



Blood and Transplant

COVID-19

Organ and Tissue Donation and Transplantation Directorate

Bulletin 4

26th March 2020

We are continuing daily calls with all UK commissioners in planning Deceased Donation and Transplantation, in the context of the pandemic. There are nearly 1000 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

Transplant Units Open and Transplant Units Closed

As the COVID-19 pandemic progresses, there have been calls from colleagues in some centres, particularly those who are most acutely affected, for a policy decision to be made to stop organ donation and transplantation across the UK. Recognising this concern, we thought it would be helpful to provide clarity about the on-going decision-making process and the roles and responsibilities of those who are involved.

Since it became clear that COVID-19 would impact on the UK organ donation and transplantation programme, the situation has been reviewed daily by NHS Blood and Transplant, NHS England and Commissioners across all four UK countries, with other regular meetings with Medical experts, Health Departments, Advisory group chairs and members of the British Transplantation Society.

From the outset, a deliberate decision was made to avoid a 'top down' approach or a blanket ban on donation and transplantation. The strategy has been to assess the impact of COVID-19 in different centres, in different geographical areas and from a multi-organ perspective, allowing individual transplant centres and Trusts to make the decision that is right for their programme, the patient case-mix and local environment. This approach has been well-received by the majority of centres. Clinicians welcomed the flexibility to choose, understanding the inherent risks associated with COVID-19 and balancing these against the benefit of transplantation for individual patients.

As COVID-19 disease has progressed, London in particular has become increasingly badly affected, and centres have been prompted to close their kidney and pancreas programmes. In other parts of the UK, local resource scanning and staffing are different, and some centres have identified selected patients across most organ groups for whom they wish to continue to transplant on a case by case basis. These are clearly difficult decisions that have a significant impact on colleagues and patients in extraordinarily testing times.

At the time of writing, 10 Adult kidney transplant centres and seven Paediatric centres have suspended deceased donor transplants. All pancreas centres are closed across the UK, given the ICU need for these patients. All Liver and Cardiothoracic units remain open, but with local restrictions.

Reasons for suspension vary from unit to unit and include Critical Care availability, Staff shortages and difficulties in segregation of COVID-19 positive and negative patients.

In line with the overall policy, over the coming days and weeks, we expect to see donation and transplantation activity reduce further, even for life-saving transplants, as individual centres assess the UK picture and respond to the local situation and balance the risks for their patients and staff.

Today, we are looking at whether local retrieval and more local allocation should be introduced shortly to give units the best chance to keep transplantation managed, effective and safe.

Commissioners for transplantation i.e. NHS England and those in each of the devolved nations, have endorsed this approach. The British Transplantation Society, as the professional voice of transplantation, is involved in these discussions and aims to reflect the views of colleagues and to join with NHSBT and other professional societies in keeping the clinical community informed and updated.

The decision to stop an organ donation and transplantation programme sits with the commissioners and individual Trusts, supported by NHSBT. The option to do this is, therefore, open to all transplant centres at any time. Whilst we recognise that there are legitimate concerns about the sustainability of organ donation and transplantation in the context of COVID-19, a UK-wide complete cessation of activity is not, now, universally supported by the clinical community or by the key stakeholders involved in daily discussions. But we also acknowledge that this time may only be days away. The situation will continue to be monitored in line with existing policy and we will keep you regularly updated as decisions are made.

We thank you for your continued support and commitment to organ donation and transplantation during these unprecedented times. We understand how challenging it is for everyone at the moment and we will continue to support you in any way that we can.

Professor John Forsythe, Medical Director, OTDT, NHSBT

Professor Stephen Wigmore, President, British Transplantation Society

National Organ Retrieval Service (NORS) Team Transport & PPE

Letter sent earlier today to all NORS Centre Leads

<https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/18121/260320-letter-transport-of-nors-teams-during-covid-19-outbreak.pdf>

A number of concerns have been raised by teams in the current crisis. Most frequently, these relate to travel in the Van/inability to ensure social distancing, and precautions for surgery in donors (no suspicion of COVID19; PCR test negative). We are keen to continue to engage in dialogue with teams to help share current UK practice as the situation evolves.

Team Transport

The current guidance relating to PPE whilst working in the same space as COVID-19 positive patients

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf) suggests the use of a conventional surgical mask (Fluid Resistant Surgical Mask; FRSM) if staff are greater than 1 metre away from patients and

not involved in direct care. Although transport does not involve being in the same space as a COVID-19 patient, it could be considered that wearing a surgical mask may reduce risk if social distancing cannot be maintained. This is a decision which teams may consider but is based on significant extrapolation from this guideline. Teams and staff should make their own individual/ team decisions.

You will also have received notification about initiatives being taken by the transport provider to ensure vehicles are cleaned and safe for teams. **Additionally, NHSBT will support the use of two vehicles per retrieval to reduce staff proximity.** These initiatives should hopefully minimise risk for teams in transit.

PPE in Donor Surgery

NHSBT Guidance was issued earlier in the week as regards PPE for donor surgery. As we are aware, only donors with no suspicion of COVID-19 and who are swab test-negative will be taken forward. Team Leads were encouraged in the guidance to approach their own infection control teams and to perform risk assessment, choosing appropriate PPE, on the basis of infection control recommendations. All 16 NORS teams in the UK were surveyed all to see what approaches were being taken by teams when the patient has no suspicion of COVID-19 and who is test-negative.

Of the 10 abdominal teams, 8 were using standard infection control precautions in such cases, whereas 2 were using 'enhanced' PPE. Of the 4 cardiothoracic teams who replied, 3 were using standard infection control precautions, whereas 1 was using 'enhanced' PPE.

Of the three teams using enhanced PPE, two made this decision as teams, and one after advice from infection control. Clarification on the thinking behind this latter case is awaited

If your infection control recommendation changes, please inform ian.currie@nhsbt.nhs.uk as soon as possible.

A guide to use of PPE (Appendix 16; <http://www.nipcm.scot.nhs.uk/media/1489/2020-2-6-appendix-16-ppe.pdf>.) This is from Health Protection Scotland.

PPE Link: further information can be found using the link below.

[COVID-19: personal protective equipment use for aerosol generating procedures - GOV.UK](#)

NORS Team Resilience

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, monitor resilience and offer support. So far this week, a normal retrieval service has been maintained in support of both abdominal and cardiothoracic donation. Our thanks to the NORS centres for their continued support and flexibility.

Organ Allocation and Offering

We have been working with each of the advisory group chairs to review the offering processes and to consider the possibility of local offering processes and what the triggers for these would be. This work is progressing. We ask that if any centre closes or requires changes to acceptance criteria to notify NHSBT formally, via the Clinical governance team – clinicalgovernance.odt@nhsbt.nhs.uk

This will enable us to make the changes required and inform the individuals who require to know internally.

QUOD Sample Collection

Due to the increasing challenges in the context of COVID-19 in our donor hospitals NHSBT- OTDT and the QUOD team have decided to **pause all QUOD sampling** for both DBD and DCD donors in the UK, until further notice. We hope that this will reduce pressure on the workforce at these difficult times.

Specialist Nurses in Organ Donation and NORS teams are kindly requested to keep new QUOD boxes with an unbroken seal shelved until we are able to resume the sampling for QUOD.

NHSBT and QUOD thank all SNODs and NORS team members for their commitment and continued support.

COVID-19 An International Perspective

We have weekly calls with international Donation, Retrieval and Transplant colleagues. A summary from our international colleagues from a teleconference held 25th March 2020, is shown below.

- **Spain**
Experiencing some issues with donor testing for COVID-19.
Planning for the COVID-19 situation will last another circa 4/5 weeks
Transplant centres only considering for urgent cases.
Limited donation activity
- **Australia**
Behind where we are in terms of the pandemic
Donor testing: experiencing some issues with donor testing for COVID 19.
Kidney transplant programme in Australia has closed
- **USA**
Access to testing reagents a significant issue
ICU bed availability a concern.
Deceased donation variable
Transplant centres now restricting acceptance, only transplanting high risk patients
Local decisions, with variations

- **Italy**

Spokesman from Northern Italy where donation rates were high pre COVID-19 still continue to see a few donors.

They are screening BAL PCR, not relying on nasal swabs due to reduced sensitivity.

Transplant centres only accepting for urgent cases – life saving transplants.

Italian CNT information COVID-19 in post-transplant patients –recipient characteristics not known currently:

151 known COVID 19 transplant recipients (12% of them have died – ICUs not offering ventilation to many of these patients- due to resource issues -no beds).

Please interpret the data with caution as not validated.

- **Sweden**

Individual centres doing their own thing

Living donation ceased.

- **Canada**

Suspended Living kidney donation but consider patients running out of access

Lung Transplant paused

Otherwise business as usual for now.

- **Further Discussion**

Neither Italy nor Spain are of the opinion they have had a donor transmitted infection. Still obviously not proven.

- **PPE:**

Spain nothing extra – these are negative tested patients

Italy – when retrieval surgeons went to Northern Italy they did wear PPE, fear of bringing back.

For now, no extra PPE used.

Deceased Donor Transplantation- Consent

With huge thanks to Chris Callaghan, please find here guidance for clinicians to help when informing patients prior to Transplantation at this time. Even if your centre has recently suspended activity, these may still be of use as we enter (hopefully) a recovery phase

- *NHSBT / BTS guidance for clinicians on consent for solid organ transplantation in adults and living organ donation in the context of the COVID-19 pandemic*

<https://bts.org.uk/information-resources/covid-19-information/>

Guidance on the management of transplant patients with COVID-19.

With thanks to Gareth Jones, and many others, please also find, [also at the above link](#), a document that has tried to examine the treatment options that have been noted in patients who have contracted the virus. This guidance appears on the following title

- *Guidance on the management of transplant patients who develop COVID-19 or suspected of having COVID-19 can also be found on the link above.*

Deceased Donor Transplantation – Update

Lung Transplantation

Not unexpectedly the risk/benefit in lungs is being considered by all centres across the UK. Two centres have closed to lung transplant currently whilst the remaining centres will consider urgent and high priority patients.

Heart transplantation

Every centre wants to transplant in-patient heart patients. All Cardio-thoracic transplant centres remain open to Super Urgent and Urgent patients.

Liver Transplantation

The national approach to liver transplant is changing. At the time of writing, 5 of 7 adult live transplant units remain open to Super Urgent and Urgent patients with the remaining two units open for Super Urgent cases only.

Deceased donor kidney transplantation

At the time of writing, we know that 12 kidney transplant units are closed to deceased donor kidney transplant. Some centres that remain open have placed restrictions on DBD versus DCD kidney organ offers, while some units remain open to Paediatric kidney offers. We will continue to review the situation 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

All UK solid organ pancreas transplant centres have now closed.

Islet Cells

These programmes have largely been suspended except for second transplant patients where there is one priority patient listed in the United Kingdom.

Tissue Donation

We continue to have sufficient supply of corneas.

We are continuing to see cancellations for corneal transplant surgery

Publications & Links

In the interest of facilitating patient care and advancing science and ensuring that accurate knowledge and experience is available to all during this current time of crisis, AJT has been expediting review of all papers dealing with COVID-19, as well as making them free to access for all. All articles will be listed at www.amjtransplant.com/covid19.

We are interested in understanding the community's experience in transplantation with COVID-19 and will expedite the review of case reports submitted. All papers submitted to AJT undergo peer review, and case reports must be sufficiently detailed, thorough and of high quality to be accepted. Case reports must have an abstract and are limited to 2000 words and 20 references. All manuscripts must be submitted online at mc.manuscriptcentral.com/ajt.

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The Systematic Review Initiative has started searching the WHO COVID database and MEdRix for pre-peer review manuscripts on topics relevant to Organ Donation and Transplantation. Here are the current articles related to organ transplantation. They are case reports and reviews

1. Aslam S, Mehra MR. COVID-19: Yet Another Coronavirus Challenge in Transplantation. *The Journal of Heart and Lung Transplantation* 2020 doi: <https://doi.org/10.1016/j.healun.2020.03.007>
2. D'Antiga L. Coronaviruses and immunosuppressed patients. The facts during the third epidemic. *Liver transplantation : official publication of the American Association for the Study of Liver Diseases and the International Liver Transplantation Society* 2020 doi: 10.1002/lt.25756
3. Guillen E, Pineiro GJ, Revuelta I, et al. Case report of COVID-19 in a kidney transplant recipient: Does immunosuppression alter the clinical presentation? *American Journal of Transplantation : Official Journal of the American Society of Transplantation and the American Society of Transplant Surgeons* 2020 doi: 10.1111/ajt.15874
4. Lu X, Ming C, Wen Z, et al. Clinical analysis of 2019 coronavirus disease (COVID-19) on one case with living-related kidney transplantation. *Chinese Journal of Organ Transplantation* 2020;41(0):E006-E06.
5. Pan L, Zeng J, Yang H. Challenges and countermeasures for organ donation during the SARS-CoV-2 epidemic: the experience of Sichuan Provincial People's Hospital. *Intensive Care Medicine* 2020 doi: 10.1007/s00134-020-05978-8

6. Qiu T, Wang J, Zhou J, et al. The report of two cases infection with novel coronavirus (2019-ncov) after kidney transplantation and the association literature analyzation. *Chinese Journal of Organ Transplantation* 2020;41(0):E004-E04.
7. Tu Y, Wu X, Liu F, et al. Two clinical cases of Novel coronavirus pneumonia (NCP) in renal transplant recipients. *Chinese Journal of Organ Transplantation* 2020;41(0):E005-E05.

NICE has also just released guidelines

<https://www.nice.org.uk/covid-19>

<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

ESOT - Watch the COVID-19 Organ Donation and Transplant Town Hall

<https://www.youtube.com/watch?v=LUM8-vDH-kl&feature=youtu.be>



Now, more than ever, we are #StrongerTogether.

Join the conversation: <https://esot.us14.list-manage.com/track/click?u=06213cf4415c127b86f74a525&id=0e6d29d39c&e=c3aff0446e>