

Advice on solid organ transplantation and West Nile Virus

At the SaBTO meeting of 10th December 2012, it was agreed that some transplant surgeons would be uncertain how to proceed if an organ donor should be found to be infected with West Nile Virus (WNV), and the test results were not available until after the organ(s) had been transplanted. It would be helpful for both clinicians and patients if SaBTO were to develop advice for such an eventuality.

Professor Kate Gould has led work to develop the advice, with the help of a small group of SaBTO members, and in consultation with colleagues at NHS Blood and Transplant.

WNV is not currently indigenous in the UK, but is found in mainland Europe, North America, Australia and other parts of the world.

The transmission of WNV by organ transplantation is very rare, even where WNV is endemic. The majority of infections are asymptomatic, but up to half of immunocompromised patients may develop symptoms if infected.

There is no effective treatment for WNV (though interferon and/or immunoglobulin may have some effect); no evidence that temporary reduction of immunosuppression would be effective in boosting the natural immune response; and removing the organ would probably not, given the likelihood that the infection would be asymptomatic, be in the patient's best interests.

It is recommended that when a positive test result becomes known, it should immediately be communicated to NHSBT Organ Donation and Transplantation (ODT). ODT will seek advice from an NHSBT Consultant Virologist on screening and management of donors/recipients, and will liaise with all concerned transplant centres.

SaBTO members are asked if they are content for the draft document to be published as SaBTO's advice?

NOTE

SaBTO's position statement on Solid Organ Transplantation and West Nile Virus is now published, at <https://www.gov.uk/government/publications/west-nile-virus-and-solid-organ-transplantation-sabto-statement>