

SaBTO

Advisory Committee on the Safety of
Blood, Tissues and Organs

Advice Concerning Organ Donation and H1N1 (Swine) Flu

As the incidence of Swine Flu increases in the population, there is a risk that organ donors may be infected, or have infection suspected. In general, organs from potential donors should be offered. The decision to accept and use an organ for transplantation lies with the implanting surgeon with local microbiological advice (in conjunction with informed consent from the recipient). However, we have anticipated a number of scenarios, and proffer advice for each:

1. Potential donor dying of proven swine flu as primary cause of death

Such patients are very unlikely to become donors. There are reports of involvement of many organs other than lung, and of persisting viraemia. Organs from such a patient should not be used.

2. Potential donor with *confirmed* concomitant diagnosis of Swine Flu

Donor has been diagnosed in the community, or after admission to hospital, *and confirmed by testing* but comes to donation because of another condition (e.g. intra cerebral bleed). Organs should not be used unless 10 days has elapsed after diagnosis, and adequate treatment with therapeutic doses of *Tamiflu*. Lungs should not be donated. Other organs may be offered and the final decision lies with the implanting surgeon weighing the balance of risks for the particular recipient.

Prophylaxis should be given to the recipient (see note (iii), page 2).

3. Potential donor with *suspected* concomitant diagnosis of Swine Flu

Donor has been diagnosed in the community, i.e. started on treatment, or after admission to hospital, *but not confirmed by testing* and comes to donation because of another condition. Organs should not be used unless 10 days has elapsed after diagnosis, and adequate treatment with therapeutic doses of *Tamiflu*. Lungs should not be donated. Other organs may be offered, and the decision made by the recipient centre.

Prophylaxis should be given to the recipient (see note (iii), page 2).

4. Potential Donor where infection is raised as a possibility

Donor in whom there is a contact history, suggestive symptoms, or a temperature $>38^{\circ}\text{C}$. Nose and throat swabs should be taken. A positive result (if time permits) puts the donor in category (2) above. If time does not permit, lungs should not be used, other organs should only be used after discussion with the recipient medical team and the final decision lies with the implanting surgeon weighing the balance of risks for the particular individual involved.

Prophylaxis should be given to the patient (see note (iii) page 2).

5. Donor with a previous history of Swine Flu

If more than 10 days after onset, and there has been full clinical recovery, donation of all organs can proceed. Nose and throat swabs should be taken.

6. All other Donors – including those from ward/ITU where swine flu patients are present

Donation should proceed along normal lines. Nose and throat swabs should be taken from *all* donors. Prophylaxis should be given to any recipient of a donor proved to be positive.

Notes

- i. All donors should have nose and throat swabs taken. Results will be available in no longer than 24 hours. NHSBT, through the donor coordinators, should have the responsibility of informing the recipient centre of a positive result.
- ii. We are not recommending prophylaxis for all recipients.
- iii. Efficacy of prophylaxis for recipients of *potentially* infected organs is entirely unknown.
- iv. The 10-day period following diagnosis represents a precautionary approach in the absence of strong evidence and following virological advice about prolonged shedding of virus and involvement of other organs.

Please note that these guidelines are for ORGANS ONLY and exclude tissues. While there is no specific guidance for tissue donors, please use the criteria for blood donation as described in the Change Notifications 14 and 15 issued by JPAC.

http://www.transfusionguidelines.org.uk/docs/pdfs/dl_change_note_2009_14.pdf

http://www.transfusionguidelines.org.uk/docs/pdfs/dl_change_note_2009_15.pdf

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