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# ODTI Guideline on Contraindications to Organ Donation

## 1. INTRODUCTION

### 1.1 Background

Hospital Organ Donation Personnel and the National Organ Procurement Service (NOPS) receive referrals from ICU and Emergency Departments throughout Ireland. NOPS operates 24/7 365 days a year, supported by hospital group personnel, to facilitate referrals and manage organ retrievals in conjunction with the national transplanting centres. Potential organ donor referrals are assessed and a decision on organ acceptance is made by the transplant consultant on call.

Where there is no suitable recipient in Ireland, organs may be offered abroad if appropriate.

The provision of an absolute contraindications guideline supports NOPS and hospital donation personnel who are facilitating the end of life care pathway for potential organ donors. This guideline seeks to provide clarity to staff caring for on those patients, who, at the end of life who would not be eligible to become organ donors.

As with all guidelines, these should be used in the context of a particular clinical scenario and, if a clinician feels that a person excluded by this list should be offered the opportunity to donate, this should be raised with NOPS for further discussion and evaluation.

### 1.2 Objective

To support the National Organ Procurement Service (NOPS) and hospital donation personnel during the identification and characterisation of a potential organ donor. This guideline has been reviewed by all National Transplanting Centres and the following have been jointly agreed to be 'Absolute Contraindications to Deceased Donation'.

Contraindications will be reviewed as required to ensure that organ donation is offered where appropriate.

## 2.0 ABSOLUTE CONTRAINDICATIONS TO DECEASED DONATION

CONTRAINDICATION
Age > 80 years of age for Donation after Brainstem Death
Age >75 years of age for Donation after Circulatory Death
<p><u>DCD Exclusion Criteria</u></p> <p>The following criteria should be applied when considering the suitability of patients who have been referred as potential DCD organ donors. Patients who meet any of the criteria below are regarded as unsuitable for DCD donation at present. These criteria may be over-ruled, and organs offered for transplant should there be good reason to believe that transplantation of an organ may proceed.</p> <ul style="list-style-type: none"> <li>• Patients aged &gt;75 unless they are dying of a neurological condition</li> <li>• Patients aged 70- 75 unless they are dying of a neurological condition or respiratory disease</li> <li>• Patients aged &gt; 70 dependent on RRT</li> <li>• Patients aged &gt; 70 with CKD 3b or greater</li> <li>• Patients aged &gt;40 with a current diagnosis of multi – organ failure</li> </ul> <p>Patients with multi-systems failure, severe dysfunction of cardiopulmonary, renal and hepatic physiology, are clearly not candidates for organ donation.</p> <p><i>(If a potentially transplantable organ is unaffected by MOF or Sepsis the patient should not be excluded and organ_offering should be undertaken as per age related offering guidance)</i></p>
Unknown Cause of Death
Primary intra-cerebral lymphoma

CONTRAINDICATION
All secondary intracerebral tumours
Any active cancer with evidence of spread outside affected organ within 3 years of potential donation
Melanoma
Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)
Definite, probable or possible case of human transmissible spongiform encephalopathy ( <i>TSE including CJD and vCJD, individuals whose blood relatives have had familial CJD, other neurodegenerative diseases associated with infectious agents</i> )
Tuberculosis: active and untreated or during first 6 months of treatment. <i>(Organs can be considered for transplant if a recipient has received a 6-month course of chemoprophylaxis, unless the isolate is found to be resistant to anti-tuberculosis drugs).</i>
West Nile Virus (WNV) infection
HIV disease (not HIV infection only) <i>(HIV infection refers to people who have infection with HIV but none of the associated complications, i.e. AIDS)</i>
A history of infection with Ebola virus
Bacillus anthracis (Anthrax)
Dengue Virus
Middle East Respiratory Syndrome
Severe Acute Respiratory Syndrome (SARS)



CONTRAINDICATION
Rabies
Yellow fever
Viral haemorrhagic fevers - including Lassa, Ebola, Marburg and CCHF (Crimean – Congo Haemorrhagic fever) viruses*
Chikungunya virus (Donation can be considered 6 months post recovery)
Progressive Multifocal Leukoencephalopathy (PML)
Zika virus (Donation may be considered 6 months after recovery)
Systemic infection with candida/aspergillus/other fungi/endemic mycoses
Active Covid 19 as cause of death
Toxoplasmosis
Malaria

### 3.0 POST REVIEW OF CONTRAINDICATIONS

If there are no contraindications identified by the NOPS team and with the consent of the family – the patient should be further characterised and a full referral received by NOPS for review by the transplanting centres.

If there are potential contraindications identified e.g. previous Tuberculosis – it is imperative that early efforts are made by the clinical teams to source any available documentation in relation to treatment/eradication therapy that may be available from external sources. These could be a GP/ another hospital or infectious diseases department. This information may be difficult to source out of hours and may result in the potential loss of an organ if complete treatment notes or further history cannot be confirmed.

Organ Specific contraindications will lie with individual transplanting centres on the acceptance or decline of an organ.

## 4.0 REFERENCE LIST

**The following references were used in the development of this guideline.**

ODTI, A framework for Quality and Safety of Human Organs Intended for Transplantation, Version 1 December, 2014.

S.I. No: 325 of 2012, European Union (Quality and Safety of Human Organs Intended For Transplantation)

S.I. No: 198 of 2014, European Union (Quality and Safety of Human Organs Intended for Transplantation (Amendment) Regulations 2014

Commission Directive 2010/53/EC of 7 July 2010 of the European Parliament and the Council of the European Union on standards of quality and safety of human organs intended for transplantation

Guide to the quality and safety of Organs for Transplantation, (2022) 8<sup>th</sup> Edition, *European Directorate for the Quality of Medicines & Healthcare (EDQM)*, France.

NHS Blood and Transplant, Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation POL188/16 (2022).

NHS Blood and Transplant, Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation POL188/17 (2024). SaBTO microbiological safety guidelines 2020; Guidance on the microbiological safety of human organs, tissues and cells used in transplantation.

## 5.0 GUIDELINE CIRCULATION

These guidelines will be disseminated to the circulation list identified below following approval.

<b>Guideline Circulation</b>
Director ODTI
Chief Operations Officer ODTI
Director of Quality ODTI
Quality and Biovigilance Manager ODTI
Clinical Leads Organ Donation
Organ Donation Nurse Managers
Responsible Person National Organ Procurement Service
Donor Coordinators National Organ Procurement Service
Quality Manager National Organ Procurement Service
Responsible Person Cardiothoracic Transplant Centre
Quality Manager Cardiothoracic Transplant Centre
Responsible Person Renal Transplant Centre
Quality Manager Renal Transplant Centre
Responsible Person Liver and Pancreas Transplant Centre
Quality Manager Liver and Pancreas Transplant Centre
NOPS Medical Clinical on Call Personnel



## 6.0 DOCUMENT APPROVAL

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