

FOR INTERNAL NHSBT ORGAN AND TISSUE DONATION AND TRANSPLANTATION OPERATIONAL USE

Interim guidance for referrals of potential deceased organ donors as regards to risks of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Version 4.0

Date: 11th March 2020

Scope

This is a brief communication to summarise essential practical information required by staff when considering referrals and characterising potential deceased organ donors. It should be read in conjunction with specific notes issued to SNODs by ODT.

This is an emerging, rapidly evolving situation and updated information relevant to the safety of organs will be circulated to ODT staff as they become available.

Information on areas affected, national and international outbreak figures as well as scientific and clinical data are not shown here. For official and up to date information, please access the UK government site: <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

Donor characterisation and organ safety

- In keeping with previous guidance on emergent infection risks, possible scenarios are listed in table 1.
- Case ascertainment: cases are assessed on the basis of clinical and epidemiological criteria and there is a tight case definition. As the situation evolves, the case definition criteria can change.
- There are specific NHS care pathways for scenarios described in table 1 (next page), but as the number of COVID-19 cases increase in the UK and elsewhere, care should be taken as patients in each category may not have been appropriately identified:
 - Not all cases of proven COVID-19 are being cared for in high consequence infectious disease (HCIDs) centres; many are being cared for under respiratory isolation in hospital ITUs, according to clinical needs.
 - Suspect cases undergoing investigations and requiring hospital admission will be placed in respiratory isolation whenever possible, but this may not always be the case
 - Self-isolation and notification is being applied to symptomatic or asymptomatic individuals according to evolving criteria. Information can be found here: <https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>
- As part of the donor characterisation process, detailed history should identify information relevant to the current COVID-19 situation. Questions in the Medical and Social History Form (MaSH):
 - Questions 21 and 23: Should identify any current/recent infection

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- Question 22: Contact with anybody with an infectious disease (e.g. in case of contact with a proven case of COVID-19 disease in the absence of travel)
- Questions 27 and 28: Travel in the last 28 days (GDRI is being updated regularly, enter any country of travel in the tool for country-based assessment)
- If the answers to these standard questions reveal anything of concern,
 - Check against the table below
 - Inform ITU consultant and team manager promptly

Table 1: Theoretical presenting scenarios of potential donors and suitability for organ donation at the current time (to be reviewed in light of new evidence)

Scenario	Suitability for deceased organ donation	Note
1. Asymptomatic individuals who have been in a COVID-19-affected area* in the last 28 days, with no known contact with proven cases <small>*affected areas are indicated in the JPAC GDRI</small>	Excluded	Where the need arises, a full risk assessment must be made, with expert clinical virology/infectious diseases input. There is currently no data to inform risk of viraemia and risk of infection outside the respiratory tract. Nucleic Acid based testing is available in some laboratories but currently there is no routine screening of asymptomatic donors.
2. Asymptomatic individual being monitored following contact with a proven case of COVID-19	Excluded	A period of 28 days must be observed from the last day of contact with the case
3. Individuals being investigated for COVID-19	Excluded unless tested and shown to be negative. Discuss	All patients admitted to hospital with ILI, ARDS or pneumonia are being tested for SARS-CoV2 and a negative PCR result in a respiratory sample allows consideration for organ donation
4. Individuals infected with SARS-Cov-2	Excluded	
5. Individuals who recovered from COVID-19	Can be carefully assessed for donation, provided a minimum of 28 days from full recovery of symptoms. Discuss	No data currently exists to provide an evidence-based decision. 28 days will be used, in line with guidance for other SOHO, until specific data becomes available. Many proven cases will have had minor symptoms with rapid recovery but case by case assessment required