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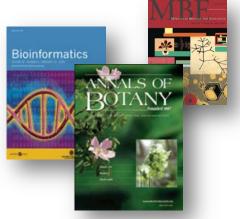
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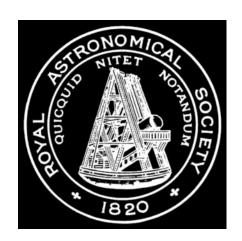






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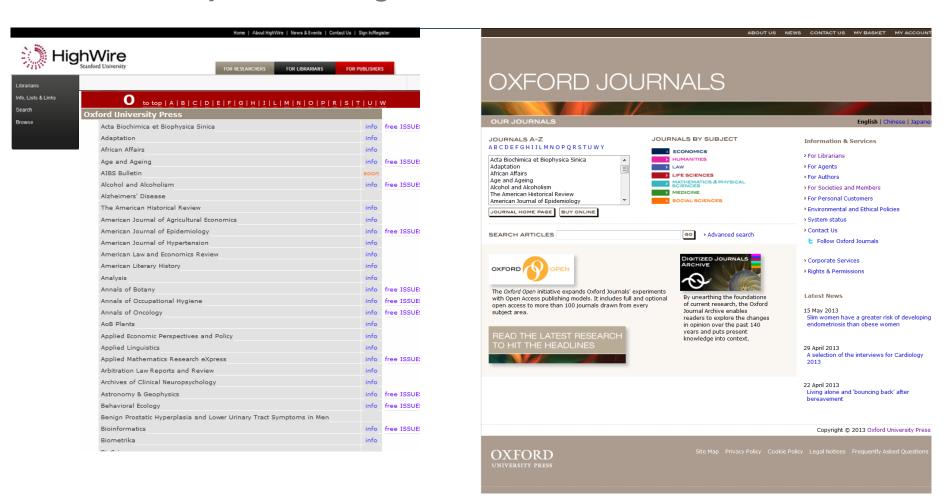




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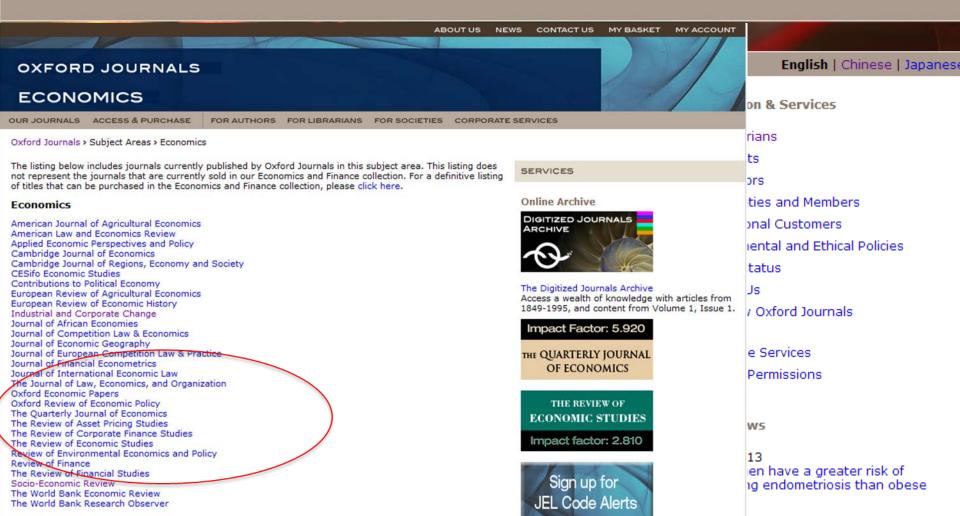
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KIDNEY EXCHANGE*

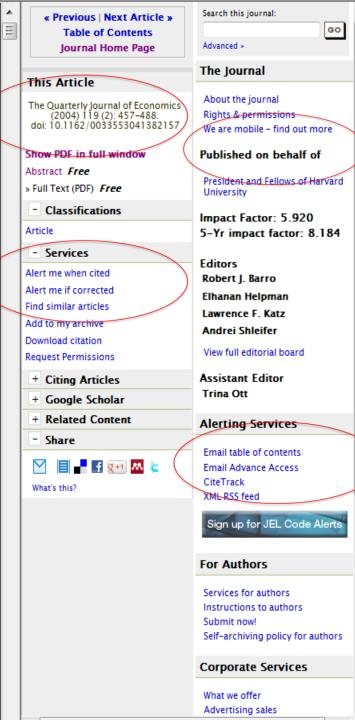
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Most transplanted kidneys are from cadavers, but there are also many transplants from live donors. Recently, there have started to be kidney exchanges involving two donor-patient pairs such that each donor cannot give a kidney to the intended recipient because of immunological incompatibility, but each patient can receive a kidney from the other donor. Exchanges are also made in which a donor-patient pair makes a donation to someone waiting for a cadaver kidney, in return for the patient in the pair receiving high priority for a compatible cadaver kidney when one becomes available. There are stringent legal/ethical constraints on how exchanges can be conducted. We explore how larger scale exchanges of these kinds can be arranged efficiently and incentive compatibly, within existing constraints. The problem resembles some of the "housing" problems studied in the mechanism design literature for indivisible goods, with the novel feature that while live donor kidneys can be assigned simultaneously, cadaver kidneys cannot. In addition to studying the theoretical properties of the proposed kidney exchange, we present simulation results suggesting that the welfare gains from larger scale exchange would be substantial, both in increased number of feasible live donation transplants, and in improved match quality of transplanted kidneys.

I. Introduction

Transplantation is the preferred treatment for the most serious forms of kidney disease. There are over 55,000 patients on the waiting list for cadaver kidneys in the United States, of whom almost 15,000 have been waiting more than three years. By way of comparison, in 2002 there were over 8,000 transplants of cadaver kidneys performed in the United States. In the same year,

*We thank Muriel Niederle, Erhan Sönmez, Stefanos Zenios, and the participants of the SITE 2003 Workshop on Matching Markets for their insightful comments and Hüseyin Çankaya for his help with the figures. After a first draft of this paper was completed, we also benefited from many helpful conversations with Dr. Frank Delmonico of the New England Organ Bank. Sönmez gratefully acknowledges the research support of KoçBank via the KoçBank scholar program



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Assessment of Serosurveys for H5N1

→

Eric S. Toner¹, Amesh A. Adalja¹, Jennifer B. Nuzzo¹, Thomas V. Inglesby¹, Donald A. Henderson¹, and Donald S. Burke²

+ Author Affiliations

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Abstract

Background. It has been suggested that the true case-fatality rate of human H5N1 influenza infection is appreciably less than the figure of approximately 60% that is based on official World Health Organization (WHO)-confirmed case reports because asymptomatic cases may have been missed. A number of seroepidemiologic studies have been conducted in an attempt to identify such missed cases.

Methods. We conducted a comprehensive literature review of all English-language H5N1 human serology surveys with detailed attention to laboratory methodology used (including whether investigators used criteria set by the WHO to define positive cases), laboratory controls used, and the clades/genotypes involved.

Results. Twenty-nine studies were included in the analysis. Few reported using unexposed control groups and one-third did not apply WHO criteria. Of studies that used WHO criteria, only 4 found any seropositive results to clades/genotypes of H5N1 that are currently circulating. No studies reported seropositive results to the clade 2/genotype Z viruses that have spread throughout Eurasia and Africa.

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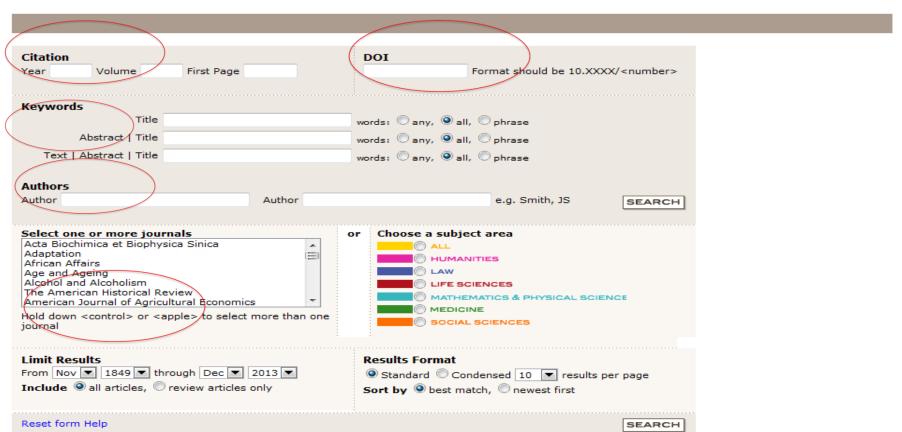
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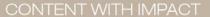
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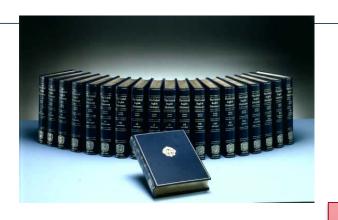


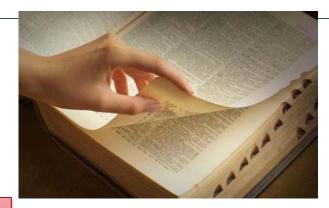


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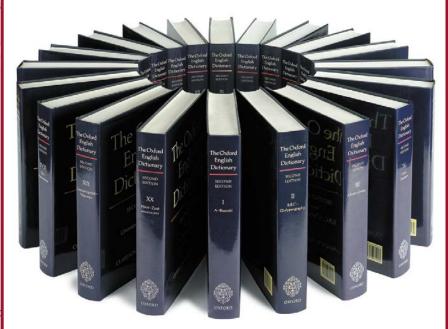
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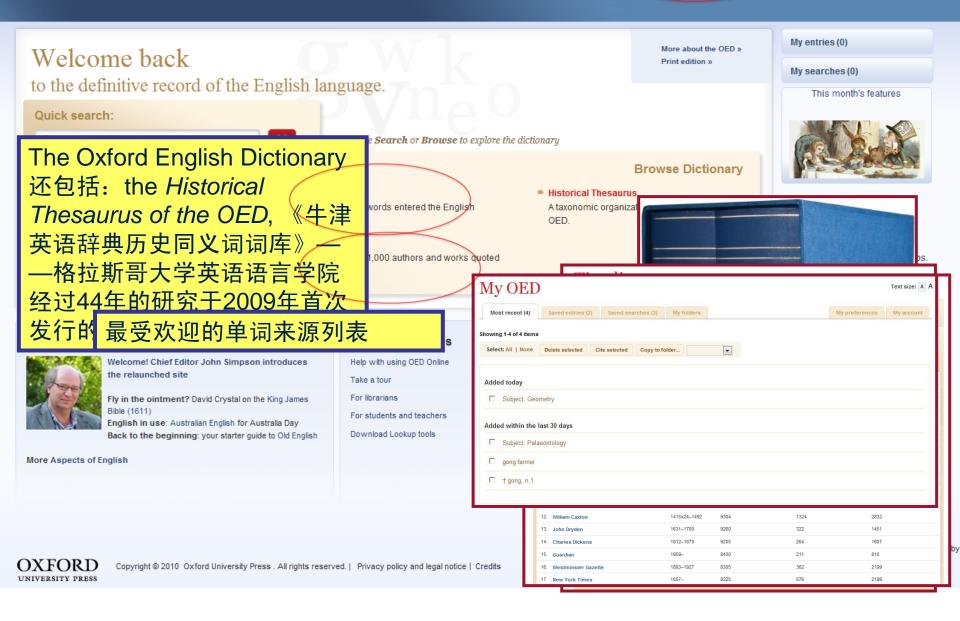




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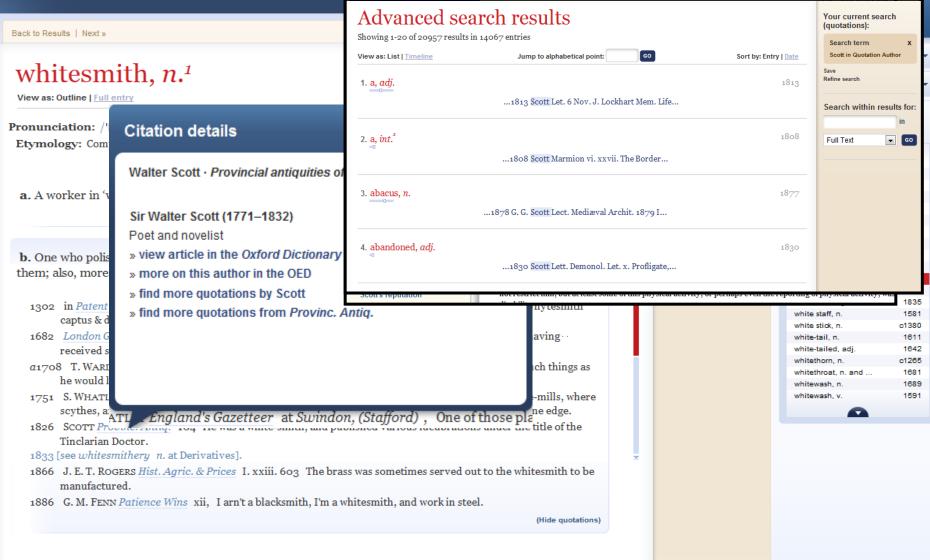
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