

## The Opioid Epidemic: Organ Donation and Transplantation

### The Impact on Organ Donation

The U.S. epidemic of opioid addiction and overdose has significantly impacted another major health crisis concerning the pressing need for life-saving organ transplants. The collision of the two crises has led to an increase in organ availability due to the generous gift of grieving families who have lost a loved one from a drug-related death. Quite often these deaths pose an increased risk of transplant-related infections.

### What Qualifies as Increased Risk?

The phrase “Increased Risk” refers to the characteristics of an organ donor that could place the potential recipient at an increased risk of disease transmission. In 1994, the Centers for Disease Control (CDC) outlined what was known as “High Risk” criteria to address the behavioral risk factors associated with HIV. In 2013, the US Public Health Service (PHS) published new guidelines that would not only address HIV transmission but also the potential transmission of the Hepatitis B virus and Hepatitis C virus through organ transplantation.

There are a variety of exposures that carry different risks of transmitting infections that may cause a potential organ donor to be labeled as “Increased Risk.” To review the PHS Increased Risk Guidelines, visit [https://optn.transplant.hrsa.gov/media/1163/2013\\_phs\\_guideline.pdf](https://optn.transplant.hrsa.gov/media/1163/2013_phs_guideline.pdf).

Additionally, in 2014, the United Network for Organ Sharing (UNOS) identified three additional criteria that classify a donor as “**Increased Risk**.”

- No Donor Risk Assessment Interview (DRAI) conducted<sup>1</sup>
- Hemodiluted Serology Specimen<sup>2</sup>
- Hemodialysis in the last 12 months (*Increased Risk of Hepatitis C Only*)

### The Impact on Organ Transplantation

Despite the rapid increase in organ availability, utilization of these organs by transplant programs require additional considerations. These include weighing the risk of disease transmission, the experience and comfort level of transplant surgeons, medical-legal concerns, organ refusal by the potential recipients who have been informed of the increased risk, and the overall stigma associated with PHS increased risk designation.

#### Maximizing Organ Procurement Strategy (A four-part strategy intended to help maximize the use of increased risk organs for transplant):

1. Implementation of the Updated Guidelines for Donor Risk Identification
2. Nucleic Acid Testing (NAT) of ALL Donors
3. Recipient Informed Consent
4. Treatment of Donor-Derived Infections

To access tools on evaluating suitable recipients for PHS Increased Risk Organs, please visit <http://transplantmodels.com/ird>.



#### References:

The content of this issue is based on a webinar presentation by Sharyn Sawczak, RN, CPTC, CTBS (Assistant Director of Clinical Services at the New Jersey Sharing Network, New Providence, NJ) and Samantha Aitchison, MD (Transplant Surgeon at Saint Barnabas Medical Center, Livingston, NJ). **A special thanks to Sharyn and Dr. Aitchison for their contributions to this in-service.**

- [https://optn.transplant.hrsa.gov/media/1163/2013\\_phs\\_guideline.pdf](https://optn.transplant.hrsa.gov/media/1163/2013_phs_guideline.pdf)
- <https://optn.transplant.hrsa.gov/resources/guidance/phs-guideline-for-reducing-human-immunodeficiency-virus-hiv-hepatitis-b-virus-hbv-and-hepatitis-c-virus-hcv-through-organ-transplantation-frequently-asked-questions-2013/>
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1. DRAI – An interview conducted with the family to determine additional risks of disease transmission that may not have been previously identified during the medical evaluation. In some cases, families are not available or able to address the questions.
2. Hemodiluted Serology Specimen – All donors undergo blood tests to screen for infectious diseases. If these samples are hemodiluted, it can impact the correct interpretation of the results.

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