COVID-19 Update

Bulletin 20-7

February 25, 2020

Following the initial publication of its Guidance to Tissue Bank Medical Directors on COVID-19 (AATB Bulletin No.20-3 [https://www.aatb.org/content/bullen-20-3] released January 31, 2020), the AATB Physicians Council has been monitoring the COVID-19 situation. Considering the latest CDC announcements of destinations\(^1\) with COVID-19 community spread\(^2\),

AATB is providing the following updates:

- Apparent community spread may be considered an “outbreak.” The travel-related deferral/exclusion criteria outlined in the AATB Guidance of January 31, 2020 [https://www.aatb.org/content/bullen-20-3], are intended to apply to countries with an active COVID-19 outbreak for the purposes of donor screening and COVID-19 risk assessment.

- Tissue bank medical directors may consider deferring living donors or excluding deceased donors who, in the last 28 days prior to donation, have traveled to China or other geographic areas designated as areas with community spread\(^2\) by CDC (regardless of symptoms). In addition, close contact\(^3\) (as defined by CDC) with a person who has confirmed COVID-19 infection should also be considered grounds for deferral or exclusion.

- Medical directors should also defer or exclude potential donors who, in the last 28 days before donation, have tested positive for COVID-19 or fall under the PUI\(^4\) category as defined by the CDC.

Due to the dynamically changing outbreak geography, medical directors are advised to refer to the CDC on countries at risk for transmission and community spread.

AATB will inform members if any material changes require additional measures. For additional information, please contact the AATB Executive Office, Dr. Roman Hitchev, AATB VP & Chief Science Officer.

\(^1\) Travel Health Notices by the CDC [https://wwwnc.cdc.gov/travel](https://wwwnc.cdc.gov/travel)

\(^2\) Community spread means people have been infected with the virus, including some who are not sure how or where they became infected.

\(^3\) Close contact is defined as (i) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case; or (ii) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient).

\(^4\) Person under Investigation (PUI) for COVID-19 according to the criteria published by the CDC: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html)