

INFORMATIONAL ALERT:

Coronavirus Disease 2019 (COVID-19) and Eye Tissue Donation

March 2, 2020

EBAA continues to closely monitor the outbreak of respiratory disease caused by a novel coronavirus first identified in Wuhan, Hubei Province, China and which has now been detected in 60 countries internationally, including cases in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "Coronavirus Disease 2019" (abbreviated "COVID-19").

The Policy and Position Review Subcommittee (PPRS) of the Medical Advisory Board continues to meet to assess the clinical risks of the novel coronavirus (COVID-19), including the potential for person to person transmission, and risks for disseminated infection from ocular tissue. This updated guidance provides insight into the current issues potentially impacting tissue safety.

Key Points about Coronavirus

- 1. The risk to the eye donor pool is considered low.
- COVID-19 causes mild to severe lower respiratory infections, including pneumonia with symptoms of fever, cough, and shortness of breath appearing 2-14 days following exposure³.
- 3. The virus appears to spread primarily via respiratory droplets produced when an infected person coughs or sneezes. It also could be spread if people touch an object or surface on which virus is present from an infected person, and then touch their mouths, noses or eyes¹. Diarrhea is a rare symptom, but fecal-oral transmission has been reported among symptomatic patients.
- 4. Anecdotal reports suggest the virus can cause conjunctivitis and possibly be transmitted by aerosol contact with conjunctiva¹.
- 5. A study of more than 72,000 COVID-19 patients reveals a case-fatality rate of 2.3% and suggests most cases are mild, but the disease is most severe in the elderly¹⁰.
- 6. There is no evidence at present that coronaviruses can be transmitted by blood transfusion or tissue/cell transplantation and therefore the following measures are precautionary.

COVID-19 Screening Recommendations for EBAA Member Eye Banks:

Effective immediately, the EBAA recommends that eye banks exclude/defer (rule out) potential donors for ocular tissue who in the last 28 days before donation met one or more of the following criteria:

Clinical Features		Epidemiological Risk
Any (or none)		Tested positive for or suspected of having COVID-19 within the past 28 days
Any (or none)		Traveled to an area with a Level 3 travel warning defined by the US Centers for Disease Control & Prevention within the last 28 days*
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	A history of travel from affected geographic areas with widespread or sustained community transmission within the last 28 days**
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within the last 28 days
Severe acute lower respiratory illness (e.g. pneumonia, ARDS) without alternative explanatory diagnosis (e.g. responsible organism identified by culture or other testing)	AND	No source of COVID-19 exposure within the last 28 days has been identified

^{*} https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

This will be in effect until further notice or additional criteria are added. Screening recommendations shall expire when COVID-19 is no longer endemic.

Key Points About Existing Screening Processes (US Eye Banks)

- The existing Uniform Donor Risk Assessment Interview (DRAI) contains screening capture questions for generalized infection symptoms (Q6) that can be used effectively to screen a potential donor with 2019-nCoV symptoms.
- 2. The existing Uniform DRAI contains screening capture questions for generalized travel history (Q26, Q27, and Addendum "6 month" travel question (QZ3)) that can be used effectively to screen for a history of travel to a COVID-19 endemic region.
- 3. The existing Uniform DRAI does not contain specific questions asking about COVID-19 infection or exposure, which may warrant adding questions to screen for these details.
- 4. Eye banks should document the risk assessment for 2019-nCoV infection and ensure all staff are aware of the above exclusionary criteria.

This is a precautionary deferral of donors in the absence of sustained person-to-person transmission locally. However, there have been reports of person-to-person transmission of COVID-19 in the U.S, Germany, and Vietnam as well as reports of asymptomatic transmission^{5,11}. Consequently, the CDC case definition of a person under investigation (PUI) was revised on February 27,2020⁴ and CDC released a CDC Health Alert Network (HAN) Health Update⁶.

^{**} Affected geographic areas where sustained community transmission has been identified will be defined as a country with <u>at least</u> a CDC Level 2 Travel Health Notice. See all <u>COVID-19 Travel Health Notices</u>.

Several cases of possible community transmission of COVID-19, in which persons became infected without having had contact with someone known to have the infection, have now been documented in the United States in <u>California (in two places)</u>, <u>Oregon and Washington</u>. Community spread in the Seattle area resulted in <u>the first two deaths in the United States</u> from COVID-19, as well as the first reported case of COVID-19 in a health care worker and the first potential outbreak in a long-term care facility.

The deferral period of 28 days represents twice the maximum reported incubation period (14 days) from exposure to onset of symptoms, which is the surveillance interval being used in public health reporting by CDC.

We are not at this time advocating a change to the Medical Standards or a required addendum to the Uniform DRAI.

The PPRS will continue to monitor the rapidly changing information for evidence suggesting risk for 2019-nCoV as a transplantation-transmitted infection and the EBAA will provide-updates as warranted. Members with questions may contact Jennifer@restoresight.org.

References and Resources:

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