



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

(EXTRACT FROM THE BIOVIGILANCE ALERT REFERENCE BV-ES-20200122-5. LAST UPDATE 13 MARCH 2020)

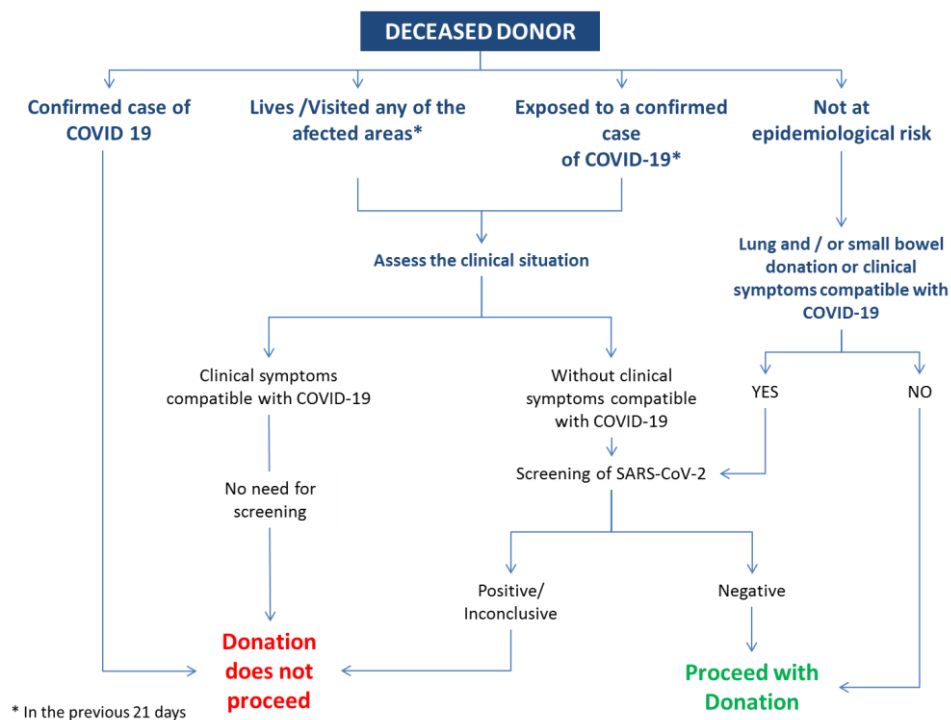
The following circumstances define a situation of epidemiological risk:

- 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)*in the previous 21 days.

DECEASED DONATION WILL NOT PROCEED IN THE FOLLOWING CIRCUMSTANCES

1. **Confirmed cases of COVID-19** (for recovered cases, a minimum of 21 days after recovery is recommended with an individual risk assessment).
2. Donors at **epidemiological risk AND with clinical symptoms compatible** with COVID-19.
3. In the event of donors at **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 who are **not at 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





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.

* *Community transmission (Scenarios 3 and 4). Given that 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>

SAMPLES FOR THE SCREENING OF SARS-CoV-2

- It is recommended to take a **sample of the upper respiratory tract** by nasopharyngeal **AND** oropharyngeal swab. Based on the criteria of the donor coordinator and the transplant team, it may be required to take additional samples.
- 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 for SARS-CoV-2 available. The sample should be taken with enough time to facilitate the logistical organization of the donation process and avoid any possible delay.
- 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**, 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).