



Scandiatransplant

Infectious Diseases Group

Online, 24 September 2024 17.15-19.00

Participants (online):

Susanne Dam Poulsen (SDP), Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);
Bryndís Sigurðardóttir (BS), Landspítali University Hospital, Reykjavík, Iceland;
Claus Ernst Moser (CM), Copenhagen University Hospital - Rigshospitalet, Denmark;
Gisela Otto (GO), Skåne University Hospital, Sweden;
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;
Ola Blennow (OB), Karolinska University Hospital, Stockholm, Sweden;
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. Status on implementation on TB guideline

The Scandiatransplant ID guidelines updated at the last ID group meeting have been presented to the Scandiatransplant Council and approved by the organ and tissue typers groups within Scandiatransplant. They have become effective on 5 September 2024.

2. HTLV, HBV and Mpox

A) HBV: HH points out that in contrast to EDQM, the Scandiatransplant ID guidelines do not mention HBV NAT. Furthermore, HH comments that the HBV sections are unclearly presented and proposes creating a flowchart. Furthermore, there may be discrepancies between Scandiatransplant ID guidelines and the EDQM.

Decision: ML will review the Scandiatransplant and EDQM guidelines for discrepancies and propose a flow chart that will be circulated in the ID group.

B) Mpox: The recent case of mpox (clade Ib) in Sweden has brought attention to the lack of current transplantation guidelines on mpox. The European Centre for Disease Prevention and Control (ECDC) have provided provisional guidelines for who are to be considered persons at increased risk, and the ID group agrees that guidelines corresponding to those from the ECDC should be employed. Areas affected by the mpox outbreak change over time, and a link to a continuously updated incidence map is preferred over a static map.

Decision: HH will circulate a proposal for a phrasing of an mpox section based on ECDC guidelines.

C) HTLV has not been discussed due to lack of time.

Decision: Discussion is postponed until the next meeting.

3. COVID

MZ presents the slides that Søren Jensen-Fangel (SJF) prepared for the meeting, Since the last ID Group meeting, SJF has not found any new literature to provide evidence for changes in guidelines. However, COVID-19 is generally no longer considered a public health emergency, and although screening of all donors before organ procurement is recommended in the Scandiatransplant guidelines, some centres have switched to a strategy of testing only on suspicion. SJF supports that testing for COVID-19 of donors should only be mandated in presence of respiratory symptoms, if such symptoms cannot be precluded, or if other evidence (such as lung CT scans) raise suspicion of an airway infection.

Decision: At present, there is no need to revise the COVID guideline. In case new information emerges, the guideline may be revised on ad hoc basis.

4. RSV

ML has not found any new literature to provide evidence on donor testing for RSV. As discussed at the last meeting, combined respiratory PCR panels often include RSV, and it may be beneficial to include a recommendation on RSV in the guidelines. There is a brief discussion of guidelines on recipient vaccination for RSV, but as this is not part of the ID Group terms of reference, this discussion is postponed to the next meeting and will include sharing experiences with pre-transplantation vaccination across the centres.

Decision: A recommendation to screen donors for RSV on indication only will be included in a revised section for airway viruses (will be circulated together with the influenza proposal, see below).

SDP, IN, OB, and HH have pre-transplantation vaccination clinics for recipients at their respective centres and would like to present their experience at the next meeting.

5. Influenza

BS and IH have provided a review of the Scandiatransplant guidelines, and based on the current evidence, it is suggested that screening of donors should be performed on indication only, as described for COVID. BS presents a phrasing proposal for an influenza section, which is in line with EDQM. While there is agreement that spread through lung or intestinal transplantation may occur in donors with influenza, other transplantations would be allowed with their proposal. There are, however, concerns in allowing transplantation of donors who died of influenza due to the risk of transmission through viraemia. The risk should be weighed against the risk inherent in disqualifying otherwise viable organs.

Decision: BS will circulate the proposed phrasing for an influenza section. RSV can be included in this section using the same recommendations.

6. Update on research collaborations

OB presents a study proposal for liver transplant recipients that compares the different CMV prophylaxis regimens across centres. IN presents a study proposal to compare infectious outcomes following different regimens for post-pancreas transplantation antimicrobial prophylaxis. Both studies would be using data from the Scandiatransplant database and should therefore be presented to the respective Scandiatransplant organ groups.

Decision: OB and IN, respectively, will send an e-mail where each interested party can declare their interest in participation.

7. AOB

None

8. Next meeting

On-site in Copenhagen on 8 April 2025.