Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Adding peak PRA and dialysis duration rendered DD type insignificant.

Conclusions: DD recipients are not all the same. DD1 may exhibit less inferior outcomes to LD than DD0 even with biologically equal DD organs. Not having an identified living donor at initial evaluation is a surrogate for factors risking graft survival that require further attention. Distinguishing DD0 from DD1 as a simple pre-transplant variable may permit clinicians to effectively target biological-social interventions and improve overall DD graft survival. Information about potential but non-actualized living donors must transfer to the DD recipient's post-transplant chart.

Conflict of Interest: Funded by Kidney Transplant Program, St. Michael's Hospital. No conflicts of interest.

POS-715

COVID-19 IN HEMODIALYSIS PATIENTS: EXPERIENCE OF A CENTER

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Introduction: COVID-19 is a real challenge for patients on hemodialysis (HD), whose high susceptibility to COVID-19 is only partially explained by their average old age, frequent comorbidities, and impaired immune function. Moreover, the dialysis centers constitute, in themselves, a community space in which the introduction of SARS-CoV-2 is likely to lead to the infection of many patients. Dialysis patients are in fact particularly exposed to infection, because of their hospital contacts at each dialysis session and the promiscuity existing in hospital premises. In addition to these factors, there is also the need to travel three times a week.

Objectives: to determine the prevalence of covid 19 infection in a hemodialysis center, to describe the clinical characteristics and short-term results in chronic hemodialysis patients tested for Covid +

Methods: This is a retrospective, descriptive study. It took place at the nephrology and hemodialysis service CHU Ibn Rochd. Spread over a period of 08 months from March 29, 2020 to November 2020, involving patients on chronic terminal hemodialysis.

Results: Among 62 chronic hemodialysis patients in our training, 6 patients tested positive for COVID, i.e. 9.6%

The average age of the study population is 56.8 years +/- 12.4 with extremes ranging from 33 to 81 years, a slight predominance of female M / F with a sex ratio of 1.1, the length of time in hemodialysis was 20.14 years +/- 8.2. The initial nephropathy was indeterminate nephropathy in 72%, and glomerular in 28% "lupus nephropathy", all of the hemodialysis patients had an arteriovenous fistula as a vascular access.

The most common symptom was a dry cough, fever, and fatigue. All patients infected with COVID-19 had lymphopenia and increased levels of C-reactive protein.

85.7% of hemodialysis patients were hospitalized in a regional hospital and dialysed in a hemodialysis center dedicated to COVID-19. Admission to an intensive care unit was necessary in one patient.

the outcome was favorable in 86% of hemodialysis patients and the death of a single patient

Conclusions: Dialysis patients constitute a very sensitive population and hemodialysis centers are a high risk area in a COVID-19 epidemic.Increasing prevention efforts, isolating patients with covid -19 and referring them to designated hemodialysis centers have been effective in preventing the spread of COVID-19 in our hemodialysis unit

No conflict of interest

POS-716

SUSTAINED BK VIRURIA: A FORGOTTEN ALLY FOR EARLY DIAGNOSIS OF BK VIRUS NEPHROPATHY IN KIDNEY TRANSPLANTATION

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Introduction: BK virus nephropathy (BKVN) is a major complication of kidney transplant (KT). Usually, the sequence of the disease is described as an asymptomatic period of viruria, followed by viremia and subsequently, by BKVN. The association of BKVN with viruria but without viremia, is infrequently described.

Methods: Retrospective study of KT patients with biopsy proven BKVN, from January of 2011 to October of 2020, with viruria but no viremia.

Results: Of the 574 KT performed at our center during the study period, 16 patients (2,8%) had biopsy proven BKVN. 4 patients met the inclusion criteria.Patient 1: A 59-years-old man underwent a 3 antigen (Atg) mismatch (MM) brain dead donor KT. Immunosuppression (IS) consisted of Basiliximab, Tacrolimus (TAC), Mycophenolate Mofetil (MMF) and Prednisolone (PDN). KT was complicated by delayed graft function (DGF). He had no acute rejection (AR) nor donor specific antibodies (DSA). 19,3 months after KT he had CMV infection treated with Ganciclovir and suspension of MMF. 1 month later, BK viruria appeared (7,7 log copies/mL with a maximum of >9 log copies/mL) without viremia nor kidney dysfunction. Later because of kidney disfunction and persistent viruria he did a KT biopsy, showing a BKVN pattern B1 according to AST classification. IS was changed to everolimus (EVR) and low dose TAC. He evolved favourably, returning to baseline serum creatinine and clearance of BK viruria.Patient 2: A 52-years-old female underwent 2 Atg MM circulatory dead donor (CDD) KT. IS consisted of anti-thymocyte globulin (ATG), TAC, MMF and PDN. KT was complicated by DGF, without AR nor DSA. Baseline Screat was 1,3 mg/dL. Nine months after KT, she developed BK viruria (5,2log copies/mL) without viremia. Because of persistent viruria and allograft disfunction a KT biopsy was performed showing BKVN (Pattern A). MMF was suspended and TAC was reduced, without clinical nor virologic improvement and IS was switched to EVR and low dose TAC, without response and a repeated KT biopsy revealed a BKVN pattern C, with no further therapeutic interventions. Patient 3: A 48-years-old female underwent 5 Atg MM CDD KT. IS consisted of ATG, TAC, MMF and PDN. She had no DGF nor AR or DSA and baseline Screat was 0,8-0,9 mg/dL. Nine months after KT, BK viruria appeared (4log copies/mL) and MMF was reduced. Persistent viruria without BK viraemia and kidney dysfunction led to a KT biopsy which showed BKVN (patternC). IS was changed to EVR and low dose TAC with no response.Patient 4: An HIV-1 positive, 26 years-old man underwent a 5 Atg MM CDD KT. IS consisted of ATG, TAC, MMF and PDN. CD4+ T cell numbers 3 months after KT were 781 cells/mm3. Baseline Screat was 1,5mg/dL. One month after KT, he had BK viruria (8log copies/mL), without BK viremia, and 9 months latter his Screat increased to 1.9 mg/dL, with persistent BK viruria without viremia. A KT biopsy was done with positivity for SV40 but without enough tissue representation to classify the BK pattern. MMF dose was reduced, and on last follow-up Screat was 1.9mg/dl. MMF was suspended.

Conclusions: Screening for BK virus remains uncertain. Our study highlights the importance of BK viruria screening, and that BKVN should be considered in KT patients with allograft disfunction and persistent viruria, even without viremia. The early recognition of BK viruria could guide early therapeutic decisions with impact on the outcome of BKVN.

No conflict of interest

POS-717

PUBLIC PERCEPTIONS OF PRESUMED CONSENT FOR ORGAN DONATION IN CANADA: A QUALITATIVE DESCRIPTIVE STUDY OF PUBLIC COMMENTS FROM NEWS ARTICLES

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Introduction: In 2019, two Canadian provinces (Alberta and Nova Scotia) became the first jurisdictions in North America to pass presumed