

**OPTN Ad Hoc Disease Transmission Advisory Committee Monkeypox Summary of Evidence Workgroup
Meeting Summary
September 6, 2022
Conference Call**

**Lara Danziger-Isakov, MD, MPH, Chair
Stephanie Pouch, MD, MS, Vice Chair**

Introduction

The Ad Hoc Disease Transmission Advisory Committee Monkeypox Summary of Evidence Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/6/2022 to discuss the following agenda items:

1. Monkeypox Summary of Evidence Final Discussion

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

1. Monkeypox Summary of Evidence Final Discussion

The Committee reviewed the rough draft of the Monkeypox Summary of Evidence. The Past Chair explained that the document has been created and compiled by the Workgroup members. The Chair explained the document was simplified and needs to summarize as succinctly as possible.

Summary of discussion:

The Chair asked the Workgroup members how much detail should be included in the, "Safety of the OPO, Recovery Team and Transplant Programs" section, questioning the information provided on skin lesions and respiratory secretions transmitting to staff and recovery team members. A Workgroup member noted that donors with signs of monkeypox would likely not enter the recovery room. The Past Chair noted sometimes there are abnormal rashes that could be something other than monkeypox and would allow for consideration, and that this information is given to help OPOs and recovery teams make decisions on whether to use a donor, while balancing organ discard and safety. A member said there should be guidance on this because donors may be more regularly utilized in the future and symptoms can lead to several diagnoses. A member stated this information is very helpful and information on vaccination of healthcare workers should be linked in this section as well. Workgroup members agreed. The Chair suggested listing the bullet points in this section as independent bullets on risk factors for transmission, and the workgroup members agreed. A member suggested highlighting PPE that should be worn by healthcare workers if there is a suspicion of monkeypox, and another member suggested adding, "donors with symptoms and the right epidemiological exposures..." A member stated that all personnel should be wearing appropriate PPE, which would avoid all risk. The Past Chair suggested, "Based on current clinical data there may be a risk of transmission of monkeypox from donors with active disease." Workgroup members agreed.

The Chair asked the Workgroup how long living and deceased donation should be deferred at a minimum after suspected monkeypox infection. A Workgroup member stated the level of information unknown is the issue, so the decision should be made on a case-by-case basis. She suggested stating how long viral shedding has been seen and that it is unknown if the virus is viable. A member emphasized stating everything that is still unknown about the virus. The Past Chair stated there is no window to give on deferring donation, but we can state that all lesions must have healed. The Chair

suggested saying, “While active lesions are present or incompletely healed, the risk of transmission to potential recipients may be increased.” Members agreed and added, “DNA has been isolated from different sample types after lesions have healed, but infectivity has not been established.” The Past Chair stated this may equate the presence of active skin lesions to risk of transmission, but Workgroup members stated this is what should be stated since it is the current information available. A member asked about noting the lack of information on tissue tropism and the Chair stated the Workgroup does not need to comment on that because this information is noted earlier in the document.

A member suggested adding information on giving Tpoxx to recipients and noting there is no evidence for or against the use of Tpoxx in this scenario. Workgroup members stated that this is out of the scope of the document and the Committee. A member suggested stating, “If there is concern about a donor derived transmission, consultation with Infectious Disease is recommended.”

The Past Chair recommended including guidance on what to do when a lesion in the genitals is found on a donor. UNOS staff suggested keeping this under testing considerations. The Vice Chair suggested adding, “In a donor with potential monkeypox lesions, consider infectious disease expertise.” A Workgroup member suggested “...infectious disease consultation may be appropriate to guide further evaluation and management.” The Chair agreed.

Next steps:

The Chair concluded the Workgroup would vote to approve the document to send to the OPTN Executive Committee after an email vote by the Workgroup on 9/9/22. UNOS staff stated a patient resource on monkeypox would be sent to the Workgroup for review as well.

Upcoming Meeting

- September 19, 2022, in-person, 8:30AM CST

Attendance

- **Committee Members**
 - Ann E. Woodley
 - Anil Trindade
 - Cindy Fisher
 - Dong Lee
 - Emily Blumberg
 - Helen Te
 - Jason D. Goldman
 - Judith Anesi
 - Kelly Dunn
 - Lara Danziger-Isakov
 - Lorenzo Zaffiri
 - Michelle Kittleson
 - R. Patrick Wood
 - Raymund Razonable
 - Ricardo La Hoz
 - Sam Ho
 - Sarah Taimur
 - Stephanie Pouch
 - Timothy Pruett
- **HRSA Representatives**
 - Marilyn Levi
 - Jim Bowman
- **CDC Staff**
 - Sridhar Basavaraju
 - Pallavi Annambhotla
 - Ian Kracalik
- **FDA Staff**
 - Brychan Clark
- **UNOS Staff**
 - Amelia Devereaux
 - Courtney Jett
 - Krissy Laurie
 - Lee Ann Kantos
 - Sandy Bartal
 - Susan Tlusty
 - Taylor Livelli