Statement on Transplantation of Organs from HIV-infected Deceased Donors

With modern antiretroviral therapy, solid organ transplantation has become a safe, effective, and cost-saving modality for treating HIV-infected patients who develop end-stage organ failure [1]. HIV-infected deceased donors represent a potentially novel source of organs for HIV-infected transplant candidates that could decrease waitlist deaths and even shorten the national waitlist in general; early experiences with this practice using a select group of South African donors and recipients are encouraging [2]. Currently in the United States, the organs of approximately 500 HIV-infected, but otherwise healthy, deceased donors are discarded every year because a 1988 amendment to the National Organ Transplant Act prohibits the use of organs from HIV-infected donors [3].

Our understanding of HIV has progressed significantly since 1988, and we believe that, in the modern era of HIV care, a universal ban on transplants from HIV-infected donors may no longer be justified. While equipoise remains regarding the nuances of patient and donor selection for this practice, it is clear that only by modifying the ban would the medical community have the opportunity to carry out research that would be necessary to safely and effectively answer these questions about the use of these organs. The American Society of Transplant Surgeons (ASTS), the American Society of Transplantation (AST), the Association of Organ Procurement Organizations (AOPO), and United Network for Organ Sharing (UNOS) support modifying the universal ban on the transplantation of HIV-infected organs from NOTA and recommend that
this potential donor pool for HIV positive recipients be explored in carefully designed research settings, with oversight of appropriate federal agencies. Any such research must include rigorous safeguards for the proper identification and transport of HIV-infected organs to prevent inadvertent transplantation of those organs into uninfected recipients.

