

phenomenon can be attributed to different factors: a high percentage of positive cases and/or contacts among potential donors; the number of infections among healthcare professionals, favoured by the lack of personal protection equipment and the still partial knowledge of the disease; the exclusion of donors with bilateral pneumonia. Subsequently, the system was better organized with the assimilation of new knowledge about the virus, overcoming the initial fears about transmission and thus guaranteeing the resumption and maintenance of donations.

6 THE IMPACT OF COVID-19 ON CORNEAL TRANSPLANTATION IN ENGLAND

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Introduction/Background At the beginning of the COVID-19 pandemic, eye banks around the world had to assess the impact of SARS-CoV-2 infection in potential ocular tissue donors and decide how to characterise donors to meet ongoing demand for tissue for transplantation.

NHSBT eye banks normally issue cornea grafts for over 4000 transplants per annum (pre-pandemic). SARS-CoV2 RNA screening is not a requirement for eye donor characterisation. Donor authorisation is based on review of donor medical and contact history and any available COVID test results (e.g. from hospital testing or as part of organ donor characterisation). After retrieval, globes are disinfected with PVP-iodine, and corneas stored in organ culture.

This presentation explores the impact of COVID-19 on corneal donation and transplantation in England.

Methods UK Transplant Registry data were analysed on all corneal donors and transplants in England from 1 January 2020 to 2 July 2021. All laboratory confirmed SARS CoV-2 infections were collected by Public Health England from 16 March 2020. Information was available until mid-November 2021.

To assess the possibility of transmission through a transplanted graft, cases with a diagnosis of infection within 14 days post transplant were identified for further review.

Results 4130 corneal grafts were performed in England. We are aware of 222 recipients who tested positive for SARS-CoV2. 2 of these have been reported to have died within 28 days of testing positive. The diagnosis of SARS-CoV2 infection in these 2 recipients had been made beyond 30 days post transplant.

In 3 of the 222 infected recipients, the interval between transplant and infection was within 14 days (all 3 recipients alive). 2 of the 3 donors were fully characterised organ donors (universally screened for SARS-CoV-2 RNA in upper and lower respiratory tract samples), and one was an eye only donor who had tested negative in hospital 2 days prior to death.

Conclusions The linkage of large registries allows collection of useful data in a large cohort of patients transplanted during the COVID-19 pandemic. The incidence of COVID-19 and characteristics of corneal transplant recipients who tested positive for SARS-CoV2 were found to be similar to those for the general population of England.

These data have not identified any epidemiological evidence for transmission of COVID-19 through corneal transplantation, and offer reassurance about the safety and quality systems that are in place to allow ongoing corneal transplantation during the pandemic.

Theme 2 – Donation and procurement

7 CURRENT PRACTICE OF HEALTHCARE PROFESSIONALS IN HOSPICE AND HOSPITAL PALLIATIVE CARE SETTINGS RELATED TO EYE DONATIONS PART OF END-OF-LIFE CARE: A NATIONAL SURVEY

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Background Around 53% of the world's population have no access to the benefits of sight saving and sight restoring transplantation surgery due to a short fall in the supply of ophthalmic tissue that is only available via eye donation (ED). In England the National Health Services Blood and Transplant (NHSBT) seeks to have a consistent and sustained supply of eye tissue to satisfy current demand, however, historically and currently there is gap between supply and demand. Data reports that between April 2020 - April 2021, 3,478 corneas were donated a 37% decrease on the previous year figure of 5,505 corneas. In view of this shortfall other routes to supply are needed with Hospice Care and Hospital Palliative care settings being a potential route.

Aim As Health Care Professionals (HCPs) are the gatekeepers to the option of ED being raised with patients and family members this presentation will share findings from a national survey carried out with HCPs across England between November/December 2020 seeking knowledge related to i) current practice across the ED pathway, 2) views of HCPs toward embedding ED in routine end of life care planning; and 3) what current informational, training, or support needs are reported by survey participants.

Findings One hundred and fifty-six participants completed the online survey, representing an 8% response rate (of n=1894 approached). Responses to a 61-item questionnaire indicated that: the majority of respondents were aware of ED as an end-of-life option, however, despite the reported perception of most participants that discussing ED was not distressing to patients and family members the option of ED was only discussed IF the patient or family member first raised the topic. Currently most care settings do not actively encourage the option of ED being discussed with patients and/or their family members, nor is ED routinely discussed in multi-disciplinary meetings. Furthermore, when asked about training related to ED, 64% of participants (n = 99/154) said they had unmet training needs.

Conclusion Findings from this survey indicate a paradoxical stance toward ED among HCPs in hospice and palliative care settings; that is, substantial support for and positive attitudes toward inclusion of ED in end-of-life planning (including within their own practice), aligned with low levels of activity in offering the option. There is very little evidence of eye donation being embedded in part of 'routine' practice, and this may be linked to unmet training needs.