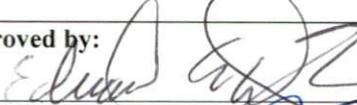
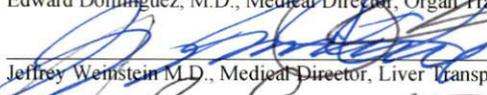
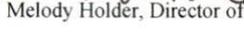


 <b>The Transplant Institute</b> METHODISTS DALLAS <b>Methodist Dallas Medical Center</b>	<b>Title:</b> Pre & Post-Transplant Infectious Disease Testing	<b>Effective Date:</b> 01/23/2018
	<b>Section:</b> Liver, Kidney and Pancreas	
<b>Approved by:</b>  Edward Dominguez, M.D., Medical Director, Organ Transplant Infectious Disease  Jeffrey Weinstein M.D., Medical Director, Liver Transplant  Jose Eugo-Castillo, MD., Medical Director, Kidney Transplant  Melody Holder, Director of Transplant Clinical Operations		<b>Revision Date(s):</b> 9/25/2018; 09/24/2020; 02/23/2021; 06/2021; 9/2022; 11/2025
		<b>Next review Date:</b> 11/2028

**Purpose:** To ensure consistent testing, follow-up and management of transplant recipients as outlined in the 2020 U.S. Public Health Service Guideline (PHS), and OPTN Policy 15.0.

**Policy:** Post transplant Infectious Disease testing will be ordered and collected for every transplant recipient. If the recipient is known to have HIV, HBV or HCV pre-transplant, then the testing for that particular virus is not required to detect transmission

**For Donors that are determined by the Organ Procurement Organization (OPO) to be "At Risk" or "Risk Identified,"** informed consent will be obtained and documented from the potential recipient or their agent that they have been informed about the donor's "At Risk" or "Risk Identified" status prior to transplant.

**Procedure:**

Organ Offer and Acceptance

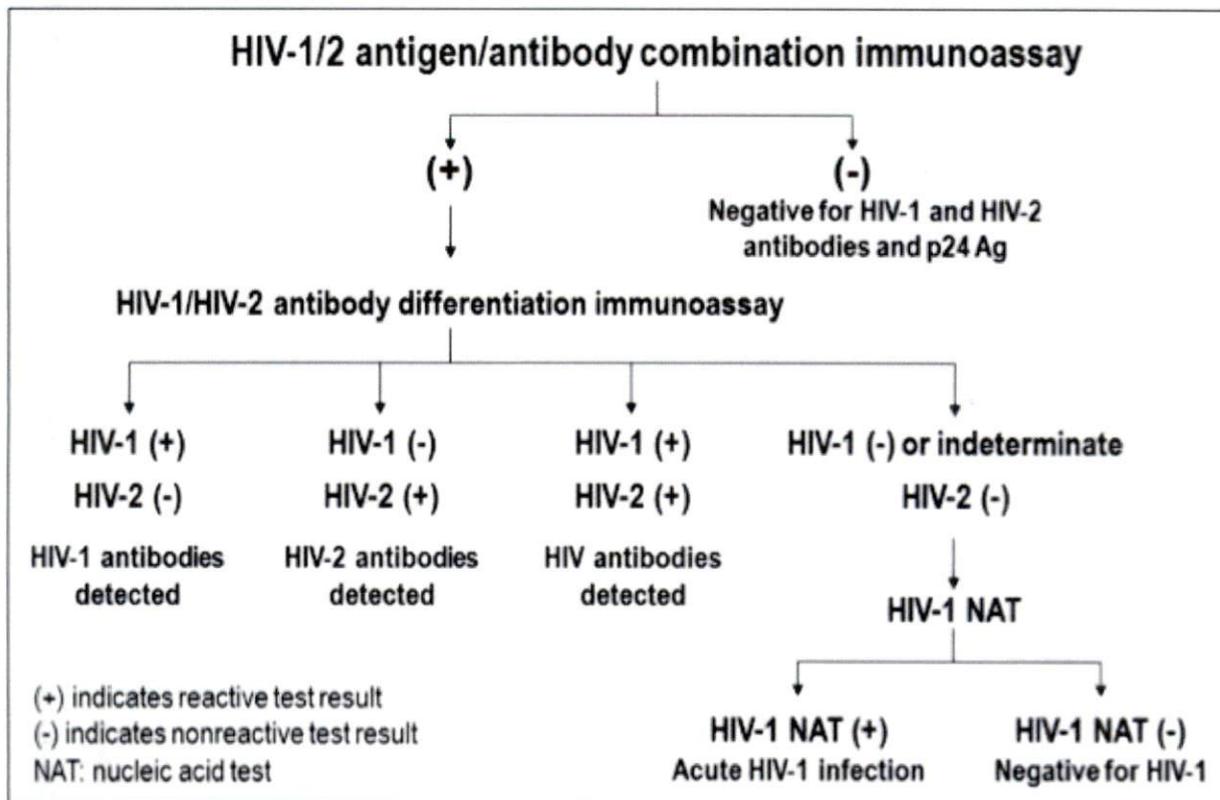
The following labs must be drawn during the hospital admission for transplant but prior to anastomosis of the first organ for all transplant recipients.

- HIV using a **CDC recommended laboratory HIV testing algorithm** (currently the HIV-1&2 Antigen and Antibody Immunoassay)- *See CDC Algorithm below*
- Hepatitis B surface antigen (HBsAg)
- Hepatitis B core antibody (total anti-HBc)
- Hepatitis B surface antibody (HBsAb)
- Hepatitis C antibody (anti-HCV)
- Hepatitis C ribonucleic acid (RNA) by nucleic acid test (NAT)

If the candidate is known to be infected with HIV, HBV, or HCV, then testing for the known viral infection or infections is not required, however the other tests required according to this policy must still be performed.

**Candidates who test positive for HIV, hepatitis B, or hepatitis C must be offered appropriate counseling.**

## Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



Source: CDC

### 28-56 days Post-Transplant (Aim for day 28-35) - **All recipients**

- HIV ribonucleic acid (RNA) by nucleic acid test (NAT)
- HBV deoxyribonucleic (DNA) by nucleic acid test (NAT)
- HCV ribonucleic acid (RNA) by nucleic acid test (NAT)
- Office visit with Transplant Hepatologist if HCV NAT ( or equivalent) is positive
- Office visit with Transplant Infectious Disease physician (after labs are resulted) for recipients that received an "At Risk" or Risk Identified" organ.

### 335-395 days Post - Transplant (Liver Only) - Aim for day 365 with Annual Labs

- HBV deoxyribonucleic (DNA) by nucleic acid test (NAT)

### References:

1. OPTN Policy 15.0
2. CMS Regulation §482.102(a)(6) X156
3. 2018 Quick reference guide: Recommended laboratory HIV testing algorithm for serum or plasma specimens. Corporate Author(s): National Center for HIV/AIDS, Viral Hepatitis, and TB Prevention (U.S.). Division of HIV/AIDS Prevention. Association of Public Health Laboratories. Published Date: Updated January 2018. URL: <https://stacks.cdc.gov/view/cdc/50872>