

Scandiatransplant

Infectious Diseases Group (SIDG)

1 October 2026, 16.00-18.00 (CEST/Copenhagen time), Microsoft Teams

Participants:

Susanne Dam Poulsen (SDP), Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);

Bryndís Sigurðardóttir (BS), Landspítali University Hospital, Reykjavík, Iceland;

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;

Kristian Schønning (KS), Copenhagen University Hospital – Rigshospitalet, Denmark;

Lene Ugilt Pagter Ludvigsen (LL), Odense University Hospital, Odense, Denmark;

Magnus Lindh (ML), Sahlgrenska University Hospital, Gothenburg, Sweden;

Moises Alberto Suarez Zdunek (MASZ), Copenhagen University Hospital - Rigshospitalet, Denmark
(previous secretary);

Morten Hagness (MH), Oslo University Hospital, Rikshospitalet, Norway;

Ola Blennow (OB), Karolinska University Hospital, Stockholm, Sweden;

Thomas Helbo (TH), Copenhagen University Hospital - Rigshospitalet, Denmark (secretary);

Viesturs Zvirbulis (VZ), Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer).

Excuses:

Anne Kallaste (AK), Tartu; **Søren Jensen-Fangel (SJ-F)**, Aarhus.

Minutes:

1. New SIDG members

The Chair welcomed two new members to the group:

- Kristian Schønning (Rigshospitalet, Copenhagen), clinical microbiologist.
- Lene Ugilt Pagter Ludvigsen (Odense University Hospital), specialist in infectious diseases and representative from OUH.

2. Research collaborations

a. Nordic study on antifungal prophylaxis in pancreas transplant recipients

IN provided an update on the multicentre retrospective study of antifungal prophylaxis in pancreas transplant recipients.

All participating centres have now obtained the necessary ethical approvals. Data-sharing procedures are being established, and the group discussed practical solutions for data collection and storage. Finland is currently evaluating how recent legislative changes may affect data sharing between centres.

SIDG agreed that the study is ready to move forward and that work should begin as soon as practical arrangements are in place.

Action points

- IN will circulate the latest study protocol and variable list to all centres.
- IN will prepare data transfer agreements.
- IH will submit the necessary application to the Finnish authorities regarding data sharing.

b. CMV prophylaxis study

OB presented the status of the CMV prophylaxis study.

The group discussed the feasibility of collecting sufficiently detailed data across multiple centres, including information on CMV disease, immunosuppression, rejection episodes and antiviral treatment. Several centres reported that retrieval of highly granular data might be challenging.

SIDG agreed that the project remains relevant and should proceed, but that the aims and variable list should be reviewed to ensure that data collection remains feasible across participating centres while preserving clinically meaningful outcomes.

Action points

- OB will review the study aims and prepare a revised CRF/data collection template with a reduced and prioritised variable set.

The revised proposal will be circulated to the group for comments.

3. Guideline revision

a. HBV/HDV section and flowchart based on comments on the circulated 2026 revision

ML presented the revised HBV/HDV section and flowchart following reviewer comments.

Several comments from the review process had already been incorporated. The most important change was removal of the previous possibility of discontinuing antiviral prophylaxis in selected recipients receiving livers from HBsAg-positive donors. SIDG agreed that current evidence does not support such a recommendation and that antiviral prophylaxis should remain recommended without a specified stopping point.

In addition, the flowchart was revised to restrict the use of non-liver organs from donors with active HBV infection and unknown HDV status. SIDG agreed that these organs should only be considered for HBsAg-negative recipients.

SIDG reviewed the updated flowchart and agreed with the proposed revisions.

Action points

- MASZ will incorporate the approved revisions in the final guideline document and prepare the final clean version for submission.

b. Geographically restricted infections

SIDG reviewed comments relating to geographically restricted infections, particularly *Strongyloides* screening. As comments regarding geographical terminology and the malaria section had already been addressed prior to the meeting, the discussion focused primarily on *Strongyloides* screening and future revisions of this section.

A concern had been raised regarding the estimated *Strongyloides* prevalence in Latvia. The group noted that the current prevalence estimates are based on modelled estimates and may not fully reflect local epidemiology. The section also generated comments regarding practical implementation and interpretation of the current maps.

SIDG agreed that the geographically restricted infections section would benefit from a broader review prior to the next major revision. This review should include evaluation of the evidence base, practical implementation, and consistency with the *European Guide to the quality and safety of organs for transplantation* (EDQM).

A working group will be formed to review geographically restricted infections ahead of the Spring 2027 revision.

Action points

- HH will lead the review of geographically restricted infections. SDP will participate in the working group.

c. HIV/HBV/HCV risk factors and travel history

SIDG revisited the comments previously received from transplant coordinators concerning donor risk-factor assessment.

The group acknowledged that complete information regarding behavioural risk factors and travel history may not always be obtainable during donor evaluation. Nevertheless, SIDG agreed that these risk factors remain important components of donor assessment and should remain in the guideline.

The group noted that donor risk assessment must continue to be based on all available information and that absence of information should be interpreted within the overall clinical context.

SIDG therefore agreed that no guideline revisions are required at the present time.

Action points

- MH will attend the upcoming transplant coordinator meeting (11 November 2026) if possible and report back to SIDG should additional concerns arise.
- IDW will facilitate dialogue with the transplant coordinators if needed.

4. Influenza

The planned influenza update was postponed.

SIDG agreed to revisit the topic at the Spring 2027 meeting if new data or updates become available.

5. Any other business

a. Acute availability of COVID-19 test results

Feedback had been received regarding the practical availability of acute SARS-CoV-2 PCR testing at AUH, particularly outside normal working hours.

Participants from other Danish centres reported that rapid testing was generally available locally. SIDG agreed that the issue should be investigated further.

Action points

- IDW will follow up with the Aarhus transplant coordinators regarding the reported testing limitations. If possible, SJ-F should be included in this discussion.

b. Upcoming EDQM revision

SIDG noted that a revised EDQM organ guide is currently undergoing final review and may contain important changes.

Action points

- IH will inform the group if the forthcoming EDQM revision results in major changes to current recommendations. If major changes occur, an extraordinary SIDG meeting may be convened.

6. Finalisation of guideline revision

SIDG approved all remaining revisions.

Action points

- MASZ will prepare the final clean version of the guideline and forward it to IDW.

7. Next meeting

SIDG agreed that the Spring 2027 meeting will take place:

8 April 2027, in Copenhagen. IDW will assist with booking of venue.

Planned agenda items will include:

- Geographically restricted infections
- COVID-19 and influenza guideline reviews
- Pancreas and CMV study updates

An agenda will be circulated approximately two months prior to the meeting.