

### Practical suggestions for BMT programmes dealing with COVID-19

There is emerging evidence that COVID-19 severity and mortality is higher in patients with cancer (1, 2). In the likely scenario of community spread of COVID-19 in Australia and New Zealand, BMT programmes need to consider ways to reduce risks to patients and staff. The intention of this document is to summarise recommendations from national and international sources for BMT programmes, and to compile suggestions from the ANZ BMT community for local practices. Heads of BMT programmes in the region have reviewed and contributed to the suggestions below.

To date, recommendations have been circulated from WBMT, WMDA, EBMT and ABMDR regarding donors and recipients of HPC. These are summarised in the Table. The WMDA share site ([share.wmda.info](http://share.wmda.info)) has the most detailed information regarding donors and impact on registry operations.

Table	WBMT <sup>3</sup>	WMDA <sup>4</sup>	EBMT <sup>5</sup>	ABMDR <sup>6</sup>
Date	24 Feb 2020	3 March 2020	2 March 2020	2 March 2020
Donor workup	Measures taken in individual countries: China: <i>mandatory 14-day isolation prior to collection for all donors</i> Singapore: <i>defer for 14+ days donors with contact with cases or recent China travellers</i>	4-week deferral for donors with contact or geographical exposure (refer to WHO or ECDC websites for high-risk regions) 3-month deferral for donors with history of infection	COVID-19 diagnosis: indefinite deferral. Contact or geographical exposure: defer 21 days	Business as usual for domestic donors. Refer to WMDA for information regarding overseas donors.
Donor & graft travel	Measures taken in individual countries:  Singapore: <i>consider pre-collection and cryopreservation for overseas grafts from high risk areas</i>	Consider pre-collection and cryopreservation where donor is at risk of community-acquired infection	Consider cryopreservation of unrelated donor grafts at least 21 days prior to conditioning. All donors practice good hygiene (per WHO) and avoid large group gatherings for 21 days pre-donation.	Business as usual for domestic donors. Refer to WMDA for information regarding overseas donors.
Recipient care	Measures taken in individual countries: China: <i>All patients subject to 14-day home quarantine prior to collection of product</i> Singapore: <i>defer non-urgent autologous and allogeneic transplants</i>	N/A	Diagnosis of COVID-19 pre-transplant: defer for 3 months if possible, or until asymptomatic and 3 x PCR negative at least 1 week apart. Case contact or high-risk travel: defer conditioning 21 days if possible.	N/A

	<i>as needed to manage bed capacity and blood product availability.</i>			
Recipient travel	Nil	N/A	Avoid non-necessary travel to WHO high-risk areas	N/A

In addition to hospital and community-wide measures being taken by health authorities, BMTSANZ members are considering the following measures at their own centres:

1. Regular review of transplant schedule with a view to postponing non-urgent transplants if community transmission results in high risk to recipients or high burden to hospital and ICU capacity.
2. Carefully review donor travel and contact history prior to donation.
3. Review recipient travel and contact history prior to transplantation and consider postponing conditioning by 3 weeks if recent contact.
4. Review of facilities for management of outpatients post BMT, including:
  - a. provision of a triage reception physically separate from day therapy areas
  - b. signs in waiting rooms
  - c. telephone numbers for patients to call prior to arrival if concerned regarding symptoms
  - d. review of telehealth facilities to enable some patients to be seen remotely
  - e. timing of clinics – e.g. evening clinic may result in less crowded waiting areas
  - f. facilities for phlebotomy collection: home collection, creation of additional temporary nurse-led phlebotomy services and reducing blood test frequency where possible
5. Restriction of visitors to BMT wards and day therapy areas
6. Expedite influenza and pneumococcal vaccination post-transplant, where possible

All members of the BMT community are encouraged to share their own suggestions by contacting Nada Hamad ([nada.hamad@svha.org.au](mailto:nada.hamad@svha.org.au)) or Duncan Purtill ([duncan.purtill@health.wa.gov.au](mailto:duncan.purtill@health.wa.gov.au)).

#### References:

1. Liang W, Guan W, Chen R, Wang W, Li J, Xu K, et al. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. *Lancet Oncol.* 2020.
2. Guan WJ, Ni ZY, Hu Y, Liang WH, Ou CQ, He JX, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med.* 2020.
3. WBMT: 'WBMT Statement on the Corona virus COVID-19' email correspondence received 24 Feb 2020 and available at: [share.wmda.info](http://share.wmda.info).
4. WMDA: [share.wmda.info](http://share.wmda.info), accessed 04 March 2020
5. EBMT: 'EBMT recommendation: CORONAVIRUS DISEASE COVID-19' email correspondence received 02 March 2020
6. ABMDR: 'ABMDR COVID-19 advice' email correspondence received 02 March 2020