Introduction

The OPTN Ad Hoc Disease Transmission Advisory Committee (the Committee) met via Microsoft Teams teleconference on 05/23/2022 to discuss the following agenda items:

1. Monkeypox Statement Review
2. Strongyloides
3. Closing Remarks/Adjourn

The following is a summary of the (Sub)Committee’s discussions.

1. Monkey Pox Statement Review

The committee discussed the brief statement regarding Monkeypox that the committee will present to the community.

Summary of discussion:

The Chair agreed the purpose of the statement is to let the community know the committee is aware and monitoring the situation. The Vice Chair noted the statement should encourage reporting via the Patient Safety Portal for any suspected cases in donors or recipients to keep the statement in the committee’s purview.

2. Strongyloides

The Committee discussed type of testing, timing of testing, education materials to provide to the transplant community, and which deceased donors require testing screening for Strongyloides.

Summary of discussion:

- Type of Testing

The committee discussed if targeted or universal screening should be conducted for Strongyloides. Committee members against a universal approach argued that it would result in too many false positives and cause hesitancy with OPOs since they would all need to be treated, and universal testing would be less cost effective. A committee member also stated that there should be targeted testing with broad and clear criteria listed. Another committee member stated they believe it is more cost effective to do universal testing because of the cost of the amount of time an OPO spends determining the risk factor of each donor, and whether they require testing with a targeted approach. A committee member urged for the consideration of how OPOs will handle the number of false positives they will encounter with a universal approach. The committee member’s thought is that we would need to treat false positive regardless, but that will create hesitancy. A committee member stated requiring universal testing with low rates is overkill, and targeted screening could be easily conducted. A member argued in regard to targeted testing, and individual is needed to monitor and police each donor situation, so they believe
testing should be universal or not occur at all. The member believes in five years’ time targeted testing would turn into universal testing.

The Chair suggested a targeted screening approach could be put in place as a minimum barrier, and OPOs could choose to conduct a universal approach if needed. The Chair proposed a member will work on polishing the type of antibody testing used for criteria in this policy.

- **Timing of Testing**

The committee discussed when the test results for Strongyloides need to be back by and agreed it is helpful that results do not need to be reported before organ recovery.

- **Education materials to provide to the transplant community**

The committee discussed the type of education the community would need based on this policy change. A committee member encouraged policy to be consistent and require OPOs to report a positive Strongyloides test within 24 hours. The committee members agreed to focus education on available testing and epidemiological risk factors for Strongyloides, and the viability of organs from positive donors when treated with ivermectin.

- **Which deceased donors require testing screening for Strongyloides**

The committee discussed the determination of when deceased donors would warrant testing. The Chair will work on the policy criteria that determines which deceased donors will require testing for Strongyloides.

3. **Closing Remarks/Adjourn**

**Next Steps**

- Develop specific criteria for type of testing and who will require testing
- Continue meeting monthly
- Continue review changes of Chagas, WNV, TB
- Focus on one disease at a time to review similar questions for screening, test type, when test results must be available

**Upcoming Meetings**

- June 27, 2022 12pm ET (teleconference)
Attendance

- **Committee Members**
  - Ann E. Woodley
  - Debbie Levine
  - Dong Lee
  - Emily Blumberg
  - Gary Marklin
  - Gerald Berry
  - Helen Te
  - Jason D. Goldman
  - Lara Danziger-Isakov
  - Michelle Kittleson
  - Raymund Razonable
  - Ricardo La Hoz
  - Sam Ho
  - Sarah Taimur

- **HRSA Representatives**
  - Marilyn Levi

- **CDC Staff**
  - Sridhar Basavaraju
  - Rebecca Chancey
  - Ian Kracalik
  - Pallavi Annambhotla
  - Sue Montgomery

- **FDA Staff**
  - Scott Brubaker

- **UNOS Staff**
  - Amelia Devereaux
  - Cole Fox
  - Courtney Jett
  - Sandy Bartal
  - Taylor Livelli