

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)
6. Logistic constraints related to COVID-19 testing of donor and recipients and the transportation of surgical retrieval teams, organs and recipients (especially interstate).

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 Lombardi 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.



Professor Toby Coates
Co-Chair of Taskforce



Professor Steve Chadban
Co-Chair of Taskforce



Dr Helen Opdam
Organ and Tissue Authority

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.

