



Blood and Transplant

COVID-19

Bulletin

17TH March 2020

In the last week, we have had daily calls with commissioners in trying to plan, first, Living Donation and latterly Deceased Donation, in the context of the epidemic.

We are planning to use this newsletter format but on a much more frequent, if irregular basis. There are nearly 500 email addresses on this circulation list, so the reach is reasonable but please encourage colleagues to add their emails, if not already included, to Caroline.Wills@nhsbt.nhs.uk

Medical Team/Advisory Group Chairs

On Monday, late into the evening we had a meeting of the extended Medical team, taking in all the Chairs of the Advisory Groups. Thanks to them for responding.

Important decisions/recommendations with the support of the peer review that this group gave were made as follows.

Please read below as changes to normal working are involved

Donor Testing

After a lot of work from a few people, we will shortly have access to Deceased Donor Testing in a timely fashion in a priority that has been arranged with various laboratories

Algorithms for testing ICU resource, testing practicalities and interpretation of results are in a late stage of preparation. Please see below and thanks especially to Ines Ushiro-Lumb in this.

Living Donation

Please see below from Lisa Burnapp but headline is that the April match run is cancelled and more 'business as usual' live donation is still open in many centres but only on a case by case basis. Live donor cases are, of course, a different level of risk assessment.

COVID-19 information for patients

When we consent patients for transplant, what should we tell patients about Covid-19 at the moment? Chris Callaghan is drawing up some guidance on this and it will be available soon. We will highlight in later versions of this newsletter and we will put on the website. Also note good information on the Kidney Care UK website - <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>

COVID-19 Transplant registry

We are delighted to announce this registry which represents huge collaboration between many members of the clinical community and our Stats team, especially Rachel Johnson and Lisa Mumford.

We managed to get this 'live' in a short time to note declines that involve Covid-19 and perhaps more importantly to allow units to note transplant recipients who contract the virus. We are also looking how to link this information with mainland European countries.

We have knowledge of two patients (one kidney recipient and one liver recipient) who have contracted the virus at the time of writing.

More detailed information

Deceased Donor Testing- COVID-19

COVID-19 will inevitably cause some changes to donation and transplantation practice. COVID-19 positive is an absolute contra-indication to donation. All of us who work within Organ Donation, Organ Retrieval and Transplantation want to ensure that we continue to transplant for as long as it is safe to do so. Therefore, ODT are liaising with key stakeholders and all the laboratories to commence COVID-19 testing for all organ donors as soon as possible. In order to guide clinical teams and Specialists Nurse we have designed flow charts to inform this practice. Further information will be available on the website as soon as we are in a position to commence testing.

We will be sending a nose and throat swab, endotracheal aspirate and blood for PCR testing. A negative nose and throat swab with a negative endotracheal aspirate will allow informed decision making in relation to organ donation and transplantation. The blood PCR will be available likely post donation and can be used as a reference point for recipients.

Additional information collected by the SNODs in a form called FRM 6439, will be available at the time of organ offering to aid decision making. **The HUB will send this information to you upon organ offer.**

<https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17992/frm6439-covid-19-snod-checklist.pdf>

Living Donation (both kidney and liver)

Centres are continuing to react to the local situation in the context of resource implications, clinical considerations and preferences of living donors and their recipients. There may be particular considerations for paediatric living donor liver recipients, which have been highlighted by clinical colleagues. We continue to support this approach so that individual clinical teams have flexibility to use their discretion in managing the best options for their patients in the context of COVID-19.

Living Kidney Sharing Scheme

In consultation with commissioners, it has been agreed that the April matching run will be suspended.

Some transplant centres have decided to limit or suspend living donation activity and others are performing a risk analysis on a case by case basis, in line with general advice (see above). These measures will impact on transplants identified in the previous (February) matching run. Postponed exchanges could be rescheduled once living donor kidney transplantation activity resumes if they remain complete. Interim, clinical teams will need to make a judgement, in discussion with donors and recipients involved, as to whether they wish to activate recipients on the deceased donor waiting list or await resumption of living donation activity. Recipients can be activated via ODT hub information services in the usual way.

During this period of suspension, please continue to register donors and recipient who have completed assessment and wish to be included in future matching runs. By avoiding a large input of registrations when the matching runs are reinstated, it will be easier to manage the workload for clinical colleagues and for those within ODT information services.

Please contact lisa.burnapp@nhsbt.nhs.uk if you have any specific queries related to living donation or the living kidney sharing scheme during this period.

National Organ Retrieval Service (NORS)

The health and safety of all the NORS teams is paramount. We all want to continue to transplant for as long as it is safe to do so but understand that retrieval activity may be challenged in the coming weeks. We are working towards amending the general criteria for donor referral, which will reduce input to the system. As pressure builds within the system we will restrict general offering criteria for the various organ groups, such that the effect will be to reduce the volume of offers and improve the likelihood of transplantation. Ultimately we may need to take even more extreme steps, but we are working towards been able to do this as the situation changes and evolves in the days and weeks to come. We are working at guidance to inform everyone involved in the pathway on what to do when the times comes to restrict activity

We will keep you updated as the situation progress. Ian Currie is undertaking a resilience check on all retrieval teams in an attempt to monitor staffing.

COVID-19 Transplant Registry

Nationally collected data on COVID-19 infection in wait-listed, incident and prevalent SOT recipients will allow analysis of important outcome information at scale. NHSBT statistical team have facilitated a web-based data collection platform (need weblink or we can say look out on ODT clinical website if the weblink is not immediately ready) which clinical teams can access to enter information about patients with confirmed COVID-19 infection. Link below.

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

This COVID-19 database will be linked with the ODT registry and underlying donor & recipient information as relevant. Further, attempts are also underway to enable linkage of the combined ODT-COVID-19 registry to other national registries such as ONS/HES/PHE to further enrich the dataset. The ODT statistical team have well proven expertise in ensuring IG complaint, data quality assured, fit-for-purpose dataset for research output that will inform clinical practise. A pragmatic assessment of the minimum dataset required to be returned for each organ has been agreed with relevant Advisory Group chair. We would strongly encourage clinical teams to access the platform to provide details for any actively wait-listed or transplanted patient who has confirmed COVID-19 infection.

If you require any further details please contact Lisa.mumford@nhsbt.nhs.uk or Rachel.johnson@nhsbt.nhs.uk

Deceased Donor Transplantation

Heart Transplantation

As heart transplantation is lifesaving, our approach is that we should continue and assess the situation as the circumstances evolve. Centres are advised to continue on a case-by-case basis

Liver Transplantation

Our approach to liver transplant is similar to heart transplantation- continue on a case-by-case basis at the present time. Individual units will invariably be required to consider the individual circumstances of their unit in terms of COVID-19 patients and Intensive Care Unit bed capacity.

While liver transplantation is a lifesaving procedure – in light of the COVID – 19 pandemic sweeping the world, there is recognition from ODT that difficult decisions will have to be made. While we are advising that centres should continue on a case-by-case basis we accept that the ‘risk-vs-benefit’ decision for an individual recipient may be modified according to their urgency and local resources (ITU, Operating Theatre’s, Staff).

At this time, there is still capacity in the system for Liver Transplantation to continue – accepting that there are variations across the country. We will be accessing the situation daily and keeping this site updated.

Lung transplantation

There is concern among the Lung transplant community about the risk of continuing activity in the setting of COVID 19 patients in the transplant centres and in donor Intensive Care Units. The closure of the programme in Toronto (for 14 days) just emphasizes the seriousness of the situation.

We feel a blanket ban on Lung transplantation is not in the best interests of the patients. We also recognise that the number of potential lung donors will decrease, and this will have an effect on activity. The situation is changing rapidly, and our approach will have to evolve as circumstances alter.

For now, we suggest:

1. Each unit should consider the individual circumstances of their unit in terms of COVID-19 patients and availability of beds.
2. It is reasonable to suspend transplantation of low risk patients, but critically ill patients should still be transplanted if possible.

We have had suggestions on where transplantation should be and how we short term plan from a number of people or organisations. Our expert group, acknowledging that we will monitor and review recommendations, felt that the (organ specific) notes below are where we should be at this time

Deceased donor kidney transplantation

NHSBT is continually reviewing deceased organ donation and likely impact from organ offering to recipient centres. There is recognition of inter-centre variation in access to resources to safely deliver a deceased donor kidney transplantation program. It is also recognised, risk-vs-benefit for recipients is an individualised decision with a spectrum of possibilities including: a pre-emptive kidney transplant for an R4 recipient versus a well-matched offer for a highly sensitised long waiter who continues to come to a dialysis facility thrice weekly. More pragmatic donor selection in response to growing pressures on Intensive Care Unit and NORS teams (as above), will also help in easing the risk-v-benefit decision making process for wait-listed recipients and reduce the demand for precious ITU resources.

At this stage, service resilience, though variable, is not deemed to be sufficiently impaired to suspend deceased donor kidney transplantation nationwide. We will continue to review this regularly and provide updates. Please do not hesitate to contact Rommel Ravanan (Rommel.ravanan@nbt.nhs.uk) for any specific kidney transplantation related queries

Pancreas and Islet cell transplants

Pancreas

It is likely that the 'life transforming' nature of this type of transplant, taken in addition to ICU stay and resource intensity, mean that a number of pancreas centres have decided to suspend solid organ pancreas transplantation for pancreas only or Kidney and Pancreas transplant.

At the time of writing, four units in England and Wales have made this decision.

The other units have remained open but in each centre, reviewing ICU resource availability and donor recipient suitability on a case by case basis.

Islet Cells

These programmes have largely been suspended except for second transplant patients where a small-time window of opportunity is open and they are already immunosuppressed, or the rare life-threatening hypoglycaemia

Deceased Organ Donation

We have sent out this guidance previously but to note we are continuing to monitor the COVID-19 situation and are working with various stakeholders to react to this outbreak. We realise there is much uncertainty but to alleviate some of this have provided guidance to our staff in recent weeks. As you will appreciate this is a rapidly evolving situation and for the up-to-date guidance on COVID 19, please follow the link below.

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

Useful links

We have also included some useful links that we have used in the last days.

The international perspective, drawn up by Dale Gardiner, makes interesting reading and the AST approach to Risk assessment could be useful in donor to recipient suitability

The Renal Association link in planning for Covid-19 has been appreciated by many

The worldometers site appears good for up to date data worldwide

And a research site from one publisher

<https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18016/donation-international-reflections-17032020.pdf>

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

<https://renal.org/covid-19/covid-19-challenges-renal-services/>

<https://bts.org.uk/wp-content/uploads/2020/03/Coronavirus-transplant-information-final-12th-March-2020-003.pdf>

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

<https://www.worldometers.info/coronavirus/#countries>

<https://www.myast.org/covid-19-information#>

<https://www.healtheuropa.eu/elsevier-gives-full-access-to-covid-19-research-and-data/98572/>

