

IRA, DRAI, NAT (Individual risk assessment, Donor risk assessment, nucleic antigen test)

Providing the safest, high-quality allografts for transplantation is the goal of all tissue providers. However, as medical advancements in communicable disease control or elimination provide viral load reduction and disease cure, is donor screening and deferral appropriate to these advancements? Now is a time for allograft providers, regulators, and standard setting organizations to reexamine the donor deferral criteria.

Recent publications in the *New England Journal of Medicine*, (Prospectives Oct.21,2021) and in *EC Ophthalmology* (Nov 1, 2021) address these questions. In the case of HIV, does a reduction in viral load below detectable levels, by current testing capabilities, mean donors with a history of HIV reactivity are now safe blood and tissue donors? Are Hepatitis C antibody only reactive individuals who have had “curative pharmacological therapy” now acceptable for transplantation?

The most appropriate and safest answer is no; not without “new concepts of individual risk assessment”. This is not the current standard, which is more of a “group category of deferral”, but IRA may offer an opportunity to safely add to the overall allograft supply with no increased risk and greater availability of tissue for surgical demand, specific tissue requirements, and scheduling variations. Development and perfection of an “individual risk assessment”, when applied, could benefit transplantation donation.