



Blood and Transplant

COVID-19 Bulletin Number 5

Organ and Tissue Donation and Transplantation Directorate

2nd April 2020

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 approximately 1400 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

Adil El Tayar

Most of you will, I am certain, have heard of the sad death of our colleague Adil El Tayar. I would ask you to read the obituary written by Abbas Ghazanfar that is on the BTS website [here](#). From this it is clear that he was a respected surgeon and a valued colleague. I have written to Adil's daughter, on behalf of us all, to express our condolences.

A letter on behalf of myself and Steve Wigmore.....

As the situation with Covid-19 evolves, we recognise the pace of change and the challenges that you face every day to continue to deliver organ donation and transplantation across the UK. In addition we recognise the different challenges faced by individuals managing patients in the community before and after transplantation. We are enormously grateful to everyone and we know that all of you are working above and beyond.

NHSBT and BTS continue to work closely with commissioners, health departments and medical teams to respond to these challenges. Our aim is to support you with consistent advice and guidance in the midst of uncertainty. Your views and those of your teams inform these discussions, so keep them coming.

Registry of Transplant recipients with Covid-19

We know that many centres have registered the transplant recipients in their unit who have contracted the Virus. Please note that we have changed the registry submission form to make it as simple as possible to fill and so that the only mandatory data is that which can be used as an identifier. We can collect further data, in retrospect, at a less busy time for you. There are more patients known informally to us than the numbers registered. PLEASE register your patients as this data will be very important.

Thank you again for your continued commitment and support in these unprecedented times. We will come through this. Stay safe.

With best wishes,

Professor John Forsythe, Medical Director, OTDT, NHSBT
Professor Stephen Wigmore, President, British Transplantation Society

We sent this message out to Retrieval Teams in the last days

Dear Colleagues,

As you will be aware, despite many challenges, we are endeavouring to continue supporting transplantation. We are writing to notify you that, during this time, we will do whatever it takes to support NORS teams who are willing and able to continue retrieving.

This means that if we have identified recipients from an organ donor that is likely to proceed, we will ask you to retrieve, but the health and wellbeing of NORS teams must be protected.

Therefore, the following steps have been taken:

- Use of flights – restrictions have been eased and now include donor hospitals two hours away. If the team would prefer to fly than travel by road, and a flight is available, this will be authorised.
- Two vans will be available for each retrieval to reduce the risk of team members being in close contact.
- Contractual rules will be lifted – this means that we will not follow up occasions where teams are unable to mobilise at short notice. We would ask that you notify the Hub with as much notice as possible where feasible but recognise that this may not always be possible.

If teams would like to work individual rotas between themselves to help support returning their staff to the frontline, we would be very happy to consider these.

The landscape is changing daily, if not hourly, and we continue to monitor demand, capacity, and the safety of frontline staff. Should the situation change we will of course be in touch again, but in the meantime I'd like to take the opportunity to thank each and every one of you involved with retrieval for your support in ensuring we are able to maximise every opportunity to donate.

Shielding for Vulnerable patients – Net spread too wide?

Living donation- we are aware that previous living kidney donors in Scotland have received a letter advising them to shield for 12 weeks, which was unintended. This seems to have been confined to Scotland and is not UK-wide. Colleagues within Scottish Government are looking into it and the advice to donors will be corrected.

PPE

There has been a lot of discussion about this subject, for understandable reasons. Thanks to Ian Currie who has written out to retrieval teams on this. Please see the most up to date guidance [here](#)

Organ Allocation and Offering – move to more local decisions

I am indebted to Jayan Parameshwar, Rommel Ramanan, Doug Thorburn, Julie Whitney and the Hub team and the Stats specialist team for rapid and important changes to

- Kidney
- Liver
- Heart

Allocation schemes that were carried out Between Friday of last week and Tuesday this.

The changes are complex for each organ but, in essence, the schemes were simplified and the offering and allocation allowed for more local decision making. It was felt by all concerned that this allowed transplant unit MDTs to react to local resources and local knowledge on the urgency of patients and the wishes of patients too.

From feedback so far, these changes have been well received by the community
Thanks to Julie for a short summary for each below

LIVER

Last week we changed the Liver allocation scheme, which after Super-urgent/hepatoblastoma liver listed patients allows the individual units a greater degree of flexibility to transplant those patients who are deemed urgent, for example UKELD> 60 or who will die within 3 months if not transplanted (although no set parameters have been specifically set – there is the allowance for clinical judgement for those most in need). When offering reaches the TBS score of the sequence, the offer can be given to the named patient but the centre can also then accept and use for any patient on their list.

RENAL

Renal changes implemented on Monday this week; this change is designed to allow local offering after the tier A patients. Offering will be made to the tier A patient then to the local renal centre for anyone on their list, but the assumption is that they will use in the most urgent patient in their centre. The Fast track scheme has reduced greatly in the past week and currently there are only 3 remaining centres, we will make sure that centres that remain in the scheme receive the offers before we stop offering, but it is likely as the week progresses there will not be any centres left in the scheme. Overall there are only 7 renal centres open and 2 paediatric renal centres who are taking offers.

CARDIAC

Cardiac changes are being implemented; we are not currently considering any changes to the scheme itself – more focus on group offering at the start of the process to make the offering as quick as possible while making sure that the patient with the greatest need gets the offers. Offers will be made to the top 3 centres simultaneously, via a call to the centres, given the named patient offer but asked to review their list and register interest for any other patient. The Hub will record this and allocate to the highest patient on the list according to the matching run. If no interest from the top 3 centres, then the same process via the other centres – if no interest we can then stop.

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.

Emergency Planning for Liver and Cardiothoracic Transplantation (NHS England)

We have been working closely with colleagues in NHSE highly specialised commissioning to make ready a document that will attempt to ensure resources to keep Liver, Heart and Lung transplant services in place for Highly urgent and Super urgent patients on the waiting list.

The discussions have centred around redeployment of staff (not denuding the transplant team completely), resource for the procedure and post-op care, areas set aside for this purpose and protection of retrieval teams.

Although this is within NHS E, our early morning calls with colleagues in other parts of the UK ensure that the principles of each group are aligned in this planning.

I am grateful to Derek Manas, Jayan Parameshwar and Doug Thorburn in this process.

Deceased Donor Transplantation – Update

Deceased donor kidney transplantation

There have been quite a few centres that have had to suspend activity since last Bulletin, at the time of writing, there are only 7 units open to deceased donor kidney transplant and all of these centres have placed restrictions on organ offers and are considering only patients with higher urgency to balance against the risk of going ahead with the transplant.

Centres are suspending activity for a mixture of reasons – local resource, difficulty in segregation of COVID-19 positive and negative patients and staff deployment being the chief reasons. Again, at the time of writing, only two centres are open to paediatric offers, for similar reasons to the adult units.

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.

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

At the time of writing, all units are open to either highly urgent or super urgent cases with a case by case study for each donor offer.

Please see above for the Emergency Planning from NHS England (with a similar approach in other parts of the UK)

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 - there is still one priority patient listed in the United Kingdom, and one laboratory for isolation remains open.

Tissue Donation

We continue to have sufficient supply of corneas.

We are continuing to see cancellations for corneal transplant surgery

Two repeats from last Bulletin as these documents seen to be very useful

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.*

Publications/Useful Links

BTS/Centre of Evidence for Transplantation have collaborated to provide an open access repository of emerging evidence for solid organ donation and transplantation, which is held within the Transplant Library, available [here](#)

NHS England in relation to COVID-19 and those NHS staff who are self-isolating can be found [here](#)

SaBTO guidance with a new Annex on COVID-19 [here](#)

New NICE guidance on:

COVID-19 rapid guideline: critical care in adults [here](#)

COVID-19 rapid guideline: dialysis service delivery [here](#)

A new reference on organ transplantation

1. Qin J, Wang H, Qin X, et al. Perioperative Presentation of COVID-19 Disease in a Liver Transplant Recipient. *Hepatology* 2020 doi: 10.1002/hep.31257

The Systematic Review Initiative has started searching the WHO COVID database and MEDRx for pre-peer review manuscripts on topics relevant to NHSBT. 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.

The Transplantation Society (TTS) and our journal Transplantation have developed online resources to keep you informed on the Coronavirus (COVID-19) outbreak.

- TTS Coronavirus (COVID-19) Dashboard
www.tts.org/covid-19
- Transplantation Global Transplantation COVID Report
www.tts.org/txjccovid19

We are also requesting contributions and news from the transplant community to be sent to covid-19@tts.org for inclusion on our resources page.