

Recommendations regarding the use of organs and tissues with regard to the risk of infection with the SARS-CoV-2 virus .

Third stage: epidemia

- **Organs from living donors**
- **Tissues from living donors**
- **Organs from deceased donors**
- **Tissues from deceased donors**

English version

March 20th, 2020 update

Organs from living donors

Third stage of SARS-CoV-2: epidemia

March 20th, 2020 update

A donor with uncontrolled infection at the time of the donation must be deferred (decree of November 4th 2014 regarding the selection of organs, tissues and cells)

Every donors must be tested
- Donor's medical history regarding a contact with SARS-CoV-2 positive patient must be checked.
Attention: the main COVID-19 symptoms are fever, cough, dyspnea and myalgia. On X-rays/CT scan, there can be unilateral pneumonia, bilateral pneumonia and ground-glass opacities.

For every donors

Testing the donor for the presence of the virus SARS-CoV-2 with gene amplification (RT-PCR) on a naso pharyngeal swab and, if possible, on a blood sample (whole blood, serum or plasma).
Results must be transmitted to transplant teams as soon as possible

Positive results
On at least one of the tests, if both –on nasopharyngeal swab or blood sample- were done

Transplant teams are notified about the risk the presence of SARS CoV-2 represent and they assess the risk benefit ratio of the transplant for the recipient. If the final decision is to do a transplant, a clinical justification and an appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file.

Negative results

No additional measure required
Pursue the collection.

Tissues from living donors

Every donor must be tested
- Donor's medical history regarding a contact with SARS-CoV-2 positive patient must be checked.
Attention: the main COVID-19 symptoms are fever, cough, dyspnea and myalgia. On X-rays/CT scan, there can be unilateral pneumonia, bilateral pneumonia and ground-glass opacities.

For every donors

Testing the donor for the presence of the virus SARS-CoV-2 with gene amplification (RT-PCR) on a naso pharyngeal swab and, if possible, on a blood sample (whole blood, serum or plasma).

Positive results
On at least one of the tests, if both –on nasopharyngeal swab or blood sample- were done

The tissues won't be distributed by tissues banks.

Negative results

No additional measure required
Pursue the collection.

Tissues processed by a virus inactivation treatment are not affected by these measures when the process of virus inactivation has been validated in terms of risk and with an ANSM authorisation.

Organs from deceased donors

Third stage of SARS-CoV-2: epidemia
March 20th, 2020 update

A donor with uncontrolled infection at the time of the donation must be deferred (decree of November 4th 2014 regarding the selection of organs, tissues and cells)

- **Every donors must be tested**
- Donor's medical history regarding a contact with SARS-CoV-2 positive patient must be checked.

For every donors

The carrying out of the tests **must be anticipated** in particular if the removal of the **lungs and non-vital organs** is considered.

Testing the donor for the presence of the virus SARS-CoV-2 with gene amplification (RT-PCR) on a naso pharyngeal swab and, if possible, on a blood sample (whole blood, serum or plasma).

Regarding lungs and non vital organs (kidneys and pancreas), results must be known before transplant!

Regarding heart and liver

If the results are not available before the transplant and if the transplant is maintained, a clinical justification and an appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file.

Positive results

For the lungs, transplant procedure must be stopped.

For other organs, transplant teams are notified about the risk the presence of SARS CoV-2 represent and they assess the risk benefit ratio of the transplant for the recipient. If the final decision is to do a transplant, a clinical justification and an appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file. Organs' removal will happen according to the medical facility's rules regarding this infectious risk.

Negative results

No additional measure required
Pursue the collection and the transplant.

Positive results

If (on at least one of the tests, if both –on nasopharyngeal swab or blood sample- were done) the results are positive, transplant teams are notified about the risk the presence of SARS CoV-2 represent and they assess the risk benefit ratio of the transplant for the recipient. If the final decision is to do a transplant, a clinical justification and an appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file. Organs' removal will happen according to the medical facility's rules regarding this infectious risk.

Tissues from deceased donors

- **Every donors must be tested**
- Donor's medical history regarding a contact with SARS-CoV-2 positive patient must be checked.

For every donors

Testing the donor for the presence of the virus SARS-CoV-2 with gene amplification (RT-PCR) on a naso pharyngeal swab and, if possible, on a blood sample (whole blood, serum or plasma).

Positive results

If (on at least one of the tests, if both –on nasopharyngeal swab or blood sample- were done) the results are positive, The tissues won't be distributed by tissues banks.

Tissues processed by a virus inactivation treatment are not affected by these measures when the process of virus inactivation has been validated in terms of risk and with a ANSM authorisation.

Negative results

No additional measure required
Pursue the collection and the transplant.