

OPTN Ad Hoc Disease Transmission Advisory Committee

Meeting Summary

September 22, 2025

Conference Call

Stephanie Pouch, MD, MS, Chair

Rachel Miller, MD, Vice Chair

Introduction

The OPTN Ad Hoc Disease Transmission Advisory Committee (DTAC or the Committee) met via Microsoft Teams on 09/22/2025 to discuss the following agenda items:

1. Welcome and Announcements
2. Review policy proposal and new data collection – Overview and Vote
3. Closed Session Case Review
4. Adjourn

The following is a summary of the Committee's discussions.

1. Welcome and Announcements

The Chair welcomed the Committee. The Chair thanked Committee members for presenting the Committee's proposal: "Require Seasonal West Nile Virus Testing for All Donors" at the Regional Meetings and noted the Public Comment period will end October 1st. The Chair thanked Committee Members for their work on case reviews and reminded Members that the final batch of 2024 cases will be assigned and reviewed in October.

2. Review policy proposal and new data collection – Overview and Vote

Decision #1: The Committee voted to approve the Rabies policy proposal and new data collection. The vote was 13 in favor, 0 opposed, and 0 abstentions.

The Committee reviewed an overview of the HRSA Rabies Directive and the Committee's progress to date.

Summary of presentation:

The Committee has engaged in multiple rounds of feedback with stakeholder Committees and the Centers for Disease Control (CDC).

- On July 11th, representatives from the CDC presented its analysis of the Organ Procurement Organization (OPO) data and recommendations to DTAC Leadership
- On August 1st DTAC Leadership Call, HRSA requested the DTAC proceed with the policy development and data collection portion of the directive
- On August 12th, representatives from CDC presented their analysis to the full DTAC, and the Committee reviewed and discussed draft data collection and policy.
- From August 12th – today's meeting, multiple engagements with other OPTN Committees and the CDC have occurred:

- Briefings to the OPO Committee, Transplant Coordinators Committee (TCC), Living Donor Leadership, and Data Advisory Committee (DAC) Leadership
- Representatives from PAC, OPO, TCC, Living Donor, and DAC invited to September 2nd Meeting
- Briefing to the DAC on the proposal on September 8th
- CDC asynchronous feedback and discussion throughout process
- On September 2nd, the Committee held review and discussion of the proposal
- From September 2nd – September 19th, DTAC leadership and the CDC engaged in final review and revisions of the proposal
 - Additional feedback from the DAC was received between September 19th-22nd.
- Today, September 22nd, the Committee will vote to approve the policy language for Public Comment

The proposal includes changes to three sections of OPTN policy.

- **2.4: Deceased Donor Medical and Behavioral History.** This section will be updated to include the following donor risk criteria. These criteria have been further refined following feedback from the DAC and the CDC. The Chair noted that meeting one of these criteria would not necessarily exclude a donor. Rather, the criteria will enable risk stratification and additional discussions regarding the need for post-exposure prophylaxis in the recipient. The following is proposed to be added to policy 2.4:
 - *Whether the potential deceased donor meets any of the following criteria that would put the organ recipients at risk for acquiring rabies:*
 - *Direct contact with bats within the last 12 months*
 - *Bite or scratch within the last 12 months from a wild mammal in the United States (including but not limited to bats, raccoons, skunks, mongoose, or foxes)*
 - *Bite or scratch from any stray or feral cat within the last 12 months*
 - *Bite or scratch within the last 12 months from any wild or domesticated mammal (including dogs, cats, or other domesticated mammals) outside of the United States*
 - *If any of the above criteria are met, the OPO must contact the CDC for additional evaluation prior to organ procurement and communicate that information to all transplant programs receiving organs from the donor.*
- **14.4.A Living Donor Medical Evaluation Requirements.** In consultation with the Living Donor Committee, the proposal will extend parallel donor screening requirements to living donors. Living donor programs will also be required to consult with the CDC if a risk criterion is met in a donor. The following is proposed to be added to the living donor medical evaluation requirements:
 - *Risk criteria for rabies, as outlined in OPTN Policy 2.4: Deceased Donor Medical and Behavioral History. If risk criteria are identified in a potential donor, the transplant program must contact the CDC for additional evaluation prior to organ recovery.*
- **15.3.B: Donors with Risk Identified Pre-Transplant.** The proposal also includes requirements for transplant programs to disclose donor risk factors relating to rabies to intended recipients. Programs must document this disclosure and provide appropriate clinical monitoring to the recipient, including monitoring specific to the receipt of post-exposure prophylaxis. Programs will be required to:
 - *Inform the intended recipient or the intended recipient's agent after the organ offer but before transplant that risk criteria are present in the donor.*
 - *Document this information was provided in the intended recipient's medical record.*

- *Provide recipient monitoring in accordance with clinical guidelines, including monitoring specific to receipt of post-exposure prophylaxis if provided.*

The Committee reviewed a mock-up displaying how the new screening criteria may appear in the OPTN Computer System. The Committee proposes that any “yes” answer to a screening criterion will result in the system recording a parent question as “yes,” indicating a rabies risk criterion is present in a donor. This will trigger the policy requirement for the OPO to contact the CDC for further evaluation. If all criteria are marked as “no” or “unknown,” then the system will record the parent question as a “no.”

Summary of discussion:

The Chair described recent feedback from the Data Advisory Committee which expressed concern around the availability of the CDC to receive requests for evaluations from OPOs when a rabies risk criterion is identified. The Chair noted that the CDC is establishing a phone number to ensure that rapid communication between the CDC and OPOs is available at any time of the day or week.

A Member asked if there is an established definition for “direct contact with a bat.” A CDC representative commented that bats may expose humans without leaving physical marks. The definition should include physical contact with a bat as well as sharing a living space with a bat. This would include cases where it is discovered that a person has slept in the same room as a bat.

A Member noted that concerns have been raised in the Committee’s West Nile Virus proposal presentations regarding testing turn-around times and delays. The Member suggested the Committee address concerns about allocation delays in this proposal prior to releasing it for public Comment. The Chair agreed and noted that the CDC is establishing a contact number for the community. The CDC does not anticipate delays or barriers to OPOs accessing a subject matter expert at the CDC.

Vote:

The Committee proceeded to a vote. The Committee voted to approve the proposed policy language and data collection for submission to the OPTN Board of Directors and public comment. The vote was 13 in favor, 0 opposed, and 0 abstentions.

3. Closed Session Case Review

The Committee moved to closed session for the remainder of the meeting to conduct case review.

Upcoming Meetings

- October 7th, 2025
- October 27th, 2025 (closed)

Attendance

- **Committee Members**
 - Anil Trindade
 - Cindy Fisher
 - Dong Lee
 - Fernanda Silveira
 - Gabriel Maine
 - Helen Te
 - Lara Danziger-Isakov
 - Marty Sellers
 - Oyedele Adeyi
 - Riki Graves
 - Stephanie Pouch
 - Shirish Huprikar
 - Tanvi Sharma
- **CDC Representatives**
 - David McCormick
 - Ian Kracalik
 - Kelsey McDavid
 - Pallavi Annambhotla
- **FDA Representatives**
 - Irma Sison
 - Hanh Khuu
- **HRSA Staff**
 - Raymond Lynch
- **UNOS Staff**
 - Carly Rhyne
 - Joann White
 - Lindsay Larkin
 - Kevin Daub
 - Logan Saxer