

The Rise of Donors with Increased Risks of Infection Transmission: What it Means for you as a Patient Awaiting Transplantation

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There is a major shortage of kidneys for the many patients that are waiting for a transplant. So, the transplant community has looked for ways to safely increase the number of kidneys available to the thousands of patients awaiting transplantation. One of the ways to increase the number of kidneys available is to consider donors that the Public Health Service (PHS) has determined to be at increased infectious transmission for Human Immunodeficiency Virus (HIV), hepatitis C virus, (HCV) and hepatitis B virus (HBV).

This group of donors now makes up about 30% of all donors available. These donors have tested negative for HIV, HCV, and HBV but have medical or social histories that suggest they could have been exposed to HIV, HCV and HBV which could then be transmitted to an organ recipient with transplantation.

People that are at higher risk for HIV exposure are also at higher risk for exposure to HBV and HCV. To protect our patients from harm, the Public Health Service has developed a list of factors that includes persons who

use intravenous drugs, engage in sexual practices that put them at increased risk of sexually transmitted diseases, were in prison within one year of their death. Donors who do not have one of these factors but who receive a large amount of blood products prior to their death are also considered at increased infectious risk.

Many transplant centers have studied the question of using such organs from deceased donors who have been determined by PHS criteria to be at increased risk for exposure to HIV, HCV and HBV. These donors often have organs that are of otherwise excellent quality. The results of studying these transplant recipients have shown excellent outcomes with no disease transmission at present. This does not mean that there is no risk.

It is assumed that the risk of transmission of HIV from a PHS risk donor with negative testing is about 1:1500 (one person for every 1500 persons transplanted), or the same risk as dying in a house fire; to 1: 10,000, the risk of drowning in your bathtub.

Testing for HIV, HCV and HBV has improved for

deceased organ donors and the test results are extremely accurate and sensitive. However, there is a short window period of about 5-6 days, from the time of exposure to HIV to when the virus can be detected in the blood. This period is shorter for HCV (3-5 days) and slightly longer

Please ask your transplant care provider any questions that you or your family may have.

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for HBV (20-22 days). This means that, if a potential donor had been exposed to one of these viruses in recent days, the blood tests would not show it, and the virus could be passed to the recipient. All deceased donors are tested for HBV, HCV and HIV.

Willingness to accept an organ from a PHS donor can shorten the time that a patient has to wait to receive a transplant. The risks of dying on dialysis while waiting for a kidney may be greater than the risks of getting a transmissible infection from such a donor if transplanted. However, these PHS risk organs may not be a good option for all transplant candidates, and there are many factors to be considered. Your transplant center will be able to provide you with as much information as possible about such potential donors, so that you can make the most informed decisions possible.

Here are some important facts to understand:

1. **You do not have to agree to accept a high-risk donor if you do not want to.**
2. **If you say that you do not want to consider PHS acceptable risk donors, your status on the transplant waiting list will not change, but patients that do agree to consider these donors can sometimes be transplanted more quickly.**
3. **Willingness to accept a PHS acceptable risk organ does not affect your chance of receiving a transplant from a standard risk donor.**
4. **You can change your mind at any time and it will not affect your status on the transplant waiting list.**
5. **You should discuss any questions you have about these types of organs with your transplant coordinator(s) and/or transplant physicians.**
6. **If you do receive a transplant from a PHS acceptable risk donor, you will be tested more frequently for HIV, HBV and HCV for up to a year after transplant.**

Should you have further questions regarding this issue, please feel free to contact your transplant team.