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CANADIAN SOCIÉTÉ  
BLOOD CANADIENNE  
SERVICES DU SANG

SUMMARY notes of the teleconference of the National Liaison Committee, Tuesday, June 24, 2003 from 15:00 – 16:30 EST.

PRESENT:	Ms. Wendy Chaulk	Candlelighters Childhood Cancer Foundation
	Mr. James Davies	Arthritis Society of Canada
	Ms. Kate Gagliardi	Canadian Society for Transfusion Medicine
	Mr. Gord Hickman	CLC - Halifax
	Ms. Eleanor Holmgren	Canadian Association of Transplantation
	Mr. Bill Mindell	Canadian Hemophilia Society
	Ms. Tokie Onoda	CLC - Calgary
	Mr. Jim Rodger	CLC – Winnipeg
	Ms. Nikki Roy	Physicians and Nurses for Blood Conservation Inc.
	Ms. Lorna Stevens	Neutropenia Support Association
	Ms. Elizabeth Tough	Canadian Immunodeficiencies Patient Organization
	Dr. Anargyros Xenocostas	Canadian Blood & Marrow Transplant Group
PRESENTATIONS:	Dr. Mark Bigham	Canadian Blood Services
	Ms. Jennifer Spencer	Canadian Blood Services
OBSERVING:	Mr. Ian Mumford	Canadian Blood Services
	Ms. Lorna Tessier	Canadian Blood Services
	Ms. Natasha Manji	Canadian Blood Services
REGRETS:	Dr. Davy Cheng	Canadian Cardiovascular Society
	Mr. Stewart Edmonds	Canadian Cancer Society
	Dr. Greg Knoll	Canadian Transplant Society
	Ms. Kathie Leigh	CLC – London
	Mr. Howard Leung	Thalassemia Foundation of Canada
	Dr. Robin Moore-Orr	Anemia Institute
	Mr. Francois Perron	Canadian Society of Clinical Perfusion
	Mr. Morley Reid	CLC - St. John's
	Ms. Melanie Rowe	CLC – Vancouver
	Mr. John F. Tremblay	Bruce Denniston Bone Marrow Society
	Mr. Howard Waldner	Canadian Healthcare Association
CO-CHAIRS:	Ms. Adélaïde La Plante	Canadian Blood Services Board of Directors
	Mr. James Kreppner	Canadian Blood Services Board of Directors

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### **Review of objectives**

The co-chairs reviewed the two objectives of the meeting:

- To update stakeholders on response to the national appeal and early testing
- To update stakeholders on Canadian Blood Services government initiatives
- To update stakeholders on medical issues surrounding West Nile Virus

### **Confirmation of Participants**

The co-chairs confirmed and welcomed all participants.

### **Review and Adoption of Agenda**

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

### **Approval of Summary Notes**

MOTION: To approve the summary notes from the May 27<sup>th</sup> teleconference.

The NLC was reminded that since the May 27<sup>th</sup> teleconference, Dr. Heather Hume confirmed facts surrounding the possibility of the transfer of West Nile Virus between humans. For accuracy, the confirmed facts are included as an addendum to the summary notes.

It was requested that the addendum to the medical update be simplified to explain the medical terminology.

The motion to approve the summary notes as amended was moved and seconded. All in favour.

### **Medical Update**

Dr. Mark Bigham, Medical Consultant for British Columbia and Yukon, provided the medical update.

The Canadian Blood Services in-house test was implemented on June 17, targeting platelet collections from Southern Ontario. As of June 24, the Roche test was implemented in Toronto and targets all Ontario collections, approximately 50 per cent of national collections.

Since there are no human cases of West Nile Virus in Canada yet, tested blood products will be primarily for use in Ontario where the blood was collected.

In the event of a human case before universal testing, tested blood will be sent to those areas where a human case is present and to high-risk patients. High-risk patients are

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immuno-suppressed patients including people aged 60 and older, pregnant women, and children.

Until universal testing has been implemented on or about July 1, there is an adequate supply of plasma because of the stockpiling efforts. Since red blood cells have a six-week shelf life, there is the possibility of having to use untested blood when the supply of tested blood has depleted. As there is no human case of West Nile Virus yet, the actual risk to collected, untested blood is minimal.

In regards to surveillance, one human case has been reported in North Carolina last week. Fourteen positive birds have been identified in Ontario—primarily Southern Ontario. Mosquito testing is underway.

The first West Nile Virus positive pool of mosquitoes was identified on June 24, in the York region.

There are clear roles in reporting and surveying diseases. There are arrangements in every province and territory to ensure public health officials and Canadian Blood Services are made aware of any human cases of disease.

In British Columbia, a pilot project is underway (Automated Data Linkage). This project will provide a link between Canadian Blood Services and testing labs to quickly identify a plausible transfusion transmission occurrence, a process that would strengthen the safety of the blood supply. A privacy impact assessment is underway with the BC privacy commissioner and it is expected that the project will be running this summer.

Currently the communications system being used to link information is the Public Health Information System (PHIS). The NLC suggested that as more information regarding the communication between public health officials and Canadian Blood Services is available, perhaps the NLC could be apprised of it.

Items Raised by NLC:

### **Does the Roche test being implemented in Toronto mean the Canadian Blood Services in-house test has stopped?**

Yes, the in-house test will become a supplementary test.

The Roche test identifies a group of viruses similar to West Nile Virus, not West Nile Virus specifically. The in-house test does test specifically for West Nile Virus, it will be needed to test those blood samples which screen positive in the Roche test.

### **Why is the Roche test being used instead of the Canadian Blood Services in-house test?**

The Roche test is a commercial test with the infrastructure back-up to support it.

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### **Is the Roche test more sensitive than the in-house test?**

The Roche test is desirable because it is a broader test that can pick up additional viruses that would also pose a threat to the blood supply. For example, the Roche test can detect St. Louis Encephalitis.

### **Does a positive result on the Roche test mean that the donor will be deferred?**

Yes. A positive result on the Roche test is a diagnostic confirmation. The donor would be deferred for 56 days and products discarded.

### **Will West Nile Virus screening take place year-round?**

Yes. All blood collected after universal testing begins will be screened for West Nile Virus.

### **What will happen to the blood in reserve? Will there be wasted blood?**

Canadian Blood Services has decided to handle the dual inventories of tested and untested blood on a first-in first-out basis. If residual untested blood is allowed to expire on the shelf, there would be the threat of a blood shortage.

At the present time, there is a healthy inventory—approximately 32,000 units—on the shelves. Type O negative, the most critical blood type, currently sits at a four-day inventory, which is very good.

### **How quickly can we convert the current inventory to all-tested inventory?**

There will be a period of a few weeks where there will be a mixed inventory of both tested and untested blood. In the case of not enough tested blood, blood collected in June would be the next to be distributed.

### **Has SARS had an impact on the reserve of blood?**

SARS did not have as big an impact on blood reserves as expected. Canadian Blood Services issued 80 units less per day, an reduction in demand, but not a significant difference.

### **Is there a relationship between SARS and West Nile Virus, or between BSE and West Nile Virus?**

No, as far as infectious disease is concerned, there is no relationship.

### **How soon after an infected mosquito bites a person can the Roche test pick up the Virus?**

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There may be a window period of approximately a day before the Roche test could pick up the Virus, but there is not exact data as yet.

### **Communications Update:**

The National Appeal was successful in helping build a healthy inventory of blood. The average increase in whole blood donations was 10.2 per cent, per week. There was a two per cent increase in the number of new donors, and an 18 per cent increase of lapsed donors. The challenge now will be to retain the lapsed donors as regular donors.

There was a significant increase of 18 per cent in calls to the 1-888-2 DONATE toll free number. Appointments for whole blood donations rose by 12 per cent.

There are three areas of activity surrounding early testing:

Firstly, a media briefing was held in Ottawa to announce the implementation of an in-house test. It was an opportunity to clarify that it was in fact developed by Canadian Blood Services. The news received broad coverage, the main message being that this was the first West Nile Virus screening being done in North America.

The second area of activity was the news release issued on June 24 announcing the early implementation of the Roche test for the first time. This was not a big story for the public, and not much coverage was expected.

The third event will be the announcement of universal testing on July 2. Blood collected on July 1 will be tested on July 2. Calgary will begin testing on July 3, as there is no collections on July 1.

News conferences will be planned for Calgary and Toronto, and the media will be allowed to shoot footage through the lab windows. One of the main messages will be that Canadian Blood Services would not have been able to accomplish this four years ago. Canadian Blood Services is coordinating with Health Canada.

Canadians need to know that some untested blood may end up being wasted in August, as we were fortunately able to build up a strong safety net. Now Canadian Blood Services will need Canadians to help build a reserve of tested blood. Although a portion of every donated unit of blood will have been used, it will be the red blood cells that may become outdated and need to be destroyed.

### **Government Initiatives Update:**

Darren Praznik, Executive Director of Government Relations, has been working with the Minister's office to have June declared National Blood Donation Month. Sharon Carstairs, government leader responsible for putting bills through the legislature, has extended her support to this initiative. The strategy for implementing this involves taking

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a private members bill to senate at approximately the same time as the annual Honouring Our Lifeblood event in October. The provincial and territorial contacts have been asked to take this initiative to the provinces.

Other activities: PEI was very supportive of the last appeal. British Columbia held a donor clinic in the legislature. In Alberta, a Canadian Blood Services spokesperson donated blood with a Minister.

Items raised by the NLC:

### **Is there a possibility of a joint event between the appeal for blood and Sharon Carstair's advocacy week?**

This may be appropriate, as it is important that Canadians understand how blood is used.

Other Issues:

From a hospital perspective, it was raised that smaller hospitals are seeking advice and guidance regarding the double inventory of blood and communication regarding policy on West Nile Virus from larger, academic health centers. Since these smaller centres should be looking to Canadian Blood Services for guidance on West Nile Virus and transfusion issues, perhaps Canadian Blood Services could investigate the possibility of creating "hospital liaison officer" positions in the longer term.

Some interest groups, including the Neutropenia Support Association, have received some media calls. So far the media coverage has been responsible and accurate.

It was agreed that, in general, there is a growing interest in the issues surrounding West Nile Virus and the safety of the blood supply. NLC members have heard many positive and satisfied comments about the communications Canadian Blood Services has provided.

Messages of thanks, congratulations, and commendation from NLC members were shared.

### **Confirmation of next meeting**

It was confirmed that the next meeting would take place on Tuesday, July 15 at 3 p.m. EST.

### **Adjournment**