



## SPANISH RECOMMENDATIONS TO MANAGE ORGAN DONATION AND TRANSPLANTATION REGARDING THE INFECTION ASSOCIATED WITH THE NEW CORONAVIRUS (SARS-CoV-2) PRODUCER OF COVID-19

(EXTRACT FROM THE BIOVIGILANCE ALERT REFERENCE BV-ES-20200122- LAST UPDATE 13 APRIL 2020)

The following circumstances define a situation of epidemiological risk:

- Exposure to a confirmed case of COVID-19 in the previous 21 days. Exposure includes having shared the ICU or any other hospital unit with a confirmed case of COVID-19.
- To live in or to have visited an affected area (Scenarios 3 and 4)\* within the previous 21 days.

*\* Community transmission (Scenarios 3 and 4). **Currently, Spain as a whole is considered to be in such scenario, leading to perform universal screening.** Since the epidemiological situation is constantly evolving, it is recommended that each donor coordinator and transplant team assess the scenario that best describes their local situation. In order to know the international situation, the updated information can be consulted on this website:*

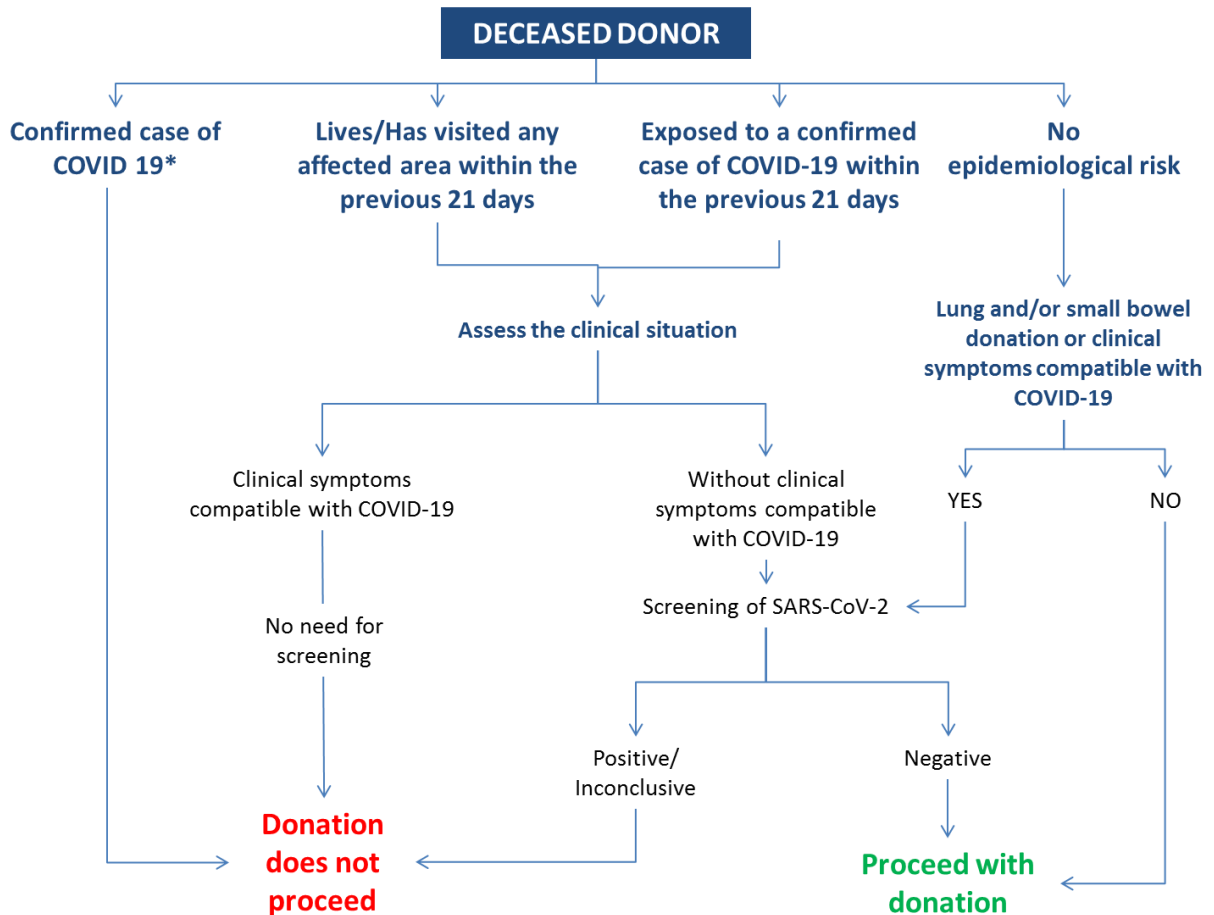
*(<https://www.msbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/home.htm>)*

### DECEASED DONATION WILL NOT PROCEED IN THE FOLLOWING CIRCUMSTANCES

1. **Confirmed cases of COVID-19** (for recovered cases, according to the established criteria, a minimum of 21 days after recovery is recommended with an individual risk assessment).
2. Donors with **epidemiological risk AND with clinical symptoms compatible** with COVID-19.
3. In the event of donors with **epidemiological risk WITHOUT clinical symptoms compatible** with COVID-19, the **SARS-CoV-2 screening** will be performed. In case of a **positive or inconclusive result**, the donation will not proceed.
4. In the event of donors without **epidemiological risk**, the **SARS-CoV-2 screening will be performed in case of lung and/or small bowel donation, OR if they show clinical symptoms compatible** with COVID-19. In case of a **positive or inconclusive result**, the donation will not proceed.



**ALGORITHM TO FOLLOW FOR DECEASED DONATION**



\*Donation will be considered on a case-by-case basis in cured cases of COVID-19 after a minimum of 21 days following resolution of symptoms and completion of therapy. A cured case is defined as follows:

- Patient with confirmed COVID-19 (or highly suspicious) who was hospitalized: 21 days after the complete resolution of symptoms AND two negative SARS-CoV-2 RT-PCR in respiratory tract samples obtained >24 hours apart.
- Patient with confirmed COVID-19 who was isolated at home: 21 days after the complete resolution of symptoms AND two negative SARS-CoV-2 RT-PCR in respiratory tract samples obtained >24 hours apart.
- Patient with probable COVID-19 (i.e. with no microbiological confirmation), who was isolated at home with suggestive symptoms and/or exposure to a confirmed case of COVID-19: if symptoms continue, donation will not proceed; if contact has occurred within the previous 21 days, screening for SARS-CoV-2 will be performed; if contact has occurred beyond the previous 21 days, donation will be considered as for any other potential donor.



## LIVING DONORS

It is recommended to **defer the donation if the donor is a confirmed case of COVID-19, if the donor lives or has visited any of the affected areas or if the donor has been exposed to a confirmed case within the previous 21 days**, regardless of clinical symptoms. Nevertheless, if the conditions of the hospital make it possible to develop a living transplant procedure, it is recommended to screen both donor and recipient for SARS-CoV-2 within the previous 24 hours.

## TESTS AND SAMPLES FOR THE SCREENING OF SARS-CoV-2

- For donor screening, **RT-PCR will be performed in at least one sample**. Currently, it is not recommended to use rapid tests (antigenic or serologic).
- Ideally, it is recommended to take a **sample of bronchoalveolar lavage or bronchial aspirate, particularly in case of lung and/or small bowel donation. A sample of the upper respiratory tract** (by nasopharyngeal **AND** oropharyngeal swab) can be acceptable, based on the criteria of the donor coordinator and the logistic capacity of the center.
- The sample will be taken **as close as possible to the retrieval time**. Each donor coordination unit should know in advance the estimated time to have the RT-PCR result available for SARS-CoV-2. The sample should be taken with enough time to facilitate the logistical organization of the donation process and avoid any possible delay, preferably within the previous 24 hours before retrieval.
- In case of **tissue donation** without organ donation or when the screening for SARS-CoV-2 is not necessary, a sample should be taken for the tissue establishment to perform the mentioned screening.

## TRANSPLANT ASSESSMENT

Any transplant program should make a **CASE BY CASE** evaluation when assessing the convenience of carrying out a transplant based on:

- Availability of resources of ICU/OER
- Risk/benefit of exposing an immunosuppressed patient to the risk of infection by SARS-CoV-2 (according to the number of cases and the possibility of admission under ideal isolation conditions) *versus* the need for transplantation (clinical situation of the patient).

In order to ensure the protection of patients on the waiting list, it is recommended to include the **screening for SARS-CoV-2 in the pre-transplants tests, RT-PCR** in nasopharyngeal and oropharyngeal swab, as soon as the patients arrive to the hospital, especially if they show clinical symptoms compatible with COVID-19 or if they are at epidemiological risk (contact with a confirmed case of COVID-19 or living/having visited an affected area).