

ISHLT COVID-19 SURVEY

3/22/2020 – 4/2/2020

International Survey of Early Experience of COVID-19 Infection in Adult and Pediatric Lung/Heart Transplantation and MCS Centers

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ISHLT COVID -19: International Survey Points

- **Survey Timing**

- **Early in the pandemic surge**
- **Snapshot of discrete period**
- **Posted 3/22/20 – 4/2/20 on ISHLT Connect Site**
 - Geographical surge variance impact the answers
 - Missing responses / skipped questions may impact results

- **Respondents**

- **International representation (23 countries)**
 - Allowing for geographical surge variance to be captured
 - Primary practice was not identified (i.e. cardiologist, pulmonologist, ID or surgeon) from the responders

North America
64

South America
2

Europe
36

Africa
1

Asia
3

Australia
2



Survey Respondents From Centers Worldwide

Survey Respondents By Country

Representing: 23 Countries Worldwide

US	58	Brazil	2	Estonia	1	Saudi Arabia	1
Spain	11	France	2	Finland	1	Turkey	1
Italy	7	Germany	2	Hungary	1	UAE	1
Canada	6	Switzerland	2	India	1		
U.K.	4	Turkey	2	Poland	1		
Australia	2	Denmark	1	Sweden	1		

Survey Results

Q1: Is your OPO currently testing donors for COVID-19 using PCR-based tests?

Testing Donors for COVID-19	Responders= 84
YES	71 (84.52%)
NO	13 (15.48%)

The majority of responders answering “NO” were from US centers

Q2: Which of the following tests are performed?

Testing Perform	Responders= 115
Nasopharyngeal (NP)	80 (69.56%)
Oropharyngeal (OP)	33 (28.69%)
Both NP and OP	1 (0.86%)
Neither	1 (0.86%)

Nasopharyngeal swab is the most common test perform in donors irrespective of geographic location

Q3: Do you use BAL to test for COVID-19 using PCR tests?

BAL	Responders= 87
YES	35 (40.22%)
NO	52 (59.77%)

European centers perform more BAL testing for COVID 19 than other countries

Q4: IF you perform BAL for testing in donors, under what circumstances do you perform diagnostic BAL in suspected cases of COVID-19?

Considerations for performing BAL donor	Responders: 78
When you have a negative COVID-19 NP and/or OP	20 (25.64%)
When you have a positive COVID-19 NP and/or OP	22 (28.20%)
If your CT chest shows possible findings consistent with COVID-19	36 (46.15%)

CT chest findings suspicious with COVID 19 was the most common consideration for BAL among all countries

Q5: When do you check blood for COVID-19 viral load by PCR based test?

Blood test	Responders= 88
When you have a negative COVID 19 NP or OP swab	4 (4.54%)
We do not check blood for COVID-19 viral load	76 (86.36%)
Together with the positive COVID 19 NP or OP swab	8 (9.09%)

The majority of respondents did not use blood to confirm COVID 19 viremia

Q6: Do you currently request a CT chest in all donors to look for possible findings COVID-19?

CT chest request	Responders = 88 total
YES	45 (51.13%)
NO	43 (48.86%)

Q7: If NP testing is performed, what is the turnaround time for results?

Turnaround time for NP results	Responders= 83
< 24 hours	47 (56.62%)
24-48 hours	24 (28.91%)
49-72 hours	4 (4.81%)
> 72 hours	4 (4.81%)
NP testing not perform	4 (4.81%)

The turnaround time for a nasopharyngeal swab was short , < 24 hours at the majority of centers worldwide

Q8: Have any of your donors tested positive for COVID-19?

Results	Responders= 84
YES	8 (9.52%)
NO	76 (90.48%)

Worldwide, at the time of the survey the majority of the respondents only had a minority of donors test positive for COVID -19

Q9: Is your center screening recipients for COVID-19 at the time of a donor offer with a screening questionnaire?

Screening Recipients	Responders =84
YES	72 (85.71%)
NO	12 (14.29%)

At the time of the survey, the majority of centers internationally were testing recipients with a screening questionnaire for COVID -19

Q10: If your recipient responds yes to any of the screening questions at the time of offer, do you swab the patient for COVID-19?

Swab testing	Responders= 80
YES	69 (86.25%)
NO	11 (13.75%)

Q11: Do you discuss the risk of potential COVID-19 transmission with the recipient at the time of the donor offer?

Discuss the Risk	Responders= 82
YES	67 (81.70%)
NO	15 (18.3%)

The majority of respondents worldwide did discuss the risk of potential COVID 19 transmission with recipients at the time of the donor offer

Q12: Does your center screen asymptomatic waitlisted patients at the time of organ offer with a PCR-based test prior to proceeding with transplantation?

Screening	Responders= 83
YES	41 (49,5%)
NO	42 (50.60%)

The majority of countries (respondents) who screen recipients for COVID 19 are centers in the US, Spain and Italy

Q13: Is your center currently performing lung, heart transplantation or VADs?

Transplant/VADs	Responders=79
Lung Transplant	51 (64.55%)
Heart Transplant	72 (91.13%)
VADs	64 (81.01%)
None of the above	1 (1.26%)

The majority of centers worldwide continued to perform lung and heart and VAD implantation at the time of the survey

Q14: Is your center restricting transplants to higher acuity patients only?

Restricting transplant s	Responders= 82
YES	54 (65.85%)
NO	28 (34.15%)

The same practice was observed among centers from all countries

Q15: If you are restricting your lung transplant activity, are you restricting patients above a US LAS threshold, European Allocation Designation or other approach?

LAS scores	Responders= 22
>30 or higher	2 (9.09%)
>40 or higher	10 (45.45%)
>50 or higher	6 (27.27%)
>60 or higher	4 (18.18%)

The same practice was observed among centers from all countries

Q16: If you are restricting your heart transplant activity, are you restricting transplant activity to higher acuity patients based on US Heart Allocation Status or using a different approach?

Heart Allocation Status	Responders= 42
Status 2 or above	14 (33.33%)
Status 3 or above	9 (21.42%)
Status 4 or above	6 (14.28%)
Any status	13 (30.95%)

US centers: More Status 3 or above

European Centers: More Status 2 or above

Q17: If you are restricting durable LVAD implantation, are you restricting implantation to higher acuity patients based on INTERMACS profile or using a different approach?

Profiles	Responders= 45
Profile 1 or above	3 (6.66%)
Profile 2 or above	14 (31.11%)
Profile 3 or above	15 (33.33%)
All profiles	13 (28.88%)

Uniform approach among centers on profile and EMS

Q18: What are your center's reasons for restricting VAD placement and lung and heart transplant?

Reasons	
Donor concern for infection/limited testing availability	35 (22.58%)
Hospital ICU/ward capacity limitations	45 (29.03%)
Procurement team exposure concerns	23 (14.83%)
Travel restrictions/housing concerns/exposure risks for infection	27 (17.41%)
Surgeon/physician/nursing/staff availability concerns	16 (10.32%)
None of the above	9 (5.80%)

Internationally , the majority of respondents replied that concern of ICU / Ward limitations were the main reason for restriction of VAD placement and thoracic organ transplantation

Q19: Have any of your pre-transplant patients contracted COVID-19 ?

Contacted COVID-19	Responders= 81
YES	74 (91.35%)
NO	7 (8.65%)

Q20: Have any of your post-transplant patients contracted COVID-19?

Post-transplant COVID-19	Responders= 82
YES	28 (34.15%)
NO	54 (65.85%)