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**To:**

Heads of Transplant Centres  
Lead Clinicians in Transplant Centres performing living donation  
Regional Managers (for cascade to SNODs & CLODs)  
Living Donor Co-ordinators  
Members of Organ Advisory Groups

Friday 29<sup>th</sup> July 2011

Our ref: JN/tm/2011/0707

Dear Colleagues,

**Re: Testing for HTLV 1 & 2 in potential deceased and living donors**

A recent transmission of HTLV from a deceased donor to transplant recipients has highlighted the need to be vigilant in screening of all donors for potentially-transmissible infections, including HTLV. From the clinical history given, the donor would not have typically been considered at high risk of infection and did not come from a part of the world where HTLV is endemic.

In its recent '*Guidance on Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation*' published in February 2011, The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) makes HTLV testing a requirement for all organ donors.

The Guidance can be accessed via the following link:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121497](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497)

Most of the virological laboratories are already undertaking this testing and we are working with the other laboratories to ensure they are able to provide this service in a timely manner.

For deceased donors, the SNODs will request HTLV screening antibody when they request other virological markers and the results will be available on EOS. Where test results are positive, not available or where the results are equivocal, the transplant surgeon will need to make a clinical judgement whether to accept the offered organ for the patient who must be appropriately informed. Where results are positive, the surgeon may wish to take expert advice about interpretation of the test results. The decision and rationale for the decision should be documented in the medical records. If an organ from a

donor who is HTLV positive is used, then there should be an agreed plan for follow-up and treatment. To build up a clinical database to help inform clinicians and recipients, NHSBT will set up a registry of such transplants with fuller follow-up details.

Previously, HTLV testing for living donors has been recommended only if indicated i.e. those who have been considered at higher risk of infection, with particular emphasis on geographical risk factors. The recently revised '*UK Guidelines for Living Donor Kidney Transplantation*', 3<sup>rd</sup> Edition, published in May 2011 by The British Transplantation Society (BTS) and Renal Association (RA) are currently being amended so that they are consistent with SaBTO Guidance.

We would be grateful if you could alert all colleagues who are involved in the assessment of all potential living and deceased donors about this change in practice and make arrangements within your own centres to ensure that these recommendations are implemented as soon as possible.

If you have any concerns or problems, please do not hesitate to get in touch.

Thank you for your help in this matter.

Yours sincerely,



Prof. James Neuberger  
**Associate Medical Director, ODT**