

**OPTN Ad Hoc Disease Transmission Advisory Committee
Require West Nile Virus (WNV) Seasonal Testing Workgroup
Meeting Summary
April 1, 2025
Conference Call**

**Stephanie Pouch, MD, MS, Chair
Rachel Miller, MD, Vice Chair**

Introduction

The OPTN Require West Nile Virus Seasonal Testing Workgroup (the workgroup) met via WebEx teleconference on 04/1/2025 to discuss the following agenda items:

1. Project Recap
2. Review Policy Language & Vote: Require West Nile Virus Seasonal Testing

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

1. Project Recap

The Committee was provided with a project recap. This project is a request from the Center for Disease Control and Prevention (CDC) to consider West Nile Virus (WNV) testing requirements consistent with the CDC and Food and Drug Administration. The purpose of the project is to improve patient safety for recipients by minimizing the risk of donor disease transmission and deaths related to WNV. The project proposes a specific timeframe for recommending WNV testing for all donors.

WNV, primarily spread by Culex mosquitoes, is the leading cause of arboviral disease. It poses significant health risks, particularly high morbidity and mortality rates among organ transplant recipients, and can be transmitted through organ transplants and blood transfusions. WNV is seasonal, with most cases occurring from summer to fall. While most infected individuals do not show symptoms, there is no specific treatment or vaccine for WNV.

2. Review Policy Language & Vote: Require West Nile Virus Seasonal Testing

The proposed policy language includes the following key points:

- **Mandatory WNV Testing:** Requires testing for both living and deceased donors.
- **Seasonal Timeframe:** Specifies the seasonal period for WNV.
- **Testing Requirements:** Details the specific tests to be used for WNV detection in donors.
- **Testing and Results Timeline:** Identifies when testing should occur and when results should be obtained.

The following sections of the OPTN Policy have been updated with the proposed language:

- **OPTN Policy 2.9:** Required Deceased Donor Infectious Disease Testing
- **OPTN Policy 14.4:** Medical Evaluation Requirements for Living Donors

Summary of discussion:

Decision: The Workgroup supported sending the proposed policy language to the Ad Hoc Disease Transmission Advisory Committee for review.

A member commented that, in the past, New York State actively monitored mosquito pools for WNV. Donor testing began once WNV was detected in these pools and continued until no WNV activity was found. Mosquito pools refer to groups of mosquitoes tested together for viruses like WNV, allowing researchers to test a sample of mosquitoes from a specific area to determine if the virus is present in that population. This method helps to efficiently monitor and control the spread of mosquito-borne diseases. The member inquired whether this approach could be considered again due to concerns about the reliability of the current testing timeframe (July 1st through October 31st) for donor testing.

A CDC representative explained that blood collection centers use specific triggers (specific events or conditions that prompt blood collection centers to start screening blood donors for WNV) to decide when to screen blood donors for WNV. When a positive result is identified in a minipool (a small group of combined samples), they screen individual donors. This pooled strategy continues until a positive pool is found. Some blood centers might also trigger screenings based on local WNV activity. However, creating a national strategy for Organ Procurement Organizations (OPOs) is complicated due to the differences between regions and OPOs.

The Chair emphasized that testing for WNV can occur outside of the proposed July 1st-October 31st timeframe, as some OPOs already conduct year-round testing. If this project becomes official policy, post-implementation monitoring will be crucial to gather new data and track evolving epidemiology.

The Vice-Chair noted that the proposed policy language should be updated to reflect that WNV test results should be obtained prior to organ recovery instead of prior to transplant, so that the organ is not removed while the test results are pending.

Regarding the proposed requirement that WNV testing must be performed within 7 days of organ recovery for living donors, a member raised concerns about the turnaround time for obtaining results, especially if the test is sent to a reference lab. He questioned whether this timeframe is realistic and attainable. A CDC representative responded affirmatively, stating that WNV polymerase chain reaction (PCR) results are relatively easy to obtain quickly. Another member added that feedback from an OPO representative on the workgroup indicated that obtaining test results has not been an issue in the past, as his OPO has been routinely performing this testing for years. The Committee will seek further feedback on this matter when the proposal is released for public comment.

A member commented that the proposed policy language for deceased donor WNV testing should be updated to reflect that WNV results must be obtained prior to implantation instead of prior to pre-transplant.

Next steps:

The proposed policy language will be sent to the Ad Hoc Disease Transmission Advisory Committee for review and voting.



Upcoming Meetings

- TBD



Attendance

- **Committee Members**
 - Rachel Miller
 - Stephanie Pouch
 - Lara Danziger-Isakov
 - Gabriel Maine
 - Kerri Jones
 - Fernanda Silveria
 - Shirish Huprikar
 - Anna Hughart
 - Jaskiran Kaur
 - Tanvi Sharma
- **HRSA Representatives**
 - Marilyn Levi
 - Hanh Khuu
- **FDA Representatives**
- **CDC Representatives**
 - Carolyn Gould
 - Sridhar Basavaraju
 - David McCormick
- **UNOS Staff**
 - Tamika Watkins
 - Sara Langham
 - Houlder Hudgins
 - Cole Fox
 - Logan Saxer
 - Alex Carmack
- **SRTR Staff**
- **Other Attendees**