

Scandiatransplant

Infectious Diseases Group

Copenhagen, 11 April 2023

Clarion Hotel Copenhagen Airport

Participants:

Susanne Dam Poulsen (SDP), Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);

Gisela Otto (GO), Skåne University Hospital, Sweden, *online*;

Helena Hammarström (HH), Sahlgrenska University Hospital, Gothenburg, Sweden;

Ilkka Helanterä (IH), Helsinki University Hospital, Finland;

Ingvild Nordøy (IN), Oslo University Hospital, Rikshospitalet, Norway;

Magnus Lindh (ML), Sahlgrenska University Hospital, Gothenburg, Sweden;

Morten Hagness (MH), Oslo University Hospital, Rikshospitalet, Norway;

Ola Blennow (OB), Karolinska University Hospital, Stockholm, Sweden;

Søren Jensen-Fangel (SJF), Aarhus University Hospital, Denmark;

Ilse Duus Weinreich (IDW), Scandiatransplant;

Viesturs Zvirbulis (VZ), Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer)

Moises Alberto Suarez Zdunek (MASZ), Copenhagen University Hospital - Rigshospitalet, Denmark (secretary).

Agenda:

1. Survey – update and how should we proceed:

SDP presents results from a survey from Scandiatransplant centres on current donor screening practice that identified some discrepancies between Scandiatransplant donor screening guidelines and current practice as well as between Scandiatransplant and EDQM guidelines:

a) COVID-19: Universal donor screening is required in the Scandiatransplant guidelines, but is only performed on indication in one centre. The ID group will review the section on COVID-19 and add recommendations on other respiratory viruses to the guidelines in the fall prior to the COVID/influenza-season. For the time being, no changes in guidelines were made.

Decision: Universal COVID-19 screening remains in the guidelines, and centres with another clinical practice will be informed.

b) HSV-1/2: Testing is not required in EDQM guidelines, but it is required on all donors in Scandiatransplant guidelines (not necessarily before procurement/transplantation). However, three donor centres only test donors on indication. While acknowledging that recipient serostatus is more informative than donor serostatus, the ID group does not have the mandate to recommend recipient screening, and it is much easier for the workflow to universally test donors than request serology post hoc for potential seronegative recipients.

Decision: Universal HSV-1/2 screening of donors remains in the Scandiatransplant guidelines, and centres with another clinical practice will be informed.

c) Toxoplasmosis: Universal testing is required in Scandiatransplant guidelines (not necessarily before procurement/transplantation), while EDQM does not recommend it for non-cardiac donors. In accordance with EDQM, Aarhus (who also perform the screening for

Odense) only screen donor for heart transplantation. The ID group discusses that it is not always known at the time of collection of screening samples which organs will be procured, and it is much easier for the workflow to universally test donors than request serology post hoc.

Decision: Universal Toxoplasma screening of donors remains in the Scandiatransplant guidelines, and centres with another clinical practice will be informed.

d) HIV and HCV: While EDQM guidelines require anti-HIV *and* HIV NAT, as well as anti-HCV *and* HCV NAT results before procurement of organs from donors with increased risk of HIV and/or HCV infection, Scandiatransplant guidelines do not mention HIV NAT or HCV NAT testing. At present, 4 centres always perform HIV and HCV NATs, although only 1 centre can obtain results outside working hours. The EDQM recommendation is based on minimising the false-negative interval after recent infection. One member argues that due to low expected gain from decreasing the false-negative time window of recently infected people with HIV/HCV, NAT test is not required in Sweden. Other members support alignment with EDQM.

Decision: Scandiatransplant guidelines will be changed to include a recommendation to strongly *consider* HIV NAT and HCV NAT testing of donors at increased risk of HIV and HCV infection, respectively. The centres will be informed.

2. Tuberculosis, new section?

HH presents a recent case of TB transmission through transplantation from a donor at risk of TB. The case led to a discussion of elaborating current Scandiatransplant recommendations that currently include a recommendation on IGRA testing of donors on indication. The ID group discusses the EDQM and American guidelines, both of which have more elaborate sections on TB risk assessment, but the ID group finds them difficult to apply in the current setting at time of procurement. For this reason, the ID group supports clearly defined criteria of which donors are at increased risk, and the criteria may include an age threshold, previously living outside Western Europe, etc.

Decision: HH will send a draft for a revision of the TB guideline to SDP who will circulate it to the ID group.

3. COVID testing of asymptomatic recipients

SJF presents recent evidence of COVID-19 testing of asymptomatic recipients and outcomes. Changes in COVID-19 disease course have changed considerably as variants have emerged, but current guidelines that recommend universal donor testing have not been changed accordingly, and an update is warranted but only after consultations with pulmonologists.

Decision: Current COVID guidelines remain unaltered until fall, but a changed wording will be proposed and circulated in the ID group, revised by pulmonologists and discussed at the next meeting after revision with pulmonologists.

4. Influenza – new section

IH presents an overview of international guidelines that do not recommend routine influenza screening of asymptomatic donors. Influenza testing is not mentioned in current Scandiatransplant guidelines, but influenza is often part of PCR assays together with COVID, and including influenza in guidelines may be of use for clinicians who order the multi-PCR panel. Such influenza section should preferably be a common section with COVID-19.

Decision: IH will ask Bryndís Sigurðardóttir, Reykjavik, to suggest a wording of a new influenza section in the guidelines that will be circulated in the ID group before revision by pulmonologists and final discussion at the September meeting.

5. RSV vaccination

ML discusses the high RSV positivity in transplant recipients with lower respiratory tract infections. Two new RSV vaccines have shown high efficacy in elderly immunocompetent subjects but have not been tested on transplant recipients or younger subjects. The relevance of RSV vaccination of transplant recipients is unknown, and there is limited evidence on clinical outcomes of RSV after SOT. In some centres, RSV is part of PCR assays together with COVID and influenza, and including RSV may be of use for clinicians who order the multi-PCR panel on donors. Such RSV section should preferably be a common section with COVID-19 and influenza.

Decision: ML will suggest a wording of a new RSV section in the guidelines that will be circulated in the ID group before revision by pulmonologists and final discussion at the September meeting.

6. Update about CMV prevention practices around Scandiatransplant/possible research collaboration

OB presented the varying approaches to post-transplantation CMV prevention across Scandiatransplant centres. OB proposes a research collaboration that will assess these approaches, including differences between organs. Choosing optimal outcomes may be particularly important with the varying degree of monitoring of DNAemia after transplantation. OB will provide a draft for discussion of future research collaboration on e-mail.

7. Prophylaxis before pancreas Tx

IN presented different regimes of antifungal and antibacterial prophylaxis around pancreas transplantation and plans a study that will compare outcomes at different time periods. The Nordic Pancreas Transplantation Group meeting next week may be a good forum to pitch the idea for input. IN will provide a draft for discussion of future research collaboration on e-mail.

8. Layout guideline, ID in YASWA



IDW informs that the Scandiatransplant website is currently under major update and proposes that a discussion of guideline layout be postponed. The ID group concurs.

9. Storing of donor serum

Some centres had questioned the need for storage of serum from donors. However, the ID group referred to recent and historical cases where retrospective testing was used to guide clinical decisions. IDW reviewed if centres followed the current instruction that donor serum be stored for at least 10 years after donation. Different interpretations of current instructions were observed across centres. The ID group discussed a proposal to unify the interpretations and agreed that:

Decision: Recipient sera are to be stored by the recipient centres. Donor centres are to store donor serum, even if the donor centres do not use the procured organs themselves. A donor centre is defined as the centre performing the donor screening.

10. Next meeting

Online, 24 September 2024, 16-18.

Link will follow.