COVID-19 Bulletin Number 28

Organ and Tissue Donation and Transplantation Directorate

29th January 2021
Message from OTDT Medical Director Professor John Forsythe

Dear Colleagues

As we reach the end of a very challenging January I wanted to provide you with another update as we again continue to support organ donation and transplantation wherever we can across the country during this third wave (or maybe first wave of B117) of Coronavirus.

As before, I would like to thank each and every one of you for the work you continue to do to support all our donors, donor families, fellow staff and recipients and those on the transplant list. With the vaccine rollout now gathering pace, let’s hope that 2021 is a better year for us all.

John Forsythe

A Piece of Good News - Excellent Collaborative working

We heard at the Clinical Team Meeting about a provisional kidney offer given to the Leeds Recipient Coordinator team but then withdrawn as the neighbouring centre, with the full offer, accepted their offer - later having to decline for COVID-19 resource reasons. When re-offered back to Leeds enquires were made about the reasons for decline. On hearing that the intended patient at the neighbouring centre was highly sensitised the team voluntarily contacted their colleagues and, with strong collaborative working between the two teams, the patient was transferred to Leeds.

The patient was transplanted and Leeds were also offered the paired kidney for their own patient (for whom they had received the provisional offer). Both patients have been transplanted and now discharged home. Thanks to Adam Barlow and the Renal Recipient Coordinators involved, Clare Ecuyer and Kate Brady.

COVID-19 activity summary

The Clinical Team meeting reviewed the latest COVID – 19 activity data. Please see below. Donors continue to be referred across the UK. The team will continue to look at the data and ensure we share the most up to date guidance is shared to ensure we can continue to facilitate donation and transplantation wherever possible.

As at 28th January 2021
Liver Transplantation – England

The Critical Care bed capacity is under enormous pressure making the transplantation of patients deemed clinically urgent difficult. During the first and second wave, liver transplantation was maintained for Super Urgent patients and clinically urgent patients. This has become more difficult in regions of the country under pressure with Critical Care capacity. This week in order to maintain liver transplant activity, we have worked closely with NHS England and have outlined key principles to be adopted to ensure liver transplantation is safeguarded for those in urgent need of a liver transplant. This is a great step forward and the pathway will be overseen by the Critical Care Provision group working closely with senior members of LAG. The letters that were sent out accompany this bulletin.

I am grateful to the continued collaborative working across all units to ensure we maintain liver transplantation; examples include patients from the Royal Free transplanted this week in Newcastle.

I am very grateful to all those involved in making this happen and a particular thanks to Doug Thorburn and John Isaac.

Updated OTDT-BTS Consent Guidance

Revised joint OTDT-BTS Guidance for Clinicians on Consent for Solid Organ and Islet Transplantation and Living Donation will be published next week.

Living Donation

Currently 14/23 adult kidney transplant centres are under some type of restriction for living donation (closed/programme paused or open for selected recipients) and 4/10 paediatric centres associated with them have restricted access to selected recipients for living donor transplantation. Living liver transplantation has taken place during the pandemic for selected, urgent cases. Full details can be accessed via ‘Transplant Centre Restrictions’ at https://www.odt.nhs.uk/covid-19-advice-for-clinicians/

The January 2021 UK Living Kidney Sharing Scheme matching run remains suspended and the next run is scheduled for end of April, according to the usual annual timetable.

COVID 19 Vaccination

Earlier this month we added some information regarding the COVID – 19 vaccination the clinical microsite, we hope you have found the Questions & Answers and joint OTDT & BTS guidance useful. In line with updated JCVI guidance on SARS-CoV-2 vaccination, including recommendations for adult patients who are about to receive planned immunosuppressive therapy, we have updated both documents and they are available here

- COVID-19 Vaccine – Q&As for Clinicians and Patients - INF1559 (PDF 319KB)
- Joint OTDT & BTS guidance on COVID-19 vaccination in adult solid organ and islet transplant wait-listed patients and adult living donor transplant recipients - DAT3911 (PDF, 229KB)

As per both documents we encourage all suitable recipients to receive any of the approved vaccines when one is offered to them. Over the next few weeks we will work closely with our colleagues and partners to try and dispel any myths and concerns regarding the various types of vaccine. We wish to ensure decision-making with regards to the receiving a vaccine is fully informed and based on fact.

There is also further information about NHS England’s vaccination programme available here: Coronavirus » COVID-19 vaccination programme (england.nhs.uk)

Perfusion Fluids Update – Message from Ian Currie, UK Lead Organ Retrieval

We are aware that the COVID – 19 pandemic has resulted in teams in the fields of donation, retrieval and transplantation working in unfamiliar environments and with new colleagues. These changes are as a result of areas within acute hospitals such as theatres being re-purposed and the subsequent redeployment of staff to care for critically ill patients.
We would encourage all colleagues to ensure the safety briefing undertaken before surgery includes, in particular, the perfusion fluids to be administered during the procedure, so that all colleagues have the opportunity to clarify anything that they are unsure of.

This applies to live donation as well as deceased donation procedures.

We would also encourage that the storage of perfusion fluids is separate to any IV fluids in order to avoid any confusion in the administration of fluids in the operating theatres, to ensure the safety of deceased and live organ transplantation.