Dear TSANZ members,

**COVID-19 - National Transplantation and Donation Rapid Response Taskforce Weekly Communique No. 6 – 15 April 2020**

**COUNTRY** | **COVID-19 Cases** | **Transplant Recipients COVID-19 positive**
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Australia | 6590* | 6
New Zealand | 1440* | 0
*As at 20th April 2020

- Transplantation has not changed in **Australia** from last week’s update:
  - All deceased and living kidney transplant programmes suspended, including kidney-pancreas and islet programmes, with the exception of urgent paediatric kidney transplants. Urgent liver, lung, heart and multi-organ transplants are proceeding. ICU capacity has not been reached, with 49 COVID-19 patients in ICU, 34 patients ventilated nationally.

- Transplantation update for **New Zealand**:
  - All units open for deceased donor renal transplants, with cases selected based on clinical risk benefit calculations dependent on donor and recipient factors. Deceased donor rates are low. Live donor transplantation is to recommence where benefits outweigh risks.

- **Research/Trials**: There are currently two drug trials underway. Australia is waiting on randomised control data from Europe, China, USA. Peter MacDonald notified the group about the Kirby Institute sponsored observational study for immunocompromised patients infected with COVID19, including people with HIV or on chemoRx or immunosuppressive drugs. ANZDATA are collecting similar clinical data on COVID-19+ dialysis or transplant patients across ANZ. Greg Snell mentioned the Alfred’s bio-banking study on immunocompromised patients, and the Doherty ASCOT sub-study that is in the pipeline.

- **Media enquiries**: Toby Coates was interviewed by the ABC in relation to kidney transplantation being on hold, which resulted in a [news article](#) on Sunday 19th April and then also appeared on the [7.30 Report](#) on Monday 20th April (starts at 17.10). Lucinda Barry was interviewed on ABC talkback radio in Melbourne re linking kidney transplantation to the decision to resume elective surgery: Lucinda reminded listeners that the reason kidney transplantation remains on hold is because of patient risk and safety. Lucinda also mentioned that urgent heart, lung and liver transplants are proceeding on a case-by-case basis.

- **Data**: Current COVID-19 epidemiological data was provided and is available [here](#). Australian active cases have dropped below 2000. A further resurgence of activity in Singapore was noted.

- **COVID-19 testing**: The group noted that testing turnaround times had improved slightly. The group discussed the need for more GenEx rapid turnaround PCR testing assays. Peter Boan advised of the rapid PCR test being rolled out to some regional areas but there is a limited supply. Serology has been started but data on test performance and clinical implications remain sparse.

- **Restart of transplantation**: 

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UPDATE PROVIDED – 22nd April 2020
- Each state is likely to move towards usual activity in a slightly different manor and timeframe, but the group agreed that each state needs to work through this process together with a nationally coordinated and consistent approach.

- Factors that need to be considered prior to recommencement of kidney transplantation include: transportation (including commercial flights and remote area logistics), tissue typing, allocation, hospitals and local area health positions, DonateLife staffing and waiting list management. There must also be clear and transparent messaging to our patients and the community, in accordance with state and national policies.

- Each state representative on the Renal Transplantation Advisory Committee (RTAC) are speaking to their respective local TACs to engage all transplant units and discuss further the local considerations and requirements, and communication strategies for their patients, local networks and health ministries.

- The decision to restart kidneys (and kidney pancreas transplantation) will be made once the risk to patients is deemed acceptable and other logistic issues have been addressed.

- ALL OF THE ABOVE is subject to weekly review.

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**UPDATE PROVIDED – 15th April 2020**

Dear TSANZ members,

**COVID-19 - National Transplantation and Donation Rapid Response Taskforce Weekly Communique No. 5 – 15 April 2020**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>COVID-19 Cases</th>
<th>Transplant Recipients COVID-19 positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>6431*</td>
<td>5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1366*</td>
<td>0</td>
</tr>
</tbody>
</table>

*As at 15th April 2020

- Transplantation has not changed in Australia and New Zealand from last week’s update.
  - **New Zealand** – Living donor kidney transplants are suspended; Wellington has suspended deceased donation transplantation; Christchurch and Auckland are continuing deceased donor transplantation (very select patients only). Paediatric kidney transplantation is continuing.
  - **Australia** – All deceased and living kidney transplant programmes suspended, including kidney-pancreas and islet programmes, with the exception of urgent paediatric kidney transplants. Urgent liver, lung, heart and multi-organ transplants
are proceeding for critically ill patients. There appear to be fewer donation opportunities due to decrease in trauma and possibly stroke.

- **Research/Trials:** There are currently two drug trials underway. The group discussed possible drug interactions between CNI and LPV/r and agreed such risks preclude inclusion of most Tx recipients. The numbers of Tx patients with COVID are low, thus meaningful insights for Tx would be unlikely.

- **Media enquiries:** The 7.30 Report is soon to air the interview relating to COVID-19 and transplantation – this may generate media interest in current strategy, duration of suspension and steps to restart.

- **Data:** Current COVID-19 epidemiological data was provided and is available here. Australia and New Zealand reported more recoveries than new cases. Note resurgence of activity in Singapore.

- **Renal Transplant Advisory Committee (RTAC) statement:** Management of Transplant Patients: RTAC provided a brief statement re management of COVID-19 positive kidney transplant recipients and emphasised the need for case discussions with local transplant units. The statement is available here.

- **Serology COVID-19 testing** – The group discussed TGA approval of Covid-19 IgG and IgM Serology assays – this will take time and will post-date clinical need. Peter Boan discussed the unknowns of serology, including rates and timing of seroconversion, whether seroconversion indicates immunity, and whether virus shedding can continue despite seroconversion. For transplantation, detection of virus by PCR will remain the main testing option for donors and recipients at least in the short term (next 12 months).

- **When and how to resume usual Donation and Transplantation activity:** Preliminary discussions:
  
  - Acknowledging timeframes remain unclear, it was agreed that a comprehensive national planning process needs to commence.
  - A highly coordinated, transparent and nationally consistent (but not necessarily nationally simultaneous) approach will be required, cognizant of workforce and resourcing (reversal of redeployments) & need for clear, consistent communication.
  - Implementation plans must be agreed within each jurisdiction at high level, but will need to be consistent with National Health Policy re COVID containment, PPE supply and health priorities.
  - The decision to restart should be made once the risk to patients is deemed acceptable.

- **TSANZ Patient Workshops – COVID-19:** The TSANZ is holding patient workshops by Zoom to discuss the perspectives of transplant candidates, family members, and potential donors on the suspension of transplant programs due to COVID-19. Workshops will be in late April 2020. Registrations are now open.

- **ALL OF THE ABOVE** is subject to weekly review.

Professor Toby Coates  
Co-Chair of Taskforce

Professor Steve Chadban  
Co-Chair of Taskforce

Dr Helen Opdam  
Organ and Tissue Authority
Dear TSANZ members,

COVID-19 - National Transplantation and Donation Rapid Response Taskforce
Weekly Communique No. 4 – 8 April 2020

On Tuesday 7th April 2020, the COVID-19 National Transplantation and Donation Rapid Response Taskforce met via video conference and discussed jurisdictional updates on suspensions, COVID-19 cases and the status of ICU capacity. The taskforce would like to present the following update;

• **New Zealand** – All living donor kidney transplants are suspended at present. There are three renal transplant units in NZ; Auckland, Christchurch and Wellington. Wellington has suspended deceased donation transplantation; Christchurch and Auckland are continuing deceased donor transplantation (very select patients only). Paediatric kidney transplantation is continuing. The influx into ICU has not yet happened as expected. There are no transplant recipients reported with COVID-19.

• **Australia** – no change to previous advice on suspensions of all deceased and living kidney transplant programmes, including kidney-pancreas and islet programmes, with the exception of urgent paediatric kidney transplants. Urgent liver, lung, heart and multi-organ transplants are proceeding for critically ill patients and paediatric patients.

• **COVID-19 cases in transplant recipients** – Current anecdotal reports suggest that there are low infection rates in transplant patients in low prevalence countries. It is extremely important that ANZ remain in this category. In countries with overwhelming rates of viral infection, mortality rates in transplant recipients appear higher than in non-transplant patients. Overall, infection rates in transplant patients appear to be no higher or possibly less than the general population – a possible explanation may be that recipients receive education about how to minimise their infection risk. We need to emphasise to transplant patients that they need to be extremely careful – even more so than the regular population. ANZDATA has reports of six positive cases in Australia – four transplant patients and two dialysis patients. Australia has a higher proportion of patients being tested for COVID-19 than most other countries.

• **Data** – Current COVID-19 epidemiological data was provided and is available [here](#).

• **Guidelines** – The group noted discussions occurring on the potential development of guidelines on how to manage transplant patient immunosuppression medication and agreed that at this stage there was not sufficient evidence-based data to inform such guidelines.

• **COVID-19 testing** – It was reported that testing turnaround times have improved and that there are no issues with reagent availability. It is hopeful that serology testing will be available soon.

• **Patients and Waitlist information** – Transplant Australia, in collaboration with TSANZ and the Transplant Nurses Association (TNA), are coordinating a series of videos on the coronavirus for the transplant community which is being funded by Astellas. The videos will be housed on the Transplant Australia YouTube Channel. TSANZ, TNA and Transplant Australia will also have them available on their website. The first video, titled “How to Stay Safe during the Pandemic” by Professor Toby Coates is available [here](#).

• **Requirements for transplant programs restarting** – Although this point is clearly some time away, recent reductions in new cases of COVID-19 in Australia and New Zealand
and remaining ICU capacity warrant increasing focus on this complex decision over the coming weeks and months. A highly coordinated response will be desirable, involving all transplant units in unison and close liaison with the donation network and tissue typing labs as considerations will be needed for; (1) Donatelife staff and transplant staff that have been redeployed to other areas such as ICU; (2) patients will need to resume providing monthly serum for tissue typing trays as many have stopped. The return of transplant programs will be mainly a risk-based clinical decision but will require administrative coordination and input. This matter will be a standard agenda item for this meeting.

- **Logistics** – It was confirmed that interstate offer and allocation can occur for recipients at high need of transplantation and if the transportation of retrieval teams and organs can be organised. It was noted that current barriers to transplantation were primarily clinical based and related to patient safety rather than logistical challenges. It was agreed that logistical challenges should be reported to the OTA for further consideration on strategies to support these challenges.

- **ALL OF THE ABOVE** is subject to weekly review.

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**UPDATE PROVIDED – 1st April 2020**

Dear TSANZ members,

**COVID-19 - National Transplantation and Donation Rapid Response Taskforce**  
**Weekly Communique No. 3 – 1 April 2020**

On Tuesday 31st March 2020, the COVID-19 National Transplantation and Donation Rapid Response Taskforce met to discuss COVID-19 as it continues to evolve. The Taskforce discussed and confirmed the following;

- Kidney living donor and deceased donor programmes, as well as kidney-pancreas and islet programmes, are all suspended in Australia, as per last week’s advice.
- Liver, heart, lung, paediatric and multi-organ transplant programmes are proceeding with recipients at high risk across Australia with careful assessment of the risks and benefits for patients. Patient safety is the key priority in all of these assessments.
- Cardiothoracic units expressed that they desperately need heart transplant to continue for their sick patients to avoid an upturn in waiting list mortality.
- Early suitability communications with local transplant programmes prior to extensive donor workup is recommended. Interstate offer and allocation can occur where there are recipients at high need of transplantation and if the transportation of retrieval teams and organs can be organised. Retrieval by local retrieval services is preferable, although current jurisdictional travel restrictions do not apply to surgical retrieval teams. It should be noted that substantial logistic challenges exist to interstate sharing that should be considered,
including reduced access to domestic air travel and restrictions on aircraft staff movement between states.

- COVID-19 cases in transplant patients are at very low numbers, with new data coming forward as we learn more.
- ICU capacity around Australia is not yet under pressure. Units are preparing that if the COVID-19 pandemic begins to overwhelm the health system that they have plans in place.
- People on the transplant waiting list and patients that have been transplanted are advised to contact their local health departments. TSANZ have provided a FAQ and advice document on their website and will be providing an additional update to assist them with specific questions with links to KHA and Transplant Australia websites for TSANZ patient suggestions.
- Professor Steve Chadban has been interviewed for Sydney Morning Herald, 730 report and Channel 7. Patients and other clinicians are being interviewed for 730 report. Chris Thomas from Transplant Australia was also interviewed. Unfortunately, there was a headline portraying the wrong information about organs being discarded, but the body of the article was more positive.
- Current COVID-19 Data was provided and is available here.
- Professor Toby Coates presented findings provided by Kidney international of data from Italy and England and will be on the TSANZ website as soon as available (likely within a week).
- Testing status – insight on test availability and turnaround times from each jurisdiction found that there has been an improvement in testing turnaround time.

- ALL OF THE ABOVE is subject to weekly review.

UPDATE PROVIDED – 25TH MARCH 2020

Dear TSANZ members,

COVID-19 - National Transplantation and Donation Rapid Response Taskforce Weekly Communique No. 2 – 24 March 2020

Global prevalence and outcomes data for general and transplant populations were presented and discussed, along with local developments and projections. The following positions were established:

Transplantation Activity:

Considerations:

1. Donor requirements for ICU resources in an increasingly constrained environment
2. Projected increases in COVID-19 (+) patients within hospitals and in the general community, thereby increasing risks of nosocomial and community infection of donors and recipients
3. Recipient requirements for ICU resources (non-kidney recipients)
4. Recipient risks of COVID-19 infection during the highly-immunosuppressed post-op period
5. Recipient risks without transplantation for at least 4 months (death from organ failure, complications of organ failure, dialysis related morbidity)

The Australian Transplant community plans to change current practice in transplantation:

1. Kidney – living donor and deceased donor programmes suspended
2. Kidney-pancreas (and islet) – suspend as above
3. Liver, Heart, Lung, Paediatric and multi-organ transplant programmes – restrict to those likely to die within 4 months if untransplanted, subject to case by case review in light of donor-recipient characteristics. COVID-testing results desirable, not essential if low risk.
4. ALL OF THE ABOVE subject to weekly review.

Donation:

1. Continue supporting donors subject to local ICU capacity constraints, prevalence of COVID-19 in donor ICUs, and local demand/requirements by transplant teams as advised by direct contact between DonateLife and transplant teams, on a case by case basis.
2. Organ offer and allocation will be restricted to local programmes – DonateLife Agencies should undertake early suitability communications with local transplant programmes prior to extensive donor workup.
3. Attempt to provide COVID-19 testing results (nose and throat swab and, if can be safely obtained, an endotracheal aspirate; bronchoscopic samples not required) for all donors and recipients, subject to local availability.

The transplant community of Australia and New Zealand would like to thank Lucinda Barry for her sterling leadership of OTA to date. We wish her every success in joining the Department of Prime Minister and Cabinet for the crucial 3 months ahead in coordinating a national response to COVID-19. We welcome Judy Harrison as the acting Chief Executive Officer of the OTA and look forward to an ongoing constructive working relationship.

Professor Toby Coates
Co-Chair of Taskforce

Professor Steve Chadban
Co-Chair of Taskforce

Dr Helen Opdam
Organ and Tissue Authority

UPDATE PROVIDED – 18TH MARCH 2020

Dear TSANZ members,

COVID-19 - National Transplantation and Donation Rapid Response Taskforce
Weekly Communique No. 1 – 18 March 2020

• On Tuesday 17th March 2020, the new COVID-19 National Transplantation and Donation Rapid Response Taskforce met for the first time. This Taskforce has been formed with transplantation, donation and infectious disease professionals to consider the clinical impact of COVID-19 on donation and transplantation in Australia.

• The Taskforce will meet weekly, or more frequently if required, to consider COVID-19 as it evolves and will send weekly communiques to the sector providing advice and leadership on the COVID-19 issue

• Organ donation and transplantation is proceeding across Australia with careful assessment of the risks and benefits for patients. Patient safety is the key priority in all of these assessments.
Assessments are being made on a case by case basis with the below impacts currently experienced:

- **Kidney transplantation** – the majority of living kidney donations have been postponed following assessment of the perceived post-transplant risks of immunosuppression and hospitalisation compared to the potential benefits for a recipient who is well and stable on dialysis, particularly home dialysis. Deceased donor transplantation continues, with kidney offers assessed on a case by case basis to assess risks and benefits specifically focussing on risks of requiring extended dialysis post-transplant, excessive immunosuppression and incurring complications that may require prolonged hospitalisation. As such, donor risks of DGF, recipient sensitisation and donor matching and comorbidity will be specifically considered for every kidney offer by clinical teams.

- **Paediatric transplantation** – living kidney donation have ceased in the short term and deceased donation proceeding though being selective with donors. Paediatric data is limited though correspondence from Italy indicates that the Lombard population have 50 confirmed paediatric cases (of the confirmed COVID-19 cases), no cases amongst kidney or dialysis patients. Remarkably low severity in the paediatric population, no signal yet of increase risk of immunosuppressed paediatric patients.

- **Liver, lung and heart** transplantation – being clinically assessed on a case by case across the country, balancing the risk of death on waitlist with the risks of transplanting in the COVID-19 environment. Screening potential donors and recipients highly desirable. Internationally the Toronto Lung Transplant program will be closing for a couple of weeks.

- Following a review of current access to testing and results from local labs across the country, the Taskforce noted variability and agreed that prioritisation of donor testing should be sought locally where possible.

- The Taskforce agreed to develop specific advice for the sector on the testing of donors with guidance on routine testing of deceased donors and the availability of tests prospectively or retrospectively on defined criteria. This advice was issued to the sector on 18 March 2020 and will be reviewed as the situation evolves.

The group discussed the screening of recipients noting that a more accurate history is generally available than for donors. The length of time from donation offer to transplant can be short, results may not be back in time however tests would still enable reassurance, management and tracing.

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**UPDATE PROVIDED – 16TH MARCH 2020**

Dear TSANZ members,

The TSANZ in combination with the Transplant Liaison Reference Group and the Organ and Tissue authority are closely monitoring the COVID-19 infection and its implications for Australian and New Zealand transplantation. A new committee with infectious diseases and epidemiology input has been formed, which will meet every Tuesday to follow the infection and its impact on organ donation activity and transplant activities across all disciplines.
Organ specific transplant advice is best provided through the advisory committee chairs for each discipline.

The TSANZ will keep its members regularly up to date with the changes as the situation evolves.

Toby Coates
President, TSANZ

UPDATE PROVIDED – 11TH MARCH 2020

Dear TSANZ members,

With regret because of the COVID-19 viral infection the TSANZ Council have decided not to hold our ASM and its associated meetings including the Post Graduate Course, TSANZ Liver Meeting, Masterclass, the Machine Perfusion Workshop, the National Review of Paediatric Kidney Recipients Workshop and the Virtual cross match session.

TSANZ plans to hold a virtual session on Monday 23rd March afternoon for an update on TSANZ response to COVID-19, the President’s Prize Session and the Annual General Meeting. Details to follow this week.

TSANZ is investigating next year’s ASM - registration fees paid for this year’s ASM will be held over for next year. Refunds can be made available if needed. Unfortunately, TSANZ is not in a position to compensate people for incurred travel expenses, and we thank everyone for their understanding in these difficult circumstances.

In the light of the rapidly changing situation the Council will continue to communicate as the situation evolves.

Toby Coates
President, TSANZ

UPDATE PROVIDED – 7TH MARCH 2020

Dear TSANZ members,
As you all know the situation regarding the emerging infection with the novel corona virus is a rapidly changing in Australia and New Zealand. The TSANZ is actively monitoring the situation and is extensively involved in dialogue with the Organ and Tissue Authority around transplantation and maximal safety for our patients and all involved in the care of transplant patients. At this stage individual hospitals and Departments of Health will be providing advice to their staff about local responses to the infection, and infection control means.

A link to the position statement from the International Transplantation Society (TTS) can be found [here](#).

With regard to the TSANZ Annual Scientific Meeting (ASM), the TSANZ meeting convenors and the Council are actively monitoring the viral situation in Adelaide - still a low risk city with a small number of reported cases. The ASM planning is well advanced and we will keep members informed of any changes to the program as events unfold. We look forward to seeing as many as possible at the TSANZ meeting in March.