SaBTO

Advisory Committee on the Safety of Blood, Tissues and Organs

Advice Concerning Organ Donation and H1N1 (Swine) Flu

As the incidence of H1N1increases in the population, there is a risk that organ donors may be infected, or have infection suspected. In general, organs from potential donors should be offered. Recent unpublished data in a number of recipients of organs from H1N1 infected donors in this country have not shown evidence of H1N1 transmission. The decision to accept and use an organ for transplantation lies with the implanting surgeon with local microbiological advice (in conjunction with informed consent from the recipient). The incidence of infection is likely to be less this year than last year as immunity will be higher after the 2009/10 period of influenza activity. Also H1N1v is now included in the seasonal vaccine. It would be prudent to offer this immunisation to all potential recipients on transplant waiting lists We do not recommend routine H1N1 testing of donors but suggest a high index of suspicion for testing close in time to donation if the clinical symptoms warrant this. We have anticipated a number of scenarios, and proffer advice for each:

1. Potential donor dying of proven H1N1 flu as primary cause of death

These are likely to be young persons and might represent an important group of donors. There are reports of viral genome detected in many organs other than lung, and of plasma viraemia. Organs other than respiratory and bowel can be considered for transplantation.

2. Potential donor with *confirmed* concomitant diagnosis of H1N1 flu

Donor has been diagnosed in the community, or after admission to hospital, *and confirmed by testing* but comes to donation because of another condition (e.g. intra cerebral bleed). Organs may carry an infection risk unless 10 days has elapsed after diagnosis, and adequate treatment with therapeutic doses of *Tamiflu.* Lungs and bowel should not be donated. Other organs may be offered and the final decision lies with the implanting surgeon weighing the balance of risks for the particular recipient.

Prophylaxis should be given to the recipient (see note (iii), page 2).

3. Potential donor with *suspected* concomitant diagnosis of H1N1 flu

Donor has been diagnosed in the community, i.e. started on treatment, or after admission to hospital, *but not confirmed by testing* and comes to donation because of another condition. Organs may carry an infection risk unless 10 days has elapsed after diagnosis, and adequate treatment with therapeutic doses of *Tamiflu.* Lungs and bowel should not be donated. Other organs may be offered, and the decision made by the recipient centre.

Prophylaxis should be considered for the recipient (see note (iii), page 2).

4. Potential Donor where infection is raised as a possibility

Donor in whom there is a contact history, suggestive symptoms, or a temperature >38^0C. Nose and throat swabs should be taken. A positive result (if time permits) puts the donor in category (2) above. If time does not permit, lungs and bowel should not be used, but other organs may be used after discussion with the recipient medical team and the final decision lies with the implanting surgeon weighing the balance of risks for the particular individual involved.

Prophylaxis should be considered for the recipient (see note (iii) page 2).

5. Donor with a previous history of H1N1 flu

If more than 10 days after onset, and there has been full clinical recovery, donation of all organs can proceed.

6. All other Donors – including those from ward/ITU where H1N1 flu patients are present

Donation should proceed along normal lines. Nose and throat swabs should be taken from donors **only** if symptoms indicate the likelihood of H1N1 infection. Prophylaxis should be given to any recipient of a donor proved to be positive.

Notes

i. We recommend nose and throat swabs are taken only if symptoms indicate H1N1 infection. Results will be available in no longer than 24 hours. NHSBT, through the donor coordinators, should have the responsibility of informing the recipient centre of a positive result.

ii. We are not recommending prophylaxis for all recipients, **only** where this is a confirmed diagnosis of H1N1 in a donor.

iii. Efficacy of prophylaxis for recipients of *potentially* infected organs is unknown.

iv. The 10-day period following diagnosis represents a precautionary approach in the absence of strong evidence and following virological advice about prolonged shedding of virus and involvement of other organs.

Please note that these guidelines are for ORGANS ONLY and exclude tissues. While there is no specific guidance for tissue donors, please use the criteria for blood donation as described in the Change Notifications 14 and 15 issued by JPAC.

http://www.transfusionguidelines.org.uk/docs/pdfs/dl_change_note_2009_14.pdf

http://www.transfusionguidelines.org.uk/docs/pdfs/dl_change_note_2009_15.pdf

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