

Dear Athlete

It is now just two weeks to the World Transplant Games and I know everyone has been concerned about the H1N1 Influenza pandemic. The LOC and WTGF have done our very best to keep you updated so you can make an informed choice about attending and be confident that we are taking the appropriate steps.

These include the screening for all athletes, supporters, volunteers and staff working at the games, a fully-equipped primary care clinic run by a general practitioner, registered nurse and transplant nurse. This will be run by Aspen Medical, a professional medical services company. We have a senior transplant physician, Dr John Mahony as the Honorary Medical Officer, a respiratory physician volunteering his time for five days and a professional Event First Aid company providing a range of medic and paramedical services. Its important to also remember that for the first time in games history all participants have medical repatriation insurance to cover their immediate medical needs and repatriation to their own hospital if needed. A summary of the medical services is attached for your information.

You have already received the Influenza Advisory and the Medical Guidelines for the Games which have been jointly developed by the WTGF and the Local Organizing Committee. Everyone is encouraged to read them thoroughly.

But back to H1N1. As you would be aware this is a new strain of flu that has been more centred in the Southern Hemisphere during our winter season although places like the UK, USA, and other Northern Hemisphere countries have also seen a significant number of cases.

**The LOC is extremely grateful that the clinical heads of the major transplant units in the state of NSW, Victoria and South Australia, who are arguably the furthest into this pandemic have taken the time to pool their experiences of the influenza on their transplant units in order to assist us.**

This advice, dated August 7, is provided below and provides useful information as to the actual experience rather than any presumptions. It reaffirms the advice provided in the WTGF and LOC Flu Advisory that lung recipients are at higher risk and we once again encourage lung recipients to ensure they are medically fit, have discussed their participation with their physician and considered taking Tamiflu while at the games. We want everyone attending the

games to have an enjoyable, stress-free experience. If any lung recipients, or indeed anyone else, have queries about this advice you are encouraged to contact me.

We look forward to a successful games.

Chris Thomas

Chair, 17<sup>th</sup> World Transplant Games

### **Current experience with H1N1 in Australian Transplant programs**

Dear Mr Thomas,

In order to provide you and the Transplant Games Federation with the most current information on the possible risks that transplant recipients might experience from contracting H1N1 in Australia during the upcoming Transplant Games, we have today pooled our knowledge of the clinical experience that we have to date (07/08/09). Given the knowledge

that Queensland is likely to be in the same phase of the H1N1 pandemic during the World Transplant Games as Victoria and New South Wales are now, these data may be of interest.

We anticipate that this information would be helpful to national transplant teams and the treating physicians who must make decisions on transplant recipients under their care who are travelling to the World Transplant Games

The transplant units represented on this letter have transplanted and care for the majority of transplant recipients in the influenza pandemic affected States of Victoria, New South Wales and South Australia across the renal, pancreas, liver, heart and lung programs and include both adult and paediatric patients.

**Kidney, Liver, Pancreas, Heart Transplantation:**

The number of transplant patients with proven H1N1 infection has been small, with the largest experience being a total of about ten patients in any one unit over the past two months, despite a high rate of testing the suspected cases. There have been less than 10 adults admitted to hospital with confirmed H1N1 in total across all the units, representing between 0.5% and 1% of the approximately 2,000 or more transplanted patients that we care for between us. There have been less than 10 paediatric liver or renal patients admitted to hospital. Of the admitted patients there have been three adult patients with quite severe pre-existing renal graft failure (creatinine >300umol/l prior to illness) who have had viral pneumonia. No other cases of primary viral pneumonia have been diagnosed. At the other end of the disease severity spectrum there have been patients with a mild sore throat and without fever who have tested positive for H1N1. There have been no deaths, no ICU admissions and no ventilated patients at all across our units as a result of H1N1 influenza. Almost all of the relatively small numbers of infected kidney, liver, pancreas and heart transplant patients have had mild self-limiting disease.

### **Lung Transplantation.**

The experience may be different in the two lung transplant programs - they care for about 400 - 500 patients each. In Sydney there have been about 20 admissions of lung transplant recipients with proven H1N1,

4 have been ventilated and 2 - with pre-existing lung impairment - have died.

In Melbourne there have been about 10 cases of H1N1 confirmed in lung

transplant recipients, 1 has been hospitalised, none required

ventilation and there has been no mortality.

**The general clinical approach** of all the transplant units is to provide Tamiflu for five days, dose adjusted for renal function, to all patients with symptoms compatible with Flu and to all patients with exposure to possibly infected family members or other close contact. This approach to liberal use of Tamiflu may have contributed to the very mild impact that this disease has had in the patients under the care of our units.

Based upon this experience it would be our current opinion that H1N1 has not proved to be a major threat to kidney, liver, pancreas and heart transplant recipients, in contrast it may be a threat to Lung and by extension Heart/Lung recipients.

### **We believe that it would be prudent to:**

**1. Ensure** that any transplant recipient (whether at the games or not) with any flu like symptom (fever, sore throat, runny nose, muscle aches and pains, cough, shortness of breath, nausea, vomiting or diarrhoea)

is seen by their team doctor or the medical services at the World

Transplant Games and is provided with Tamiflu at the earliest opportunity in the course of their illness.

**2. Ensure** that recipients with flu like symptoms know that they should isolate themselves from other transplant recipients for up to seven days and ensure that they do not compete in the transplant games.

**3. Advise** that transplant recipients with flu like symptoms should wear a mask for up to seven days to reduce the risk of exposing other individuals to infection.

**4. Advise** Lung and heart/lung transplant recipients that they should take great care to avoid contact with anyone who might have Influenza. Rapid access to Tamiflu in the event of possible contact and careful evaluation of their own circumstances with their own physicians is strongly advised.

**5. Understand** that the common causes for fever and ill health in transplant recipients such as urinary tract infection, bacterial pneumonia, other viral pneumonitis, transplant rejection and transplant functional impairment will still occur at the normal expected frequencies in these populations.

We provide this data to assist the Transplant Games Federation assure the safety of competitors and to provide up to date information for the physicians and national transplant sports associations so that they can best make the decisions that only they can make about each individual participant.

Yours sincerely

**Jeremy Chapman, Westmead Hospital Renal, Pancreas and Islet Transplant Programs**  
**Steven Alexander, Childrens' Hospital Westmead Renal Transplant Program**  
**Richard Allen, Royal Prince Alfred Hospital Renal and Liver Transplant Programs**  
**Steven Chadban, Royal Prince Alfred Hospital Renal Transplant Program**  
**Shlomo Cohny, Royal Melbourne Hospital Renal Transplant Program**  
**Josette Eris, Royal Prince Alfred Hospital Renal Transplant Program**  
**Allan Glanville, St Vincent's Hospital Lung Transplant Program**  
**John Kanellis, Monash Hospital Renal and Pancreas Transplant Program**  
**Geoff McCaughan, Royal Prince Alfred Liver Transplant Program**  
**Peter Macdonald, St Vincent's Heart Transplant Program**  
**Philip OConnell, Westmead Hospital Renal, Pancreas and Islet Transplant Programs**  
**Bruce Pussell, Prince of Wales Renal Transplant Program**  
**Graeme Russ, Queen Elizabeth Hospital Renal Transplant Program**  
**Greg Snell, The Alfred Hospital Lung Transplant Program**

Chris Thomas

Chief Executive Officer

**Transplant Australia**

Phone: (02) 9922-5400

Mobile: (0425) 353-893

[chris.thomas@transplant.org.au](mailto:chris.thomas@transplant.org.au)

[www.transplant.org.au](http://www.transplant.org.au)



[WTG Medical Plan Summary.pdf](#)