Clinical Transplant Services

Waiting List Donor Option

Learn more about the option of a Public Health Services (PHS) Increased Risk Donor. This type of donor may decrease your waiting time on the transplant list.

In 2013, the criteria for defining donors who are a higher risk for transmitting infection was updated by the Public Health Services (PHS). This criteria looks at behaviors that increase the risk of transmitting Human Immune Deficiency Virus (HIV), Hepatitis B, and Hepatitis C. These donors are known as PHS Increased Risk Donors.
There are many more patients who need a kidney than there are kidneys available. The demand for kidneys significantly outweighs the supply. The United Network for Organ Sharing (UNOS) & your local transplant centers have been working to identify practices & policies that will maintain transplant quality and safety, while giving patients options & access to more donors.

**What makes a donor PHS Increased Risk?**

If a donor had a history of behaviors that put them at higher risk for exposure to Hepatitis and HIV.

**How many donors in our area meet PHS increased risk criteria?**

PHS donors comprise 20% of the local donor pool. One of every five donors is considered a PHS increased risk donor.

If I am already on the list for a standard donor, what are the benefits of also adding myself to the PHS Increased Risk Donor list?

- You may be transplanted sooner than if you elect to wait only on the standard criteria donor list.
- In our area, on average, PHS donors are 13 years younger than standard donors; therefore, kidneys from such donors tend to be very high quality with a lower risk of loss of the organ. Some patients may have up to 10% better kidney survival 5 years after transplant.
- Your yearly compounded risk associated with staying on dialysis may be higher than the risks associated with PHS donor transplants.

**What are the risks associated with PHS Increased Risk Donor transplant?**

The possibility that a PHS donor is actually infected and would transmit that infection is small at 46 out of 100,000 or .046 %. Those statistics are based on older testing methods. New, more sensitive testing, detects the exposure to viruses much earlier. Initial evidence shows risk of exposure to viruses from a PHS donor is much lower. No type of transplant has zero risk of transmission. Non-PHS donor transmission risk is 2.4/100,000. It is important to realize that even treatments that you may need while waiting for a kidney involve some degree of risk of disease transmission. Even hemodialysis involves risk of transmission, and is considered a PHS Increased Risk category for transmission of Hepatitis C.

For more information, please contact your Transplant Coordinator or call our main office at 503-494-8500.

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www.ohsu.edu/transplant