>No need to report. Expected.</td>
</tr>
<tr>
<td>HCV Ab +, HCV NAT -</td>
<td>HCV Ab+, HCV NAT -</td>
<td>No need to report. Expected antibody transmission but not disease transmission</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

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 NationallyNotifiable Diseases.

Notes Updated 07/17/2019