

Microbiological Screening Tables

EOS terminology	Examples of Terminology used in Laboratory Reports	
Positive	Reactive	Reactivity detected as per manufacture's criteria; some laboratories may use the term for initially reactive results, pending confirmation. Check with laboratory if further testes are going to be carried out.
	Detected/Positive	Usually used interchangeably; meets pre-defined manufacturer's criteria for positivity. May need to check if this is a final result as laboratories frequently continue testing to provide a final confirmatory result.
Indeterminate	Equivocal	Results falls within the negative and positive range, i.e. in a "grey zone" or are discrepant
	Indeterminate/ Inconclusive	When results do not completely fit in within pre-determined criteria Terms indicate that results cannot be interpreted confidently as being negative or positive Further testing may be necessary
Negative	Negative/Not Detected	Usually used interchangeably; meets pre-defined manufacturer's criteria for negativity Indicates that the analyte tested for was not detected in the specimen

Table 1a: Mandatory Microbiological Screening of potential organ donors (Blood-borne viruses)					
Simplified representation of results; must always be considered in conjunction with all other relevant information available at the time					
Infection marker	Negative/Not Detected	Reactive	Detected/Positive	Equivocal	Indeterminate/Inconclusive
HBsAg	Follow normal procedure No special action required	<ul style="list-style-type: none"> - Results must be verified carefully with laboratory staff - Clinical Microbiologist to be contacted - Recipient centre to be put in contact with Medical Microbiologist - Microbiologist at NHSBT Colindale to be informed in hours, management plan for recipient and family member(s) to be devised RATIONALE: Solid organ recipient at potential risk of donor-derived infection, mitigation possible Members of family might have been exposed to infection			
anti-HBcore					
HIV 1 and 2 combo (Ag/Ab)					
HTLV I and II AB					
HCV Ab (+/-Ag)					

Table 1b: Mandatory Microbiological Screening of potential organ donors (Bacterial)					
Simplified representation of results; must always be considered in conjunction with all other relevant information available at the time					
Infection marker	Negative/ Not Detected	Reactive	Detected/Positive	Equivocal	Indeterminate/Inconclusive
Syphilis	Follow normal procedure No special action required	IMPORTANT NOTE: Not a qualifying test, i.e. positive result does not disqualify organ acceptability <ul style="list-style-type: none"> - Result usually available before organ offer for practical reasons, as labs do all tests together - Final result will inform need for further action re: management of recipient and need to inform sexual partner - Discuss with lab and refer to Medical Microbiologist if there are doubts about organ acceptability RATIONALE: Treponema pallidum is highly sensitive to antibiotic treatment (penicillin) hence mitigation is easily achievable			

IMPORTANT: Comments do not apply if diagnosis of this infection is currently being considered. Discuss with medical microbiologist.

Microbiological Screening Tables

Tables 2a to 2c: Non-mandatory Microbiological screening of potential organ donors

Simplified representation of results; must always be considered in conjunction with all other relevant information, particularly if there is any suspicion of acute/active infection caused by the pathogens being tested for.

Table 2a: Cytomegalovirus (CMV)

Infection marker	Negative/Not Detected	Reactive	Detected/Positive	Equivocal	Indeterminate/Inconclusive
CMV	<p>IMPORTANT NOTE: Management of recipient (prophylaxis or surveillance) will be based on donor serostatus</p> <p>Seronegative adult donors (IgG negative) not very common, pay attention to correct result</p>	<p>High seroprevalence amongst adults: seropositive result in adults is common (IgG positive)</p> <ul style="list-style-type: none"> - CMV causes lifelong infection, once IgG positive, remains positive - Anything that indicates the donor not to be negative should be regarded as positive until proven otherwise, as this is the safest option - Ask clarification regarding <u>unusual</u> CMV results, discuss with medical microbiologist <u>if required</u>. - The SNOD should escalate their enquiry to the medical microbiologist at the local testing centre if: <ol style="list-style-type: none"> a. There is uncertainty about any result (i.e. the biomedical scientist raises concern about a result) b. Any situation where clinical presentation or laboratory results suggests any acute/active infection including IgM results (if reported) c. Any result which is not "negative/not detected", unless they relate to CMV IgG, EBV IgG or Toxoplasma IgG results. - No special action required; positive result does not warrant discussion with the family 			

Table 2b: Epstein Barr Virus (EBV)

Infection marker	Negative/Not Detected	Reactive	Detected/Positive	Equivocal	Indeterminate/Inconclusive
EBV	<p>IMPORTANT NOTE: Management of recipient will be informed by donor serostatus, particularly important for paediatric recipients</p> <p>Seronegative adult donors (IgG negative) not very common, pay attention to correct result</p>	<p>IMPORTANT NOTE: Result not required for organ acceptance; donor/recipient matching for EBV serostatus not done in practice</p> <p>High seroprevalence amongst adults: seropositive result in adults is common (IgG positive)</p> <ul style="list-style-type: none"> - EBV causes lifelong infection, once IgG positive, remains positive - The SNOD should escalate their enquiry to the medical microbiologist at the local testing centre if: <ol style="list-style-type: none"> a. There is uncertainty about any result (i.e. the biomedical scientist raises concern about a result) b. Any situation where clinical presentation or laboratory results suggests any acute/active infection including IgM results (if reported) c. Any result which is not "negative/not detected", unless they relate to CMV IgG, EBV IgG or Toxoplasma IgG results. - No special action required; positive result does not warrant discussion with family 			

Table 2c: Toxoplasma gondii

Infection marker	Negative/Not Detected	Reactive	Detected/ Positive	Equivocal	Indeterminate/ Inconclusive
Toxoplasma gondii	<p>Follow normal procedure</p> <p>No special action required</p>	<p>IMPORTANT NOTE: Result not required for organ acceptance, positive result does not disqualify organ acceptability</p> <p>IgG positivity is common.</p> <ul style="list-style-type: none"> - The SNOD should escalate their enquiry to the medical microbiologist at the local testing centre if: <ol style="list-style-type: none"> a. There is uncertainty about any result (i.e. the biomedical scientist raises concern about a result) b. Any situation where clinical presentation or laboratory results suggests any acute/active infection including IgM results (if reported) c. Any result which is not "negative/not detected", unless they relate to CMV IgG, EBV IgG or Toxoplasma IgG results. - No special action required, but serology particularly important in cardiac or skeletal muscle transplantation <p>RATIONALE: Seropositive donors are common. Trimethoprim used for routine prophylaxis is effective against T. gondii.</p>			

IMPORTANT: Comments do not apply if diagnosis of this infection is currently being considered. Discuss with medical microbiologist.