

**AST Fellows Live Webinar: Should I Accept This Donor? – Additional Q&A**  
**Nicole Theodoropoulos, MD of The Ohio State University**  
**Michael Ison, MD, MS, FIDSA of Northwestern University Feinberg School of Medicine**  
**Dorry Segev, MD, PhD of Johns Hopkins University**

1. Comment on accepting high infectious risk donor for a high immunologic risk recipient i.e High PRA who are likely to get more than usual immunosuppression.

**Answer:** The risk of HIV, HBV and HCV transmission is likely not significantly affected by the degree of immunosuppression but on two key factors: is the virus present in the transplanted organ and does the recipient have antibodies or prior infection with the virus of interest. For example, the risk of HBV transmission from a HBcAb positive alone donor is exceptionally low (less than 1%) if the recipient is HBsAb positive, irrespective of the immunosuppression used.

2. Could you still use the organ, giving the accepting recipient treatments of antibiotics?

**Answer:** Yes, if a donor has a bacterial infection, you would need to consider if the donor had received appropriate treatment for the infection to minimize the burden of bacteria to transmit (i.e. 24-48 hours of antibiotics with proven activity against the bacteria and optimally some evidence of clinical response in the donor) and if there are appropriate antibiotics that can be safely given to the recipient (i.e. if the donor has a highly resistant Carbapenemase-producing Klebsiella infection, the antimicrobials required to treat the infection may adversely affect renal function); likewise, you'd want to consider if the infection has the potential to result in embolic complications (i.e. endocarditis) which might affect decisions about duration of treatment.