

## Scandiatransplant

### Infectious Diseases Group (SIDG)

21 October 2025 **16.00-18.00** (CEST/Copenhagen time)

Microsoft Teams

### Participants:

**Susanne Dam Poulsen (SDP)**, Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);  
**Anne Kallaste**, Tartu University Hospital, Tartu, Estonia  
**Bryndís Sigurðardóttir (BS)**, Landspítali University Hospital, Reykjavík, Iceland;  
**Helena Hammarström (HH)**, Sahlgrenska University Hospital, Gothenburg, Sweden;  
**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;  
**Ieva Voita (IV)**, Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer).

### Minutes:

#### 1. Comments on guideline revisions from organ groups (SDP)

The SIDG have forwarded proposed revisions of the ID guideline in Spring 2025 to the organ groups for comments (Attachment 2 to the agenda).

- **RSV.** After comparing with the EDQM guidelines, a new clarifying sentence was added to clarify why RSV is mentioned despite not being a mandatory test. The SIDG also discussed that the criterion stating that 10 days should pass before donation from RSV PCR+ donors should be counted from symptom onset rather than diagnosis. This has also been amended.
  - **Decision:** Additions to the guideline draft based on the comments will be circulated within SIDG prior to adaptation.
- **COVID:** The SIDG discussed whether SARS-CoV-2 PCR is a major determinant in assessing suitability of organ for donation in accordance with the EU regulation on in vitro diagnostic medical devices (IVDR). As Scandiatransplant guidelines recommend that a positive SARS-CoV-2 preclude donation of lungs, the SIDG interpret this test as a major determinant according to the current SIDG guidelines. However, the SIDG remark a change in the EDQM guidelines allowing more SARS-CoV-2 PCR+ organs to be donated based on cycle threshold values.
  - **Decision:** COVID-19 guidelines will be reviewed at the Spring meeting (ML and AK will present).
- **HBV:** The HBV section revision was aimed at improving readability and simplicity, and SIDG received comments that the proposed changes in the HBV sections are an improvement. However, comments still indicated that the nomenclature is difficult to follow.
  - **Decision:** HBV sections will be reviewed again by Ilkka Helanterä (IH) and HH with a specific focus on the ease of understanding prior to final adaptation. IH and HH will circulate them with the SIDG as soon as possible.
- **HDV:** The SIDG group received a comment that no centres in Denmark are able to perform urgent HDV analyses and indicated that due to the low test rate (only indicated in HBsAg+

donors), they would be difficult to establish. This led to an internal questionnaire within Scandiatransplant centres that indicated that only 1 centre can perform either anti-HDV or HDV NAT as an urgent analysis, with the time before result in the rest of the centres ranging from 2-21 days. Current Scandiatransplant guidelines indicate that if organs from HBsAg+ are considered, HDV must be either excluded by anti-HDV or HDV NAT or be “very unlikely”. No HBsAg+ organs were accepted in Scandiatransplant since at least 2023, and for the Spring meeting, the group will try to obtain information whether any HBsAg+ donors were excluded from donation because of a lack of HDV testing capacity. Donors can still be accepted if HDV is assessed as “very unlikely”, but the SIDG group agree that “very unlikely” must be explained: one instance is a documented negative HDV test in the patient records, and another could be a geographical criterion.

- **Decision:** Changes to the HDV guideline will be reviewed at the Spring meeting. ML will propose a geographical criterion on HDV being “very unlikely” at the next meeting.
- **Tuberculosis:** An incoming comment asked for specifying what defines “Eastern Europe”. The group considered either adding a map or specifying the relevant countries.
  - **Decision:** HH will specify and circulate within the SIDG.

## 2. Vaccination strategies across transplantation centres (SDP)

A survey was circulated in the Scandiatransplant centres to describe the vaccination strategies across Scandiatransplant centres. This has shown a heterogeneous approach (Appendix 1).

SIDG members noted a discrepancy in the responses and clinical practice, potentially due to responses from transplant coordinators. Furthermore, responses are lacking from one centre and for two organ groups from another centre.

SDP proposes submitting the questionnaire for publication. This will require validation of the answers: MASZ will resend link to relevant SIDG members for review.

## 3. CRP elevations in donors (MH)

Postponed to spring meeting.

## 4. Emerging infections

None discussed.

## 5. Update on research collaborations

Brief update from OB on CMV collaboration, OB is in touch with the SIDG regarding data platforms.

## 6. AOB

None discussed.

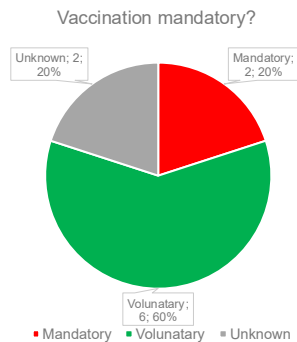
## 7. Next meeting

Next meeting will be in Copenhagen on 12th March 2026.

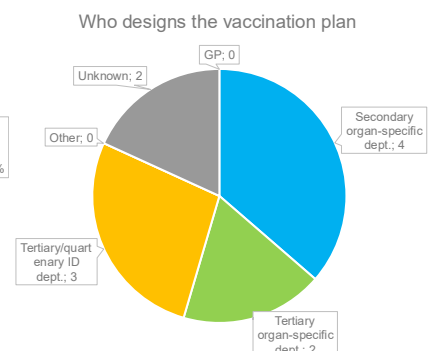
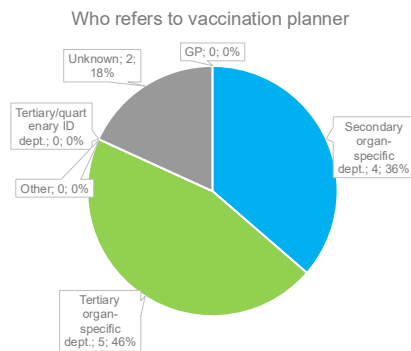
IN will present data on influenza, MH will present a topic about on CRP elevations in donors, and SIDG composition will be discussed to secure representation of all Scandiatransplant centres.

## APPENDIX 1: VACCINATION QUESTIONNAIRE

### Vaccination planning



Mandatory in Malmø/Lund and Stockholm

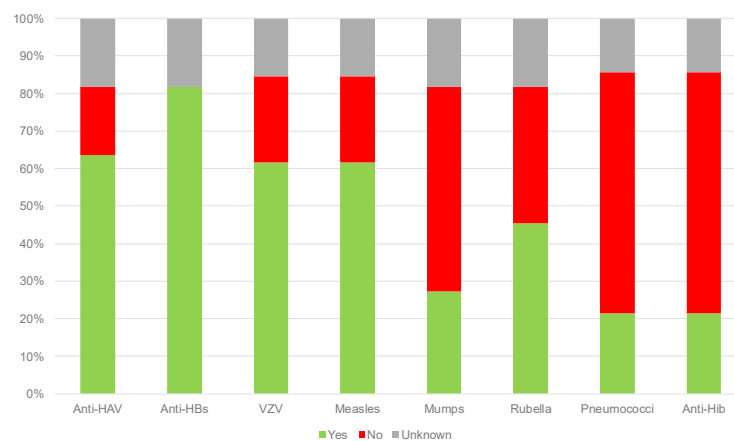


Only a minority of ID units are the responsible departments for the vaccination schedule design.

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### Serology routinely used to plan the vaccination schedule



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## Serologic monitoring of effect

Centres that offer vaccination to all/nearly all against the following diseases, the following number monitors the serologic effect:

- **Diphtheria-tetanus:** 0/8
- **PCV13:** 0/2
- **PCV20:** 0/6
- **PPSV23:** 0/6
- **MMR:** 4/7 (57%)
- **HAV:** 1/7 (14%)
  - Gothenburg, explaining: "Anti HAV IgG titer test pre transplant. For heart and lung recipient also test of anti HAV IgG at time for transplantation"
- **HBV:** 5/9 (56%)
- **Live VZV:** 3/5 (58%)
- **COVID:** 1/9 (11%)
  - Uppsala - responds "IgG" to "Please describe how, which test, when, by whom etc."
- **Meningococcus:** 0%

Which of the following vaccines are offered routinely TO ALL  
OR VIRTUALLY ALL organ transplant candidates at your centre?

|                    | Heart<br>(N=4) | Lung<br>(N=3) | Liver<br>(N=5) | Kidney<br>(N=9) |
|--------------------|----------------|---------------|----------------|-----------------|
| Tetanus-diphtheria | 1.00           | 0.67          | 0.80           | 0.78            |
| PCV13              | 0.50           | 0.33          | 0.20           | 0.22            |
| PCV20              | 0.75           | 0.67          | 0.80           | 0.67            |
| PPSV23             | 0.75           | 0.67          | 0.40           | 0.67            |
| MMR                | 0.75           | 0.67          | 0.60           | 0.78            |
| HAV                | 0.50           | 0.33          | 0.80           | 0.44            |
| HBV                | 0.75           | 0.67          | 0.80           | 0.89            |
| HPV                | 0.25           | 0.33          | 0.20           | 0.22            |
| Varicella          | 0.75           | 0.33          | 0.40           | 0.56            |
| Shingrix           | 1.00           | 1.00          | 0.60           | 0.56            |
| RSV                | 0.00           | 0.00          | 0.00           | 0.00            |
| Influenza          | 1.00           | 1.00          | 1.00           | 1.00            |
| COVID              | 1.00           | 1.00          | 1.00           | 1.00            |
| Meningococci       | 0.25           | 0.67          | 0.20           | 0.33            |

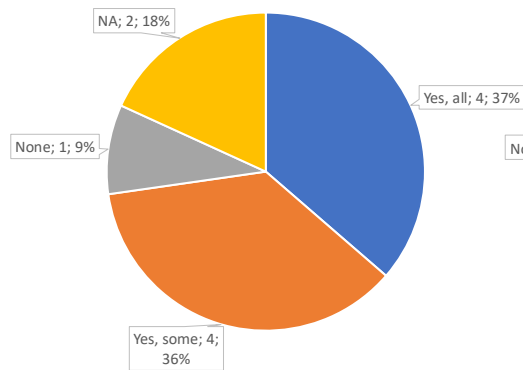
...and including selected transplant candidates

|                    | Heart<br>(N=4) | Lung<br>(N=3) | Liver<br>(N=5) | Kidney<br>(N=9) |
|--------------------|----------------|---------------|----------------|-----------------|
| Tetanus-diphtheria | 0.75           | 1.00          | 1.00           | 1.00            |
| PCV13              | 0.50           | 0.33          | 0.20           | 0.22            |
| PCV20              | 0.75           | 0.67          | 0.80           | 0.67            |
| PPSV23             | 0.75           | 0.67          | 0.40           | 0.67            |
| MMR                | 1.00           | 1.00          | 1.00           | 1.00            |
| HAV                | 1.00           | 0.67          | 1.00           | 0.89            |
| HBV                | 1.00           | 1.00          | 1.00           | 1.00            |
| HPV                | 0.50           | 0.67          | 0.80           | 0.89            |
| Varicella          | 1.00           | 0.67          | 0.80           | 0.78            |
| Shingrix           | 1.00           | 1.00          | 0.60           | 0.78            |
| RSV                | 0.00           | 0.00          | 0.00           | 0.33            |
| Influenza          | 1.00           | 1.00          | 1.00           | 1.00            |
| COVID              | 1.00           | 1.00          | 1.00           | 1.00            |
| Meningococci       | 0.50           | 1.00          | 0.60           | 0.78            |

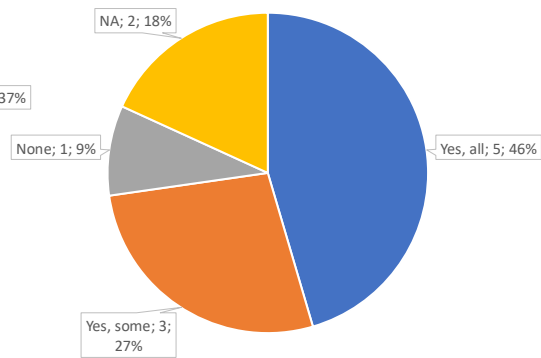
% of centres responding with affirmative answer

## Patient costs

Vaccination (solution) free of charge?



Vaccine administration free of charge?



Helsinki respond "none" to free administration, while Reykjavik respond 15-20% payment for vaccines.