



CANADIAN SOCIÉTÉ  
BLOOD CANADIENNE  
SERVICES DU SANG

SUMMARY notes of the teleconference of the National Liaison Committee, Tuesday,  
December 3, 2002 16:00 – 17:45 EST.

PRESENT:	Dr. Robin Moore-Orr Ms. Kate Gagliardi  Ms. Nikki Roy  Mr. Francois Perron Ms. Sheila Robichaud  Mr. James Davies Mr. Morley Reid Mr. Howard Waldner Ms. Kathie Leigh Mr. Glen Dietz Mr. Shane Wood Mr. Jim Rodger Ms. Lorna Stevens	Anemia Institute Canadian Society for Transfusion Medicine Physicians and Nurses for Blood Conservation Inc. Canadian Society of Clinical Perfusion Childhood Cancer Foundation Candlelighters Canada Arthritis Society of Canada CLC - St. John's Canadian Healthcare Association CLC - London CLC - London CLC – Winnipeg CLC - Winnipeg Neutropenia Support Association
PRESENTATIONS:	Dr. Heather Hume	Canadian Blood Services
OBSERVING:	Mr. Ian Mumford Ms. Jennifer Spencer Ms. Lorna Tessier Ms. Lisa Bussell	Canadian Blood Services Canadian Blood Services Canadian Blood Services Canadian Blood Services
REGRETS:	Ms. Eleanor Holmgren  Dr. Greg Knoll Mr. Stewart Edmonds Ms. Elizabeth Tough  Ms. Wendy Chaulk Dr. Stephen Couban  Dr. Davy Cheng Mr. Howard Leung	Canadian Association of Transplantation Canadian Transplant Society Canadian Cancer Society Canadian Immunodeficiencies Patient Organization CLC - St. John's Canadian Blood & Marrow Transplant Group Canadian Cardiovascular Society Thalassemia Foundation of Canada
CO-CHAIRS:	Ms. Adélaïde La Plante  Mr. James Kreppner	Canadian Blood Services Board of Directors Canadian Blood Services Board of Directors

## **CONFIDENTIAL DRAFT 1**

### **Confirmation of participants**

The co-chairs welcomed all participants to the teleconference.

### **Review and adoption of agenda**

MOTION: To approve the agenda as presented. Moved and seconded. All in favour.

### **Approval of September 23-24 summary notes**

MOTION: To approve the summary notes as presented. Moved and seconded. All in favour.

### **Business Arising**

Update on Board's response to NLC evaluation.

The process for having the Board evaluate the NLC was reviewed, including the provision of background material regarding the pilot NLC project, the draft list of key topics for future NLC meetings and a draft copy of revised Terms of Reference for the committee. The Board was also asked to identify issues requiring input from the NLC.

The Board unanimously agreed that the NLC is a valuable vehicle for stakeholders and CBS and concluded that it would become a permanent advisory committee to the Board.

### **Items Raised by the Board:**

Degree of communication between the NLC members and their respective organizations: The Board believes that evaluating or measuring the degree of linkages with the organizations, as a whole would be important.

Discussion topics will be considered non-confidential unless otherwise stated.

Other items discussed were: adequate representation from stakeholder groups, future size of the NLC, removal of members as the need arises, and the need for a Code of Conduct.

The NLC requests that the Board identify issues they would like the NLC to provide input on.

A review of the Terms of Reference included the following:

- membership on the NLC is restricted to a three-year term;
- participants are accountable to their organizations.
- if the organization wishes to change their representative they are free to do so;
- NLC meetings will consist of three face-to-face meetings per year.

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Discussions by NLC members included the following:

- It was suggested that CLC representation be increased from one to two representatives on the NLC. Due to the increasing number of CLCs, it was decided that two representatives would increase the size of the NLC unfavourably. Two representatives from the CLCs will be nominated with one representative serving as an alternate. Both representatives should confer prior to each meeting to ensure consistency. The importance of adequate CLC representation was reinforced due to their link to consumer and volunteer interests.
- An item was raised regarding whether a CLC representative who also represented a stakeholder group, should also represent the CLC or their other organization. All CLC participants represent a stakeholder group as well.
- Regarding the representatives from the existing CLCs, a question was asked about who would be selected to continue on the NLC. It was decided that the CLCs will vote on two nominees, CBS will choose the participant and the other will act as an alternative.
- It was acknowledged that due to attrition, some natural staggering will occur therefore it may not be necessary to implement a formal process.

The agenda is to be circulated to NLC members two weeks in advance of each meeting. The agenda can be revised during each meeting to include additional emerging issues.

Two individuals volunteered to draft a Code of Conduct with the co-chairs. It will consist of values and principles for conduct at each meeting. It was suggested that it be renamed the Ground Rules. Once a draft is completed it will be reviewed by the NLC.

How does the NLC reassure itself that the representatives are communicating information back to their respective organizations? It was suggested that the organizations evaluate their representatives via a survey. NLC meetings with the Board also give the organizations an opportunity, through their representative, to raise issues.

### **Preliminary discussion on next steps**

Ongoing evaluation of the NLC should continue with a brief questionnaire given to each representative at the end of a meeting. It was recommended that the questionnaire be filled out and submitted a few days after the meeting to provide time for participants to prepare their comments. It was also recommended that participants email their evaluations back to CBS.

A task-tracking calendar was suggested in order to prioritize issues.

Regarding the hep B anti-core testing, NLC participants were asked to send requests for further information to CBS by January 10, 2003.

### **Report from CLC representatives**

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### St. John's

- Youth project planned where youth groups will promote blood donation in their school and their area, to be piloted in two schools
- decreasing number of NLC representatives from two to one
- at each CLC meeting, the NLC representative will present an oral report to the CLC
- anti hep B core antigen testing was presented for feedback

### London

- difficulty in forming regular meetings
- suggested that CBS move these meetings to the CBS location instead of at a hotel
- no group discussion on hep B anti-core testing yet
- the roles of the co-chairs were discussed

### Winnipeg

- Winnipeg held its first face-to-face meeting which primarily consisted of organizational and administrative discussions including the choosing of co-chairs, and deciding on who would be a representative for the NLC
- It was suggested that the current CLC membership include additional representation from users of blood products and a concerted effort will be undertaken to recruit representation from this group.

### **Issues Raised**

It was suggested that representatives from the CLC form a CLC conference. CBS will take this under consideration. It was also suggested that prior to an NLC meeting, CLC members could meet for informal discussions.

An item was raised regarding the role of the CLCs and their effectiveness in monitoring their communities for potential concerns. While feedback from CLCs is very important, CBS does not rely solely on this feedback but has other mechanisms to track feedback on issues such as the National Contact Centre. Opinion surveys are used and employees and volunteers are encouraged to monitor for feedback as well.

### **West Nile Virus Update**

A presentation was made by the Executive Medical Director, Transfusion Medicine to the NLC participants, highlights included:

Regarding the female from Southwestern Ontario who reportedly died of WNV, it has not been confirmed that she died of WNV but it is assumed that it did contribute to her condition. She may have contracted the virus through a blood transfusion. The patient did undergo an autologous stem cell transplant. This patient also received blood from 31

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donors (3 platelet and 28 whole blood donors). CBS was informed by the hospital on November 11 of the probability that a patient had contracted WNV via a blood transfusion. Most of the donors have been contacted and all have agreed to be tested.

In Ontario and Quebec there have been 188 probable or confirmed cases of WNV in humans.

The next step for CBS is to determine if any units remain in inventory. Some of the plasma units went to Bayer for fractionation. It is Bayer's responsibility to determine what they will do with those units.

Health Canada has instructed that if a unit was pooled, it should not be removed since fractionation inactivates WNV.

Should all donor samples come back negative, we can say that WNV was not contracted from a transfusion because no donor was exposed to the virus.

Antibodies last for an unknown period of time. If one donor was positive, companion units must be checked and they will be notified. If anything were transfused within the past month, recipients would be alerted.

This is the only human case in Canada. In the U.S. there have been more cases, 3,700 probable or confirmed cases of WNV and six confirmed cases of transfusion transmitted WNV and a further 27 cases being investigated for transfusion transmitted WNV.

Currently, the mosquito season is over in Canada. In preparation for the next season the hope is that a test will be in place. Two U.S. companies, Roche and Chiron, under intense pressure from the FDA, are working on developing a test. Héma Québec and CBS are meeting with Roche regarding the possibility of a test for next summer.

If no test is available, CBS will look at other options.

A question was raised regarding whether immuno-suppressed persons are more susceptible to contracting WNV. They are not more susceptible to contracting the virus but they may display more severe symptoms.

### **Discussion topic for February 3 meeting**

During the last NLC meeting with the Board, NLC members were asked to identify four priority areas:

- 1) Recruitment and retention
- 2) Utilization and alternatives
- 3) Educating the public
- 4) Safety of the blood system

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The NLC members were asked to identify from this list, which item they would like to discuss at the next meeting. It was suggested that two topics be combined into one discussion, the safety of the blood system and utilization.

It was suggested that topics that are in the public eye, such as the RCMP report, anemia conference, and West Nile Virus would be good topics for discussion.

### **Emerging Issues**

- The anemia conference
- Critical changes at CBS
- The MAK system roll out

### **Adjournment**