



Possible contamination of Viaspan organ transport fluid

Information for clinicians

The HPA has been notified of the possible contamination of Viaspan organ transport fluid with *Bacillus cereus*. This may affect product issued since mid 2011 throughout England and Wales. This product is used in the transfer of solid organs for transplant (liver, kidney, bowel and pancreas) and in pancreatic islet transplant. In some cases where alternatives are not available, the potentially contaminated product may continue to be used in order to allow transplants to go forward.

The potential contaminating organism is *Bacillus cereus*. Although *B. cereus* is common cause of food poisoning by preformed toxin, it may cause invasive disease including bacteraemia, septicaemia, endocarditis, osteomyelitis, pneumonia, brain abscess, and meningitis in severely immunocompromised patients such as those with haematological malignancy, and in patients with indwelling vascular catheters. The antimicrobial susceptibility of the contaminating organism(s) is currently unknown, however *B. cereus* in vitro is likely to be sensitive to vancomycin, ciprofloxacin, chloramphenicol, linezolid, daptomycin, clindamycin, imipenem and meropenem.¹ *B. cereus* produces β -lactamases and is commonly, though variably, **resistant to penicillins**, including beta-lactamase inhibitor combinations, and cephalosporins.

Solid organ transplant recipients are routinely given prophylactic antimicrobials peri-operatively. Practice varies between units and according to the organ being transplanted. In some cases the antimicrobials will not include agents active against *B. cereus*. We advise physicians to seek advice from their local microbiologist and conduct an individual risk assessment of the patient to decide whether a change in prophylactic antimicrobials is required. Health Protection Agency regional microbiologists may be contacted for additional advice.

Patients who have received potentially contaminated product and who develop post operative infection should be empirically treated with antimicrobial therapy mindful of the antibiotic sensitivity of *B. cereus* (see above). Therapy should be chosen after discussion with a local microbiologist and adjusted with culture results. Culture of organ transport fluid after use is already performed in some units and may be helpful whilst the affected product is in circulation.

Please notify NHS Blood and Transplant of any suspected *Bacillus spp* infections in solid organ transplant recipients and forward the *Bacillus* isolate to Dr Kathie Grant, Laboratory of Gastrointestinal Pathogens, Health Protection Agency Colindale.

The Health Protection Agency will update this guidance when further information is available. An advice letter issued from the manufacturer and NHSBT will be available at the following address:

<http://www.mhra.gov.uk/NewsCentre/CON146896>

¹ Bottone EJ. *Bacillus cereus*, a volatile human pathogen. Clin Microbiol Rev. 2010 Apr;23(2):382-98. Accessible at: <http://cmr.asm.org/content/23/2/382.abstract>. This is a useful review article for those wishing further information.