

## OCULAR TISSUE ADVISORY GROUP

<b>SAC TCTP Report for OTAG Meeting June 2016</b>
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**a. Post mortem retrieval time: Change Notification issued. Guidelines updated as below:**

The change is to the first sentence to section 21.12.2 of the Red Book (Ocular Tissue Processing and Storage).

*“Corneas should be stored into storage solution no longer than 24 hours post enucleation”.*

The rest of the text has not changed from previous version.

Death to retrieval did not require change and it is specified in 21.12.1 eye retrieval section

*“Enucleation should be carried out as soon as possible, but no longer than 24 hours after death”.*

**b. Hepatitis B testing**

SAC-TCTP has requested SAC-TTI look into the requirement for anti-HBS level when index NAT testing is carried out. This has been discussed by SAC-TTI at their April 2016 meeting and will go to JPAC for further discussion.

**c. Donor Selection Guidelines:**

The following change proposals have been approved by JPAC and change notifications to the Donor Selection Guidelines are in progress at the time of this report.

*Necrotising fasciitis and ocular tissue* This is a contra-indication to eye donation

*Osteogenesis imperfect:* This is a contra-indication to eye donation

*Fibromyalgia* This is not a contra-indication to eye donation

*Xenotransplantation* Entry amended to provide clarity. No change to guidelines

**d. Importation of corneas**

OTAG (Jan 2016) requested information on import of corneas directly by hospitals and how this activity is monitored by HTA. This was raised with the HTA through SAC-TCTP. The HTA reported back that this issue was discussed this with the HTA Quality and Safety Group, who had advised that further information from OTAG would be helpful to investigate this further. It was agreed that this query to be passed to OTAG

## **2. Items of interest from JPAC:**

### **a. Position Statement: Zika Virus**

The JPAC Position Statement on Zika Virus was posted in the Document Library on the JPAC website on 12/04/2016. The preliminary risk assessment on deferral of donors who are sexual contacts of travellers to Zika affected areas is being put through the Alliance of Blood Operators risk assessment format as advised by SaBTO

### **b. Tropical Virus Risk**

It was agreed that the 'Tropical Viruses' in the DSG includes Zika, Chik V and Dengue. This will have the advantage that other viruses with the same deferral criteria can be easily added if required.

The Geographical Disease Risk Index (GDRI) is being updated as necessary to include the status of Zika affected countries.

### **c. Viral haemorrhagic fever**

Guidance for travellers to endemic countries and contacts with these infections has been updated.

## **3. SABTO:**

Guidance on microbiological safety of tissues cells and organs – review of this guide completed in April 2016. The draft document is due for external consultation after internal consultation process is completed

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**23/05/2016**