

Guidelines Related to Organ Donation and Influenza (Includes H1N1, H3N2 and other community strains)*

*Based on on SaBTO (Advisory Committee on the Safety of Blood, Tissues and Organs), AOPO , American Society of Transplantation and International Society of Heart and Lung Transplantation guidelines

Potential Donor →	(1) <u>Confirmed</u> diagnosis of Influenza	(2) <u>Suspected or possible</u> diagnosis of Influenza	(3) Previous history of Influenza	(4) Other- including those from ward or ICU where Influenza patients are present.
Description	Donor is diagnosed and <i>confirmed by testing</i> : i) In community, or ii) after admission to hospital iii) May be primary cause of death or may come to donation because of another condition.	Donor diagnosis suspected or possible but <i>not confirmed by testing</i> : i) in the community, or ii) after admission to hospital, or iii) Has symptoms suggestive of influenza	Donor has a history of illness but more than 10 days has passed since diagnosis and full clinical recovery.	Donation should proceed as normal.
Organs	Organs should not be used unless ≥5 days since its diagnosis and treatment with therapeutic doses of tamiflu or appropriate antiviral. Lungs and small bowel should normally not be donated.	1. If no history of treatment, organs should only be used after discussion with transplant physician and/or TGLN Tx ID. 2. If ≥5 days of tamiflu or appropriate antivirals, then organs may be used. 3. Lungs and small bowel should be used with caution.	Organ donation may proceed as regularly. If Influenza was present within two weeks , lungs and small bowel should be used with caution.	
Notes	1. Acceptance of organs at the discretion of the transplant physician. 2. Prophylaxis/ treatment for influenza should be administered to recipients. 3. Should discuss case with TGLN Tx ID.	1. NP swabs should be taken 2. Acceptance of organs at the discretion of the transplant physician. 3. Prophylaxis/treatment for Influenza should be administered to recipient pending donor swabs.	1. NP swabs should be taken. 2. Inform transplant program of patient's history of Influenza.	1. NP swabs should be taken. 2. Prophylaxis should be administered to any recipient of a donor proven to be positive.

* New emerging strains of Influenza such as H5N1 and H7N9 (bird flu viruses) are not included and should be discussed with Medical Director and TGLN Tx ID. Normally these donors would not be accepted under any condition.