

Minutes from the Scandiatransplant ID group meeting

Copenhagen May 11th, 10-15 CET. Hotel Clarion

Present:

- Susanne Dam Poulsen (chair), Ola Blennow, Bryndis Sigurdardottir, Ilkka Helanterä, Claus Moser, Viesturs Zvirbulis (observer), Magnus Lindh (Teams), Gisela Otto (Teams), Helena Hammarström (Teams)

Absent:

Søren Jensen-Fangel, Anne Kallaste, Ingvild Nordøy, Morten Hagness

AGENDA

1: Welcome, presentation and introduction to new members.

Mar Kristjansson (Iceland) has decided to step down, he is replaced by ID specialist Bryndis Sigurdardottir. Also new in the group are ID specialist Søren Jensen-Fangel (Denmark), ID specialist Gisela Otto (Sweden) and ID specialist Viesturs Zvirbulis (Latvia, observer status).

List of all members are included as appendix 1

2: Scandiatransplant ID group - how can we use the group, what are our tasks and options.

The group was presented for "**Article 12, Groups in Scandiatransplant**" a proposal for new description of groups in Scandiatransplant.

- The new suggestion of the description of the infectious disease group was discussed.
- A new name for the group has been suggested, and the new name (the infectious disease group (or the ID group) was accepted.
- In the document, the composition of the group was described "the group consist of specialists in infectious diseases with special interest in organ transplantation, clinical active transplant clinicians, at least one active transplant surgeon and member of the

Scandiatransplant Board”. The definition of the composition of the group was accepted with slight modification, adding “specialists in infectious diseases and / or clinical microbiology” to the definitions of the members.

- The tasks of the group were discussed. Additions was suggested: “The group may also be used to discuss and guide prevention and treatment of infectious diseases in transplant candidates and recipients within Scandiatransplant, and for research collaboration.”
- At least two of the group members are also part of the EDQM guideline group, but none of the members are in touch with ECDC at regular intervals. A small correction was suggested: “The group should in touch with the EDQM, and adhere to the recommendations of ECDC.”

Our suggestions for a revised article 12 is included as appendix 2.

3: Use of Quantiferon in the transplant candidates

- Susanne presented their experience in screening transplant candidates with TB IGRA, 1.7% were positive, and 0.8% received treatment for latent TB.
- Usefulness of screening for latent TB in all transplant candidates , or only risk groups, were discussed. Practices differ within Scandiatransplant.

4: Revision of guidelines

HBV, HCV, HIV: **Ilkka**, Susanne, Magnus, Bryndis

- Need to update to the HIV part was discussed, but no changes were decided.
- Need to update the HBV part was discussed, but no changes were decided.

EBV, CMV, HSV, syphilis, toxoplasmosis: **Susanne**, Anne, Søren

- Small updates were suggested to be added to EBV, CMV, toxoplasmosis, and HSV parts.

Active infections in the donor (including blood stream infections): **Claus**, Ola, Gisela, Morten

- Changes were suggested to be added to the definitions of multiresistant bacteria (carrier vs. infection), and also other small rephrasing were suggested by Claus, and accepted by the group.

Other infections (including tropical): **Helena**, Ingvild, Søren

- A new title was suggested, “Geographically restricted infections”.
- HTLV screening was discussed in donors from areas with high prevalence. It was decided to keep the guidelines as such. More information will be collected from individual centers about the availability and usage of HTLV screening / testing, and the issue will be discussed in the upcoming meeting.
- Deletion of WNV, Q fever, LCMV, Zika, Leishmaniasis. Addition of a more general suggestion to include rare infections, and refer to the EDQM guidelines.
- Suggestion came up to include careful travel history of the donor candidate to the donor evaluation process. This will be aligned with the coordinators
- Small rephrasing was suggested to the wording of the Malaria part.
- Helena will draft a new version with the changes added.

COVID: **Ola**, Ilkka, Helena

- New guidelines were drafted by Ola for accepting COVID positive donors for other organs except lungs (and caveat for intestinal transplants). After discussion, the new suggestion was accepted by the group.
 - o For donors with positive COVID PCR at the time of procurement, and no end-organ failure or thrombosis due to COVID, and COVID is not a contributory cause of death:
 - Transmission of infection is unlikely, and donors should be considered for organ acceptance, except for lungs and intestines

5: Any other topics

Next virtual meeting, teams November 16th, 1pm- 3 pm (CET)

- topics:
 - COVID update (everyone), 15 min
 - HTLV-1/-2 – Helena for the literature, 15 min
 - HEV - Magnus, 15 min
 - Influenza – Bryndis, 15 min
 - Discussion about CMV prevention practices around Scandiatransplant (Ola, Ilkka, Ingvild, Susanne: every country presents their local practice) 1 Hour
 - Possible prospects for future research collaboration

Next on-site meeting, Copenhagen April 11th, 2024 (10am to 3 pm).

- Update of the guidelines
- Possible prospects for future research collaboration
- Other topics on the agenda will be discussed further