Transplant of organs from SARS-CoV-2-positive donors safe, finds study

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Transplantation of organs from severe acute respiratory syndrome

coronavirus 2 (SARS-CoV-2) nucleic acid test (NAT)-positive donors seems safe for short-term outcomes, according to a study published online Jan. 24 in *Transplant Infectious Disease*.

Jason D. Goldman, M.D., from the Swedish Medical Center in Seattle, and colleagues compared organ utilization and recipient outcomes between SARS-CoV-2 NAT-positive and NAT-negative donors. Organs were recovered from 617 NAT-positive donors from all Organ Procurement and Transplantation Network regions and 53 of 57 organ procurement organizations from May 27, 2021, to Jan. 31, 2022.

The researchers found that NAT-positive donors were younger, with higher organ quality scores for kidney and liver. Compared with NAT-negative donors, NAT-positive donors had lower organ utilization. Overall, 1,241 organs were transplanted from 514 NAT-positive donors compared with 21,946 organs from 8,853 NAT-negative donors.

Recipients of NAT-positive liver and heart transplants had lower medical urgency. Liver recipients of NAT-positive donors had a longer median wait-list time. For all organ types, the match run sequence number for final acceptor was higher for NAT-positive donors. For all organ types, outcomes for hospital length of stay, 30-day mortality, and 30-day graft loss were similar. There were no SARS-CoV-2 donor -derived transmission events reported in this study period.

"These data suggest that the careful use of SARS-CoV-2 NAT+ donors can balance the risk for waitlist mortality in the setting of scarcity of available deceased donor organs," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Jason D. Goldman et al, Transplant of organs from donors with positive SARS-CoV-2 nucleic acid testing: A report from

the organ procurement and transplantation network ad hoc disease transmission advisory committee, *Transplant Infectious Disease* (2023). DOI: 10.1111/tid.14013