



CANADIAN SOCIÉTÉ  
BLOOD CANADIENNE  
SERVICES DU SANG

SUMMARY notes of the teleconference of the National Liaison Committee, Tuesday, May 6, 2003 from 15:00 – 16:30 EST.

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

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### **Review of objectives**

The co-chairs reviewed the objectives of the meeting and gave an overview of how these objectives fit into the priorities of the Board, as proposed by the Executive Management Team. These objectives include:

- Having a screening test in place by July 1, 2003 or earlier
- Contingency plans to execute prior to the test being ready
- A communications plan to inform all stakeholders
- Providing information and getting input from stakeholders—the NLC and Board

It was explained that while these teleconferences have been planned to take place every three weeks, the frequency could change due to the unpredictability of 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.

### **Medical Update**

The Executive Medical Director, Transfusion Medicine reviewed the status of the board-endorsed primary objective of implementing the donor screening test by July 1. It usually takes 18 to 24 months to implement a test, but given the high priority, it is being implemented in six months.

The participants were told that CBS will be implementing the test on or about July 1. If it is possible to test earlier, CBS will do so. CBS cannot guarantee that testing earlier will be possible.

One of the CBS objectives is to maintain communications with medical professionals and public health authorities. To this end, biweekly teleconferences are hosted by CBS with representation from provincial public health officials, provincial and territorial government contacts, and Health Canada. These meetings serve to identify issues that need to be addressed and channels of information, so that proper and efficient communications can be ensured.

CBS is monitoring provincial surveillance activities so that the progression of West Nile Virus in mosquitoes, birds, and mammals can be tracked. An integrated system between public health groups and CBS allows for efficient notification of developments.

A pilot project being conducted in British Columbia will feature computerized links between provincial public health officials and CBS. In all provinces, individuals have

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been or are being identified within CBS and provincial public health officials to assure clearly identified lines of communication between the two.

The contingency plans were reviewed. Originally, it was thought that the stockpiling of frozen plasma components would end in May. As there is still an absence of West Nile Virus activity in humans, CBS will continue to stockpile frozen products for the next few weeks. At that time, there will be more than a two-month supply.

Over the next few weeks, CBS will work to increase red blood cell reserves. In the event of a human case in June, this blood could be used. Since platelets have a shelf life of only five days, no stockpiling is feasible.

A customer letter to healthcare providers has been developed in order to provide them with information about the use of blood and blood products before a test is in place. It is expected that the most prevalent question from healthcare providers will be "What is the risk to my patients until a screening test is in place?" Information that is available has been outlined in the customer letter to be used in order that patients can give informed consent. The complete advisory is eight pages long, while the summary is three pages long. The summary will be sent, with instructions on how to access the complete version on the CBS Web site and elsewhere.

### Items Raised by the NLC:

The first dead horse has been found near Manitoba. Have preventative measures been put in place to impede the spread?

The responsibility of CBS is to monitor these developments as they relate to the blood system. Prevention is the responsibility of public health.

Is CBS responsible for gathering bird and animal surveillance reports?

This is the responsibility of public health; however, CBS is provided with regular updates through the teleconferences. A presentation on this process could be provided on the next NLC teleconference.

How accurate will the test be? Various TV reports have mentioned 85 per cent.

As this is a new test, nobody can be sure of its specificity. CBS believes that it will be very sensitive, but like any other test, nobody can say that it will be 100 per cent.

Is the same test being used in the United States?

Héma Québec, and many blood collection agencies in the USA are using the same test.

What will be the deferral time for those who test positive for West Nile Virus?

Right now, it will be a 56-day deferral. This could change after CBS has the experience of testing for one West Nile Virus season.

If early testing is available, what will the partial testing be?

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CBS cannot be sure that testing before July 1, 2003 will be possible. If it is, it will be according to geography. For example, if there were a human case of West Nile Virus before July 1, that region would be the first to be tested. July 1 will mark universal testing.

Some sources are reporting that perhaps the threat of West Nile Virus will be milder this year due to the extreme winter. Has CBS made any predictions?

CBS cannot predict the presence of West Nile Virus. We are monitoring the progression of the virus.

### **Review of Communications Strategy**

The Executive Director, Communications and Public Involvement gave an overview of information from the communications strategy presentation that was made to the Ontario Ministry of Health earlier in the day.

Omnibus results taken March 4<sup>th</sup> to 6<sup>th</sup> 2003 regarding public perception were reviewed. Overall, the public is aware of West Nile Virus, and believes it can be transmissible by blood. Sixteen per cent believe it can be contracted by donating blood.

While 57 per cent of the public agree that donating is safe, they would be less likely to donate if no test were in place. This poses a challenge to our goal of increasing reserves. CBS wants to make it clear that we cannot reach our collection goals with only current donors, there has to be new donors.

CBS must promote an understanding that the situation and plans surrounding West Nile Virus are constantly changing and unpredictable. At CBS, medical and operational decisions are made in the public eye. The public could view these decisions as being vague because they are seeing the entire decision-making process, not just the final decision.

CBS recommends that patients discuss the delay of elective surgeries with their physicians.

There are two main points in managing expectations:

- CBS spokespeople and the public need to understand that every time CBS speaks about West Nile Virus, the message applies to that specific time. Since West Nile Virus activity is unpredictable and constantly changing, messages to the public will change accordingly.
- CBS wants to be cautious of reassuring the public—a response to “what if” questions will be given, but with caution and attention to ensuring that the correct people are answering questions. CBS cannot give assurances about an unpredictable virus.

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### Items Raised by NLC:

It was suggested the Chair of the Board should sign some of the external documents being sent to parties.

The Letter to Donors and Open Message to Canadians have been signed by the Chair and CEO.

Is CBS sending out information to the public regarding risk factors around West Nile Virus?

Public health officials are the ones to disseminate this type of information.

Approximately 80 per cent of people who contract West Nile Virus are asymptomatic. Does the pattern of West Nile Virus manifest the same in blood recipients as it does in the general public?

It is unlikely the Virus manifests in the same way. It is more likely that the virus would affect older members of the public, and blood recipients are often immuno-suppressed.

CBS was complimented on the article in the May issue of Macleans Magazine which features Dr. Graham Sher. It was suggested that this article be reprinted for distribution.

It was suggested that perhaps marketing collateral could be distributed at clinics as donors enter. This suggestion has already been passed on to marketing.

In terms of government relations, there was discussion around Dr. Graham Sher's upcoming briefing with the Deputy Ministers of Health on June 2, 2003. CBS also participates in Provincial and Territorial blood advisory groups which have a large medical and government component.

CBS keeps communications open with the Federal government as well. Recent activities included a meeting with the Minister, a presentation to the House of Commons Standing Committee on Health, and regular meetings with the regulatory review team.

### **Customer Letter:**

The NLC received the short version, and was made aware that the full document is available on the CBS Web site.

The Letter was faxed to hospital customers on Tuesday, May 6 and posted to the CBS Web site. In conjunction with the Canadian Medical Association, the Ontario Medical Association, the Ontario Hospital Association, and the Canadian Blood and Marrow Transplant Group, the Letter will reach more than 33,000 physicians in Canada. There are more groups interested in helping distribute the letter via Web sites or other distribution methods.

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### **Open Letter**

In regards to the question, “Should I stop donating if I’ve had a mosquito bite?” members of the NLC felt that the answer should be clear and more emphatic. Members of the NLC felt that the current response did not send a strong enough message.

### **Letter to Donors**

It was agreed that the Letter to Donors was well written and a good length, but that it needed more passion and stronger messaging.

The recommendations were to be immediately provided to marketing for consideration.

Additional Items Raised:

The CBS staff was thanked for gathering input and distributing information. Participants were reminded that communications for West Nile Virus will be developing and changing regularly, so NLC members will continue to have opportunities to provide input.

Members of the NLC asked that documents be received as early as possible before the next meeting. More lead-time will allow members to consider each document more thoroughly.

### **Confirmation of next meeting**

It was confirmed that the next meeting would take place on Tuesday, May 27 at 3 p.m. EST.

### **Adjournment**