INFORMATIONAL ALERT:

2019 Novel Coronavirus (2019-nCoV) and Eye issue Donation

February 3, 2020

EBAA continues to closely monitor the outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China (2019-nCoV). The Policy and Position Review Subcommittee (PPRS) of the Medical Advisory Board met to assess the clinical risks of the novel coronavirus (2019-nCoV), including the potential for person to person transmission, and risks for disseminated infection from ocular tissue. This update provides insight into the current issues impacting tissue safety.

**Key Points about Coronavirus**

1. The risk to the eye donor pool is considered low.
2. 2019-nCoV causes mild to severe lower respiratory infections, including pneumonia with symptoms of fever, cough, and shortness of breath appearing 2-14 days following exposure.
3. Although the virus appears not quite as likely to cause fatalities as SARS-CoV or the MERS-CoV, this novel virus has already resulted in fatalities.
4. The virus appears to be spread via respiratory droplets. It also could be spread if people touch an object on which the virus is present and then touch their mouths, noses or eyes. Diarrhea is a rare symptom, but fecal-oral transmission has been reported among symptomatic patients.
5. There is no evidence at present that coronaviruses can be transmitted by blood transfusion or tissue/cell transplantation and therefore these measures are precautionary.

**2019-nCoV Screening Recommendations for EBAA Member Eye Banks:**

Effective immediately, the EBAA recommends that eye banks exclude/defer (rule out) potential donors for ocular tissue who in the last 28 days before donation met one or more of the following criteria:

- Travel to mainland China (regardless of symptoms)
- Travel to another geographic area designated as an area of active transmission by the CDC* (see hyperlink of map below) WITH
  - presentation of symptoms consistent with 2019-nCoV (e.g., unexplained fever, cough, shortness of breath)³ OR
  - exposure link to suspected case patient while in the designated area
- Close contact with a person who has confirmed 2019-nCoV infection, including healthcare workers
• Test positive for 2019-nCoV
• Symptoms consistent with active 2019-nCoV infection (e.g., unexplained fever, cough, shortness of breath) in a patient with suspected 2019-nCoV infection

This will be in effect until further notice or additional criteria are added. Screening recommendations shall expire when 2019-nCoV is no longer endemic.


Key Points About Existing Screening Processes (US Eye Banks)

1. The existing Uniform Donor Risk Assessment Interview (DRAI) contains screening capture questions for generalized infection symptoms (Q6) that can effectively be used to screen a potential donor with 2019-nCoV symptoms.
2. The existing Uniform DRAI contains screening capture questions for generalized travel history (Q26, Q27, and Addendum “6 month” travel question (QZ3)) that can be effectively used to screen for a travel history to 2019-nCoV endemic regions (currently described as “mainland China” as of February 1, 2020).
3. The existing Uniform DRAI does not contain specific questions asking about 2019-nCoV infection or exposure, which may warrant adding questions to screen for these details.
4. Eye banks should document the risk assessment for 2019-nCoV infection and ensure all staff are aware of the above exclusionary criteria.

This is a precautionary deferral of donors in the absence of sustained person-to-person transmission locally. However, there have been reports of person-to-person transmission of 2019-nCoV in the U.S, Germany, and Vietnam as well as reports of asymptomatic transmission. Consequently, the CDC case definition of a person under investigation (PUI) was revised on Friday, January 31, 2020 and CDC released a CDC Health Alert Network (HAN) Health Update.

The deferral period of 28 days represents twice the maximum reported incubation period (14 days) from exposure to onset of symptoms, which is the surveillance interval being used in public health reporting by CDC.

We are not at this time advocating a change to the Medical Standards or a required addendum to the Uniform DRAI.

The PPRS will continue to monitor the rapidly changing information for evidence suggesting risk for 2019-nCoV as a transplantation-transmitted infection and the EBAA will provide frequent updates as warranted. Members with questions may contact Jennifer@restoresight.org.

References and Resources:


