



Blood and Transplant

COVID-19 Bulletin Number 2

Organ and Tissue Donation and Transplantation Directorate

20th March 2020

Version 1.1

We are continuing daily calls with all UK commissioners in planning Living Donation and Deceased Donation and Transplantation, in the context of the pandemic. 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

Today 20th March 2020, we had a meeting of the extended Medical team, taking in all the Chairs of the Advisory Groups.

We have subsequently updated the information below to augment the last Bulletin and add new material

Donor Testing

Deceased donor testing commenced on 19th March 2020.

Algorithms for testing ICU resource, testing practicalities and interpretation of results are completed and can be found on the website. <https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

There are slight differences in the service, from place to place but Specialist Nurses have been informed regarding the situation in their area and considering the timing of testing predicted, would aim to have a test result in as timely a way as possible.

There has been a huge amount of work in setting this up; we appreciate the role of the laboratories who, we know, are under significant stress. But mainly our thanks to Ines Ushiro-Lumb for sterling work in setting this up.

Living Donation

The April Matching run has been cancelled. 'Business as usual' live donation is still open in some centres but only on a case by case basis. Liver live donor cases are, of course, a different level of risk assessment.

COVID-19 information for patients

Chris Callaghan, working with Rachel Hilton, Steve Wigmore and the BTS have already a draft of the information for patients. This will undergo further modification, consultation and editing and we hope to be able to make this available next week.

See also note good information on the Kidney Care UK website -

<https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>

COVID-19 Transplant registry

We know, already, of a number of transplant recipients who have contracted COVID-19 please report any such patients through the links noted below. We are now thinking how best to use this registry data in the future.

Suspension of PITHIA (see below)

Major Change to Donor Criteria accepted for Transplantation

In response to the crisis that is developing rapidly, a crisis unparalleled in two, maybe three generations, there is a responsibility to carry out donation and transplantation where it is right and safe to do, but without stretching resources that are already taut or at breaking point.

Therefore, we have asked Ian Currie, working with the Chairs of each Advisory Group, Leads for the Donation clinical group and the wider Medical team, to draw up new acceptance criteria for Donor organs that will prioritise life-saving transplantation while preserving our staff and resource, acknowledging the impact that donation and transplant may have on Critical Care.

The document is complete and has been approved but we wish to make sure that Specialist Nurses and Hub staff are fully briefed on the implications before enacting.

The document has been sent to all members of advisory groups, commissioners and Health departments.

We would look to enact at the very beginning of next week.

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.

COVID-19 testing of all potential donors has commenced. Nose, throat swabs and endotracheal aspirate will be tested on all donors. Blood will also be sent to the laboratories. The blood PCR will be available likely post donation and can be used as a reference point for recipients.

To guide clinical teams and Specialists Nurses we have designed flow charts to inform this practice. The algorithms are available for information on the link below.

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/18027/dat3737.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. In that though, we note with passing days that centres are less likely to be able to continue with LD transplants.

Living Kidney Sharing Scheme

In consultation with commissioners, the April matching run was suspended.

Some transplant centres have decided to limit or suspend living donation activity – and since our last bulletin, the number of centres doing this has grown. A few 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. A number of retrieval staff have raised concern regarding their personal risk of contracting COVID 19 during retrieval surgery. Therefore, a letter was sent which outlines the steps we are undertaking and offers guidance in relation to PPE and NORS retrieval teams. The letter is available on the clinical website

<https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18053/letter-to-all-nors-teams-19032020.pdf>

We are currently reviewing our guidance to ensure contingencies are in place should any of the NORS teams be unavailable.

A daily survey of units to examine the staff and resource issues in teams is being carried out in order to get early warning of any major issues.

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 being able to do this as the situation changes and evolves in the days and weeks to come.

Organ Allocation and Offering

We are reviewing organ allocation policies to ensure preparedness should we be required to change due to COVID-19 and or transport provider issues.

We are working towards been able to remove centres from fast-track organ offers if the organ has been declined for all patients before the fast track trigger has been reached.

Pancreas fast-track scheme is suspended

We are also looking at contingencies for moving to regional/local offering schemes in response to resource pressures, We do not feel that we are at that point as yet, but we will keep this under review.

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 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. A pragmatic assessment of the minimum dataset required to be returned for each organ was agreed with each 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

Changes to our previous Bulletin shaded in grey

All Utilisation challenge measures such as letters regarding declines, letters concerning declines because of lack of resource are suspended

The Lack of Resource Decline scheme has been suspended for deceased donor kidney transplantation. In addition, the Offer Review Schemes for higher quality kidney and pancreas donors have also been suspended. Therefore, new letters from Chris Callaghan, National Clinical Lead for Abdominal Organ Utilisation, will not be sent out. Unit leads that were sent letters prior to 16 March will be given more time to respond to them.

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. At the time of writing two transplant centres have closed to deceased donor kidney transplant. 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, five units in England and Wales have made this decision.

The other two units (one in England, one in Scotland) 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. Only very few patients are listed nationally for this reason

Deceased Organ Donation

We have sent out this guidance previously but to note we are continuing to monitor the COVID-19 situation

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

Tissue Donation

Live-donor bone programme temporarily paused.

Serum eye drops programme – collection being increased for this programme

Corneas – drop in requests for corneas. Cornea transplant will be stopped at one centre from Monday 23rd March 2020

Suspension of PITHIA Trial

We are sorry to announce a suspension of the PITHIA trial until further notice. The decision has not been taken lightly but given the current situation with COVID-19 in the UK and disruption to donation and transplant services, we could not continue to run the trial as normal. We hope this will free laboratory and clinical staff to focus on the emergency response and try to minimise disruption to the trial design.

We will try to re-start the trial (from the same point) as soon as possible, although this is likely to be some months away. Please keep us in the loop with any changes to your transplant activity levels, this will help guide us on when to re-start the trial.

Thank you all for your support for the trial so far, we will update you as soon as we have more information.

Emma Laing

Clinical Trial Manager, Clinical Trials Unit

Useful links

New links, in addition to those below from previous Bulletin – Management of patients on dialysis and kidney transplant during COVID-19 infection, The Lombardy experience.

Also, NHS England and NHS Improvement advice for clinicians on COVID-19 and The British Liver Trust guidance for people with liver disease and liver transplant patients

ESOT COVID-19: Organ Donation and Transplant Town Hall This multi-society collaboration in webinar format is taking place on Monday, 23 March 2020 from 19:00 to 21:00 CET

We have also included some useful links that we have used.

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.health.europa.eu/elsevier-gives-full-access-to-covid-19-research-and-data/98572/>

https://www.era-edta.org/en/wp-content/uploads/2020/03/COVID_guidelines_finale_eng-GB.pdf

<https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/>

<https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-disease-and-liver-transplant-patients/>

