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| **PROTOCOL TITLE:** ETC Approach to Transplant Recipients of Organs from Strongyloides Antibody (AB) Positive Donors |
| **APPLICABLE FACILITIES:**[x] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [x] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [ ] TEC/ESA |
| **EFFECTIVE DATE:**  | **ORIGINATION DATE:** 04/17/2019 |

**CATEGORY:**

Diagnostic/Therapeutic/Preventative and Medication Guidelines

**LEVEL:**

Interdependent

**CONTENT:**

This protocol provides guidelines on the prophylaxis and treatment of transplant recipients of organs from donors who test positive for Strongyloides antibodies (Ab).

Procedure for prophylactic testing, treatment, and monitoring of recipients of Strongyloides positive organs:

1. Once the ETC patient safety officer receives a notification from the organ procurement organization (OPO) of a deceased donor’s positive Strongyloides antibody test, the ETC patient safety officer will notify the Organ Placement Program (OPP) per OPP standard operating procedure.
2. The transplant team member responsible for ordering the Ivermectin (#3 below), will reply to the OPP email notification, closing the communication loop between patient safety notification and action taken.
3. The patient will receive **Ivermectin** at the following schedule:
	1. 1st dose: 200 mcg/kg PO on the first possible day
	2. 2nd dose: 200 mcg/kg PO 24-48 hours after the first dose
	3. 3rd dose: 200 mcg/kg PO 13-20 days after the first dose
	4. 4th dose: 200 mcg/kg PO 24-48 hours after the third dose

**RELATED POLICIES / PROCEDURES:**

Notification of Deceased Donor OPO Risk Factors, Pathology Reports, Cultures and Serology Reports Post Procurement (as a standard operating procedure). See EHC Transplant Services Organ Placement Program (OPP) Management Procedures, Policy Manager, last effective date 09/27/2021.

**DEFINITIONS:**

1. Transplant team - if the recipient is inpatient when the donor serology test results are reported, the transplant team includes the attending transplant surgeon and on-service inpatient surgeon. If the patient has been discharged, the transplant surgeon covering the outpatient service should be notified and respond to the email appropriately.
2. Transplant ID – transplant ID specialist is copied on all patient safety email notifications including Strongyloides and is available for consultation.

**REFERENCES AND SOURCES OF EVIDENCE:**

1. JF Camargo, J Simkins, S Anjan, G Guerra, R Vianna, S Salama, C Albright, E Shipman, J Montoya, MI Morris, LM Abbo. Implementation of a Strongyloides screening strategy in solid organ transplant donors and recipients. Clinical Transplantation. 2019; e13497.
2. Abanyie FA, Valice E, Delli Carpini KW, Gray EB, McAuliffe I, Chin-Hong PV, Handali S, Montgomery SP, Huprikar S. Organ donor screening practices for Strongyloides stercoralis infection among US organ procurement organizations. Transpl Infect Dis. 2018 Jun;20(3):e12865.
3. Camargo LFA, Kamar N, Gotuzzo E, Wright AJ. Schistosomiasis and Strongyloidiasis Recommendations for Solid-Organ Transplant Recipients and Donors. Transplantation. 2018; 102(2S), S27–S34.

**KEY WORDS:**

Strongyloides, Ivermectin, Deceased Donor