Scandiatransplant

Infectious Diseases Group (SIDG)

12 March 2026, 10:00-16:00 CET

Copenhagen

Participants

Susanne Dam Poulsen (SDP), Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);
Anne Kallaste, Tartu University Hospital, Tartu, Estonia;
Helena Hammarström (HH), Sahlgrenska University Hospital, Gothenburg, Sweden;
Ilkka Helanterä (IH), Helsinki University Hospital, Finland;
Ilse Duus Weinreich (IDW), Scandiatransplant;
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);
Ola Blennow (OB), Karolinska University Hospital, Stockholm, Sweden;
Søren Jensen-Fangel, Aarhus University Hospital, Aarhus, Denmark;
Thomas Helbo, Copenhagen University Hospital - Rigshospitalet, Denmark (incoming secretary);
Viesturs Zvirbulis (VZ), Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer).

Excuses

Morten Hagness, Oslo; **Bryndís Sigurðardóttir**, Reykjavik; **Claus Moser**, Copenhagen.

Minutes

1. Guideline revisions

a. Hepatitis B (HBV)

SIDG reviewed the HBV section to ensure clarity and alignment with the Guide to the quality and safety of organs for transplantation (EDQM). The group agreed to include HBV NAT in the screening recommendations to match EDQM guidance, existing practice for HIV and HCV, and to improve detection of acute HBV infection prior to seroconversion.

A flow chart on HBV testing was proposed by SIDG in 2025, but based on organ group feedback, publication on the Scandiatransplant homepage was postponed to allow for additional work on increased clarity. A revised figure for interpreting HBsAg and anti-HBc results was presented, including indications for HBIG. The group agreed to retain dose suggestions but not make firm recommendations due to limited evidence. While it is not in the terms of reference of SIDG to make recommendations on long-term antiviral prophy-

laxis after transplantation, knowledge on expected duration may and should influence organ acceptance, for which reason a very general mention of whether antiviral drugs are expected to be temporary or life-long will be included.

Differences between SIDG and EDQM recommendations were reviewed. SIDG provides a slight distinction between liver and non-liver organs from HBsAg-positive donors, mainly because the expected prophylactic treatment of recipients differ and may therefore affect the decision to accept organs. Furthermore, SIDG upholds that HBV DNA positivity with negative HBsAg should not be treated as active HBV infection as it is the definition of occult HBV infection. The group agreed that the current text is user-friendly and appropriately aligned with EDQM, but hepatitis D (HDV) should be added to the flow chart.

Action points

- HH will revise the HBV figure to incorporate HDV serology and send to MASZ who will circulate the proposal

b. Hepatitis D

Based on feedback that the previous guidelines which stated that HDV infection in donors should be ruled out or be "very unlikely" were unclear, the guidelines on HDV were reviewed.

HDV prevalence in HBsAg-positive donors (~4–5%) was discussed.
As HDV co-infection has serious implications after transplantation, especially for liver recipients, SIDG discussed if donor HDV results should be available before using HBsAg positive liver grafts and decided that previous HDV tests taken prior to the acute transplantation setting and available from patient records are also acceptable as a documentation of HDV-negativity if urgent testing is not available. Furthermore, in the discussion on the use of HBsAg pos. donors without available HDV results, it was stressed that the HDV prevalence in Scandiatransplant centres is exceedingly low.

While EDQM only requires donor HDV testing, SIDG additionally recommends recipient testing in accordance with other guidelines, e.g., from the British Transplantation Society (strong recommendation, evidence graded as low quality).

It was agreed to incorporate the HDV proposal to the HBV flowchart instead of adding a new section.

Action points

- HH will revise the HBV figure to incorporate HDV serology and send to MASZ who will circulate the proposal

c. Respiratory viruses

Influenza

SIDG reviewed the evidence regarding influenza viraemia. For influenza A/B–positive donors, viraemia is considered unlikely, although available data—particularly for seasonal influenza—remain very limited. Small case series suggest that recipients may have favourable outcomes even when donors are viraemic, but the evidence base is weak.
SIDG agreed that the guidelines should remain unchanged, although the very low evidence level should be specified by adding that that data are limited.

Action points
- MASZ will circulate the revised version to the SIDG members.

COVID-19
SIDG revisited the COVID19 donor guidance to align with updated international recommendations. EDQM has added a possibility of using COVID-19 positive organs with high Ct values, but following discussion, SIDG cannot support rigid cutoffs as they are not academically robust due to variations in sample dilution in BAL specimens. The group accepted less strict guidelines on the use of SARS-CoV-2 positive lungs provided a chest CT without COVID typical findings, and clinical assessment supporting that the infection is historic rather than acute. In this context, Ct values can be incorporated in a general assessment by an infectious diseases specialist.

For intestinal transplantation, existing wording recommending case-by-case assessment will be maintained, as there is no reliable evidence to inform a general recommendation.

Action points
- MASZ will circulate the revised version to the SIDG members.

d. Emerging infections and updates
The group reviewed relevant emerging infections. No new pathogens or epidemiological changes were identified that required immediate inclusion in the guidelines.
SIDG agreed to update the malaria incidence map to reflect the most recent WHO country data. The strongyloidiasis map will remain unchanged, as no new global estimates are available.

Actions points
- HH will send country incidences, and MASZ will update the malaria map and harmonise the Strongyloides map to match the layout of the remaining maps.

e. Responsibility for obtaining donor history
SIDG discussed responsibilities for collecting donor history, including travel, residence, and country-of-origin information. Current practice across Scandiatransplant centres is that transplant coordinators—not surgeons—collect this information. To harmonise practice, three structured questions will be added to YASWA:

1) Recent travel history (defined as travel in a country outside of Scandiatransplant during the last 6 months). If yes, specify.
2) Residence / long-term stay (defined >3 months) in a country outside of Scandiatransplant. If yes, specify.
3) Country of origin different from citizenship? If yes, specify.

The coordinators also pointed out that the 2025 guidelines implemented a list of risk factors for HIV/HCV/HBV which are operationally difficult to obtain from donor next of kin.

Action points
- IDW will work with the Scandiatransplant programmers to incorporate the new questions into YASWA.
- SIDG will discuss HIV/HBV/HCV risk factors in Autumn meeting

2. Break and lunch

3. CRP elevations in donor

Not discussed as MH was not present.

4. Group composition

SIDG reviewed current group composition and concluded that representation from ID specialists and microbiologists specialising in virology and fungal infections is strong. The group was informed that Claus Moser (Copenhagen) steps down, and Skåne has not appointed a replacement for Gisela Otto, leaving two vacancies. While no longer member of the board, the board confirmed MH as its representative. Currently, Skåne, Uppsala, and Odense lack representation and should be prioritised in future recruitment. Furthermore, a microbiologist with expertise in bacterial infections in organ transplant recipients is needed. All members of the SIDG were encouraged to suggest new members.

Action points
- Recruitment of two members will be attempted. Members are invited to send proposals to SDP.

5. Research collaborations

a. Pancreas study

The pancreas study remains pending ethical approval. The group anticipates commencement in Autumn 2026. SIDG expects YASWA to be the primary platform for data collection, mirroring the planned CMV study structure. SOPs and variable definitions must be finalised.

Action points
- IN will prepare SOP including variable definitions and draft the manuscript
- IH will provide statistical support

b. CMV study

SIDG reviewed the status of the CMV study. The CRF is finalised and includes only D+/R– transplants.

Denmark requires an additional year of data and approval for data sharing. Sweden already has ethical approval with patient opt-out. Norway remains pending approval, and Finland awaits legislative changes expected in May 2026 to allow international data sharing.

All centres can obtain access to REDCap (either through local access or as external users), but variable definitions need harmonisation, and Copenhagen may require partial recollection to align with final definitions. Adding study-specific fields to YASWA – which all centres have access to – was discussed. Centres may each add an additional person for data collection as needed.

Action points

- OB to send the Excel template and SOP.
- MASZ to distribute the Copenhagen SOP for inspiration.
- IDW to investigate / coordinate YASWA implementation.
- OB will draft the manuscript. IH will assist with statistics.

6. Any other business

a. Case discussion

A case of donor-derived *Bartonella* infection following kidney transplantation was presented for group review.

7. Next meeting

Revised guidelines will be presented at the Scandiatransplant Council meeting which is held in connection with STS in Tartu in early May. SIDG aims to finalise guideline updates before the end of April 2026.

The next SIDG meeting will be on 1 October 2026 (online).

Proposed agenda will include:

- HIV/HBV/HCV risk factors based on clinical history
- Any new influenza/COVID guideline updates
- CMV & pancreas study updates
- Possible case presentations
- Brainstorming of new group research ideas