ALERT: Coronavirus (COVID-2019) and Ocular Tissue Donation.

February 3, 2020

Due to the outbreak of the Coronavirus in China (PRC) (referred to as COVID-2019, and previously 2019-nCoV), members of the Global Alliance of Eye Bank Associations (GAeba) have consolidated global responses, in relation to ocular tissue donation. This alert outlines those recommendation, and applies to both active transmission zones and non-affected zones.

Response plans vary across the world, and will continue to change, depending on the country and the spread of the disease. Therefore, GAeba advises that all Eye Banks and their Medical Directors contact their jurisdictional permanent health authority and/or Eye Bank Association, to ascertain up-to-date local/regional exclusion and deferral criteria.

About COVID-2019 and ocular tissue donation

1. The risk to the eye donor pool is considered low;
2. COVID-2019 causes severe respiratory infections, including pneumonia. Although the virus appears not quite as likely to cause fatalities as Severe Acute Respiratory Syndrome CoV (SARS-CoV) or Middle East Respiratory Syndrome (MERS-CoV), COVID-2019 has already resulted in fatalities;
3. The virus appears to be spread via respiratory droplets. It also could be spread if people touch an object with the virus and then touch their mouths, noses or eyes; and
4. There is no evidence at present that coronaviruses can be transmitted by blood transfusion or tissue/cell transplantation and therefore these measures are precautionary.

Recommendations (regional variations)

GAeba follows the recommendations from various global blood, cell and tissue advisory agencies (outlined in our reference and resource list), and advises Eye Banks and their Medical Directors, follow similar blood safety measures as those for SARS-CoV and MERS-CoV. These being:

Exclude/defer (rule out) potential donors, for ocular tissue, that in the last 21-28 days before donation, meet the following criteria:

1. Resided/traveled to mainland China (regardless of symptoms);
2. Resided/traveled to other geographic area designated as area of active transmission by the CDC; with
   1. presentation of symptoms consistent with COVID-2019 (e.g., unexplained fever, cough, shortness of breath, diarrhea); or
   2. exposure link to suspected case patient while in the designated area; or
3. close contact with a person who has confirmed COVI-2019 infection, including healthcare workers
2. Test positive for COVID-2019; or
   1. Symptoms consistent with active COVID-2019 infection (e.g., unexplained fever, cough, shortness of breath, diarrhea) in a patient with suspected COVID-2019 infection
3. Follow routine pre-donation history, Supplementary questions should not be required, as questions relating to travel and risk of contracting the virus should be adequately covered in existing social and medical history questionnaires; and
4. Eye banks should document the risk assessment of the disease and ensure all staff are aware of the above.

The position on COVID-2019 is changing and developing, so there may be further changes to this advice.

References

   https://mcusercontent.com/0412f950aa96d1122aaf84b86/files/23643b56-fcdf-d1ec-g7b2-512182045453/AAO_Member_Alert_29_January_2020.pdf Accessed 02 February 2020

Resources


Accessed 30 January 2020


Regional Eye Bank Associations

- Association of Eye Banks of Asia: http://www.eyebankingasia.org/
- European Eye Bank Association: https://www.eeba.eu/
- Eye Bank Association of America: http://www.restoresight.org/
- Eye Bank Association of Australia and New Zealand: http://www.ebaanz.org/
- Eye Bank Association of India: http://www.ebai.org/
- Pan American Association of eye Banks: http://www.apaboeyebanks.org/