

**OPTN Ad Hoc Disease Transmission Advisory Committee  
Pediatric Workgroup  
Meeting Summary  
September 14, 2021  
Conference Call**

**Marian Michaels, MD, MPH, Workgroup Chair**

## **Introduction**

The DTAC Pediatric Workgroup met via Citrix GoToMeeting teleconference on 09/14/2021 to discuss the following agenda items:

1. CDC Update
2. Age/Weight Discussion
3. Timing of Testing
4. Statement to Community

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

### **1. CDC Update**

The CDC representatives updated the workgroup that they are working to create a footnote on the PHS guideline in regards to the testing for pediatric candidates, as OPTN policies are required to be consistent with CDC recommendations. The representative mentioned that the CDC was in agreement that there is lower risk to acquiring HIV, HBV, and HCV in pre-adolescent children, but that they did not determine an exact age or weight cut off.

A CDC representative also presented on the updated data on HIV and hepatitis prevalence in children. They stated that the CDC is unable to further partition age groups beyond 0-19, due to the small numbers. They also included data on weight at transplant for a four-year time period. Members expressed concern about relying solely on age due to the incredibly large range of weight distribution across age groups, with some 10 year old candidates weighting as little as 17 pounds, even though there aren't many.

### **2. Age/Weight Discussion**

Members discussed the use of age, weight, or both as the cut off for changing pre-transplant testing requirements. Members discussed age as the risk is significantly lower, and weight where there may be additional risks to patient when drawing extra blood. Members did agree that these patients do need testing at some point during evaluation, but that it is likely not necessary to repeat the testing. The CDC did bring up the concern of hemodialysis and the potential for hepatitis exposure, but that when analyzing the data for the PHS changes that they had found an incredibly small risk of transmission through hemodialysis, and postulated that the risk may also be lower in pediatric patients. One workgroup representative agreed that the risk of transmission through hemodialysis is likely further reduced in pediatric patients.

Members agreed that 10 year old patients and less were an appropriate age cutoff, based on age at time of transplant. Members agreed that 11 years and older is typically the time when a patient is considered an adolescent, and there may be different behavioral risk factors they encounter.

One member brought up a cutoff of 20 kilos for candidate weight, due to 11 ccs of blood being the maximum safe amount to draw prior to surgery. Another member agreed that is a reasonable weight, and that there were only a 3-4 children in the past four years that were over ten and under 20 kilos. Members discussed possibly posing a question in public comment about the inclusion of under 20 kilos as a cutoff in addition to age. Two members mentioned that including both an age and a weight in policy could add confusion. Members requested the number of patients aged 10-14 who are under 20 kilos.

### **3. Timing of Testing**

One member brought up that sometimes pediatric kidney candidates may remain listed in inactive status for multiple years. Other members agreed, but stated that if the candidate is still less than 10 at the time of transplant they would likely still have a low risk of acquiring hepatitis or HIV and don't believe that policy should require re-testing. Another member stated that the policy is the minimum requirements, and if programs were uncomfortable or felt that the child had a potential exposure they are also able to retest based on their clinical judgment.

Members discussed adding a requirement if testing was over 3 months, 6 months, or one year, but ultimately decided that if the candidate was transplanted before the age of 11 transplant hospitals would not be required to repeat testing.

### **Upcoming Meetings**

- TBD

## Attendance

- **Workgroup Members**
  - Evelyn Hsu
  - Kelly Dunn
  - Lara Danziger-Isakov
  - Marian Michaels
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **CDC Staff**
  - Rebecca Free
  - Sridhar Basavaraju
- **UNOS Staff**
  - Abby Fox
  - Anne McPherson
  - Katrina Gauntt
  - Matthew Prentice
  - Nicole Benjamin
  - Rebecca Brookman