

## **ASSESSMENT OF TRANSPLANT CANDIDATES including (RE)LISTING AFTER COVID-19 INFECTION**

### **BACKGROUND**

Considerations for relisting solid organ transplant candidates after COVID-19 infection pertain to infectiousness, possibility of relapsing infection with immunosuppression, and anaesthetic risk from major surgery. Infectiousness is determined according to local institutional protocols and includes the time from diagnosis, presence of ongoing symptoms, Rapid Antigen Test (RAT) positivity or strength of SARS-CoV-2 PCR result. Relapse of infection with immunosuppression can generally be identified through monitoring symptoms and/or RAT/PCR strength, and generally is effectively treated with SARS-CoV-2 antiviral therapy. Factors in the assessment of anaesthetic risk include the severity of symptoms of COVID-19 infection, immunity related to prior vaccination/infection, age and comorbidities. The Australian and New Zealand College of Anaesthetists have published guidance on this issue ([anzca\\_pg68a\\_living\\_guidance\\_surgical\\_patient\\_safet.pdf](#)). Transplant has been successfully performed in some cases soon after the diagnosis of candidate/recipient COVID-19 infection.

### **TRANSPLANT LIST REACTIVATION FOLLOWING COVID-19**

An individualized assessment is required, taking into account the severity of COVID-19 infection, recovery from infection, anaesthetic risk, and the risks of not proceeding to transplantation.

### **ASSESSMENT OF TRANSPLANT CANDIDATES IMMEDIATELY PRIOR TO TRANSPLANT**

Candidates with supportive clinical features can be tested for respiratory viruses including SARS-CoV-2. PCR is suggested due to higher sensitivity. Rapid antigen test is an alternative.