



TSANZ

The Transplantation Society of Australia and New Zealand



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 ANZ would like to thank Lucinda Barry for her sterling leadership of OTA to date. We wish her every success in joining the Department of PM 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.

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