

Scandiatransplant

Infectious Diseases Group

8 April 2025 10.00-16.00 (CEST/Copenhagen time)

Clarion Hotel & Congress Copenhagen Airport
and Teams

Participants:

Susanne Dam Poulsen (SDP), Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);
Bryndís Sigurðardóttir (BS), Landspítali University Hospital, Reykjavík, Iceland (online);
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;
Moises Alberto Suarez Zdunek (MASZ), Copenhagen University Hospital - Rigshospitalet, Denmark (secretary).
Morten Hagness (MH), Oslo University Hospital, Rikshospitalet, Norway;
Ola Blennow (OB), Karolinska University Hospital, Stockholm, Sweden;
Søren Jensen-Fangel, Aarhus University Hospital, Aarhus, Denmark (online);
Viesturs Zvirbulis (VZ), Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer, online).

Agenda:

1. Information from the chair

Scandiatransplant covers flight and/or train to group meetings for members but not taxi.
Scandiatransplant office can assist with flight reservations. Other reservations are done by the individual member. Download the form for reimbursement of train/flight (if booked by yourself):
https://www.scandiatransplant.org/resources/Reimbursement_Form_May_2023.xls

2. Guideline revision (3 hours):

a. Influenza/RSV:

The ID group discussed a proposal on recommendations on testing for upper respiratory viruses other than SARS-CoV-2. EDQM guidelines only provide recommendations on influenza, but multiplex panels implemented throughout Scandiatransplant centres often provide additional results that have given rise to doubt as to their clinical significance.

In Oslo, influenza PCR+ patients on ICUs have been screened for influenza viraemia, but viraemia was exceedingly uncommon, and the ID group agreed on a proposal that allows donation of other organs than intestines and lungs from influenza PCR+ donors in accordance with EDQM. Regarding donors with recent history of influenza but negative PCR, IN will review data and send a proposal to be discussed at next ID group meeting.

RSV is not mentioned by EDQM, and evidence is lacking on the optimal testing strategy. Therefore, the ID group does not recommend mandatory RSV testing even with symptoms of viral respiratory infection. However, realising that RSV test results may become available with multiplex PCR testing, a recommendation on the interpretation of a positive result has been provided.

Decision: The ID group supports the new proposed section with minor modifications, which will be circulated in the group before final approval. IN will look into data on

consequences of donation from influenza PCR- donors with recent influenza history to be discussed at next meeting.

b. *Hepatitis B*

The ID group found that the current guidelines should be simplified by providing a flow chart as already done in EDQM. A proposal on a flow chart harmonising the current guidelines with EDQM guidelines was discussed, and the ID group agreed on a proposal that aims to simplify the interpretation of test results. The ID group reaffirmed that HBV DNA testing is not mandatory in donors as all necessary information can be provided by testing HBsAg and anti-HBc in donors, but as HBV DNA results may already be available, and an addition to the proposal will be sent by e-mail.

Decision: The ID group supports the new harmonised proposal with minor modifications, which will be circulated in the group before final approval.

c. *Mpox*: Cf. attachment 3

Mpox is not mentioned in the current guidelines, but ECDC have provided an interim guideline for Mpox in organ donation. The interim guidelines were discussed at the last ID group meeting, and a modified proposal has been discussed. The ID group agreed on the proposal.

Decision: The ID group supports the presented proposal on a new Mpox section in the guidelines.

d. *HTLV*

It was discussed that HTLV testing is not universally implemented and only HTLV-I is of clinical interest. Furthermore, current assays provide a high risk of false-positive results, which need to be weighed against the risk of tropical spastic paraparesis. The group does not find cause to change the current guidelines that are aligned with EDQM, but HH will review which countries should be listed as having a high prevalence of HTLV-1.

Decision: HH will send a proposal for an update of the HTLV section in the guidelines to be approved by e-mail by the ID group.

e. *TB*:

The new recommendations on IGRA testing of donors with risk factors for TB implemented last year have given rise to many questions in certain centres, as IGRA tests in donors have a high rate of inconclusive results. Other centres have not experienced an increased number of questions. The ID group discusses the limited evidence for specific criteria for testing, and there is consensus that age >70, previous treatment for TB, and alcoholism should be removed as indications for IGRA testing of donors due to low specificity.

Decision: HH will send a proposal for an update of the TB section in the guidelines to be approved by e-mail by the ID group.

3. Break and lunch

4. Vaccination prior to transplantation

The vaccination of recipients prior to transplantation vary across the centres. Copenhagen, Stockholm, Gothenburg, and Helsinki all invite organ transplant candidates for pre-transplantation vaccinations using a similar approach. Oslo sends recommendations to local physicians and review vaccinations when patients are admitted to hospital, but the overall

responsibility lies with the local physicians and not the transplantation centre. The group suggests a questionnaire specifically asking what is done across the centres and the strategies if patients do not accept the vaccines.

Decision: SDP will draft a questionnaire to be sent to the centres regarding vaccine strategies to be discussed at next ID group meeting.

5. Fever and CRP elevations of unconfirmed infectious aetiology

Discussion of different treatment strategies of donors with fever and/or CRP elevations across Scandiatransplant centres. CRP can be elevated due to post-mortem changes rather than infections, and there is no consensus on how to deal with the CRP elevations. Some centres routinely administer meropenem to all donors, while other centres do not. The ID group suggests a revision of the literature and a survey to gather information on the current procedures across the centres.

Decision: The topic will be discussed at the next ID group meeting. MH will present.

6. Research collaborations

The CMV project discussed last year did not receive funding from Scandiatransplant. It was discussed how to proceed with the project – OB will be in contact with the participating centres.

A project regarding antifungal prophylaxis in pancreas recipients was presented by IN and discussed. For the project to proceed, approval from the pancreas group will be sought.

7. AOB

8. Next meeting

Tuesday 21 October 2025 15-17 p.m. CEST online.

Topics to be discussed:

- History of influenza in PCR-negative donors
- CRP elevations in donors
- Emerging infections
- Update on research collaborations