

### LIVER TRANSPLANT SOCIETY OF INDIA

A pan-Indian Society representing all Liver transplantation professionals

23rd March, 2020

# LTSI Executive Council (2019-2020)

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#### **Vice President** Dr. Sanjeev Saigal

### Past President Dr. A S Soin

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#### **Co-Opted Members**

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LTSI Registration No: SE/1358/Distt. SE/2018 PAN: AABAL6641C

# <u>Liver Transplant Society of India (LTSI)</u> <u>Guidelines for Liver Transplantation and COVID-19</u> <u>(Coronavirus) Infection</u>

COVID-19 is caused by the novel coronavirus named Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) that emerged in Hubei, Wuhan province of China in December 2019.

Covid-19 is now declared as a **Global Pandemic** and cases in India are rising rapidly. Immunocompromised patients are at a greater risk and there is an immediate need of guidelines for liver transplantation in India, both in deceased donor (DDLT) and living donor (LDLT) Centres.

The infection is spread by droplet and possibly airborne route as well, and CDC has recommended use of airborne precautions. Health care transmissions of COVID-19 have occurred and given the potential for greater infectivity, strict isolation precautions should be followed for anyone with suspected SARS-CoV2.

### Guidelines for Issues specific to liver transplant in India

#### A. Status of doing Liver Transplant

- 1. Moratorium on all non-urgent transplants for 2 weeks
- 2. Acute liver failure (ALF) can be done as usual after medical therapy has failed.
- Acute on Chronic Liver failure (ACLF with organ failure decision for transplantation should be based on individual's centre's discretion

#### B. Deceased donor liver transplant

- 1. Elective DDLT should be done only if donor is COVID-19 negative, and recipient is from the same city. Air travel should be avoided.
- C. Living donor liver transplant should be done for urgent cases after thorough counselling as LDLT imposes a risk on the healthy donor with hospital admission and contact risks



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#### D. Testing for COVID-19

 All donors (deceased and living donor) and recipients should be tested for COVID-19 at the time of urgent transplant.

### E. Immunosuppression strategy

Standard immunosuppression should be followed. No evidence exists as of now to modify immunosuppression due to COVID-19.

#### F. Follow up post transplant

- 1. Patients should follow up with their respective centres as usual. All routine follow up visits to be done online via telemedicine.
- 2. However, those patients with post-transplant emergencies should attend hospital as usual.

#### G. Care of sick recipients on waitlist

 The management of recipients for various medical complications to be continued in the hospital, including ICU admissions

#### H. Prophylactic medications for COVID-19

1. At present, there is no recommendation for prophylactic medications or vaccinations for transplant patients.

### I. Advisory for transplant recipients for COVID-19

 All transplant recipients should be sent an advisory from the respective transplant centre regarding various do's and don'ts for prevention of COVID-19 infection.

#### J. Testing of Transplant professionals

 This should be done selectively if there has been a positive case of COVID-19 in the concerned hospital

In view of the rapidly changing scenario of COVID -19 infection in India, these guidelines may need to be updated accordingly.

Dr. Subhash Gupta

President

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Dr. Sanjiv Saigal Vice President