agence de la biomédecine

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

Third stage: epidemia

Cells from living donors

English version

March 20th, 2020 update

Hematopoietic stem cell living donor (*Third stage of SARS CoV-2 epidemia)*

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

Before the beginning of the conditioning regimen, while donor qualification,

testing the donor for the presence of the virus SARS-CoV-2 with gene amplification 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

Negative results

First step
See below for next step

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Second step

Regarding the recipient

Physicians in charge of the recipient must contact an infectious disease specialist. Taking into account the risk benefit ratio of the recipient, the transplant can be maintained or postponed. If the final decision is to do a transplant, a clinical justification and a appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file.

Regarding the donor

Refer the donor to an infectious disease specialist for appropriate medical care. The collection will be, if possible, postponed, after taking into account the risk benefit ratio, for 28 days after the end of the symptoms. If the final decision is to do a transplant, the collection will happen according to the medical facility's rules regarding this infectious risk.

At the closest moment before the transplant

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

<u>Results must be sent to the transplant teams as soon as possible</u>

Positive results

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

Regarding the recipient

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. The search of an alternative donor must be done urgently if possible. If the final decision is to do a transplant, a clinical justification and a appropriate follow up are mandatory. The recipient's information and informed consent must be recorded in the medical file.

Regarding the donor

Refer the donor to an infectious disease specialist for appropriate medical care. The collection will be, if possible, postponed, after taking into account the risk benefit ratio, for 28 days after the end of the symptoms. If the final decision is to do a transplant, the collection will happen according to the medical facility's rules regarding this infectious risk.

Negative results

No additional measure required
Pursue the collection.

⚠ 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.

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