



CANADIAN SOCIÉTÉ
BLOOD CANADIENNE
SERVICES DU SANG

SUMMARY notes of the teleconference of the National Liaison Committee, Tuesday, May 27, 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
	Ms. Kathie Leigh	CLC – London
	Mr. Howard Leung	Thalassemia Foundation of Canada
	Ms. Tokie Onoda	CLC - Calgary
	Mr. Francois Perron	Canadian Society of Clinical Perfusion
	Ms. Nikki Roy	Physicians and Nurses for Blood Conservation Inc.
	Ms. Elizabeth Tough	Canadian Immunodeficiencies Patient Organization
	Mr. John F. Tremblay	Bruce Denniston Bone Marrow Society
	Dr. Anargyros Xenocostas	Canadian Blood & Marrow Transplant Group
PRESENTATIONS:	Dr. Heather Hume	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
	Mr. Bill Mindell	Canadian Hemophilia Society
	Dr. Robin Moore-Orr	Anemia Institute
	Mr. Morley Reid	CLC - St. John's
	Mr. Jim Rodger	CLC – Winnipeg
	Ms. Melanie Rowe	CLC - Vancouver
	Ms. Lorna Stevens	Neutropenia Support Association
	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

Review of objectives

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

- To update stakeholders of response to the national appeal
- To discuss key messages in CBS answers to public questions

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 6th teleconference. Moved and seconded. All in favour.

National Appeal Update

The Executive Director, Communications and Public Involvement gave an overview of how the national news conference was received, and what type of media activity took place.

Coverage in national and local newspapers across the country was detailed and accurate. In some cities, media coverage of the appeal was eclipsed by the news of Bovine Spongiform Encephalopathy (BSE), which was announced immediately following the Canadian Blood Services news conference. This was especially true in Alberta.

A plan to target Canadian talk shows across the country is in place in order to garner more extensive and extended exposure to the appeal.

In terms of reaching provincial governments:

- In PEI, a challenge to government departments is ongoing.
- On May 29, a blood clinic in the legislature took place in British Columbia and the event included a speech by the Minister of Health.

The NLC was informed that government initiatives are the responsibility of Darren Praznik, Executive Director of Government Relations.

Items Raised by NLC:

Has the appeal resulted in lapsed donors coming back? What is the ratio of new donors vs. lapsed donors?

Data collected to date shows that there are more lapsed donors responding to the appeal than new donors.

The importance of provincial and federal government involvement was emphasized. A draft letter that could be used by the heads of legislature to make Canadians aware of the appeal's urgency was suggested. This suggestion is being passed on to the Executive Director of Government Relations.

Limited coverage of the national appeal news conference in Alberta was due to the Bovine Spongiform Encephalopathy (BSE) case. Clinics in British Columbia did feel an influx immediately following the appeal. The level to which the story was eclipsed depended very much on location and the current health issue in that area.

Review of Spokesperson Frequently Asked Questions

Items raised by NLC:

The NLC felt the questions were appropriately chosen due to the frequency with which those specific questions are being asked.

It is understood that as West Nile Virus season progresses, there will be changes to the document. The West Nile Virus task force at Canadian Blood Services consistently updates the information on a weekly or more frequent basis.

Some answers may change with the possibility of in-house testing beginning in June.

It was made clear that the Q&A is not designed for spokespeople to deliver verbatim. It is intended to clearly and concisely reinforce the key messages.

Why are some of the answers not formatted to offer some reassurance before explaining the negative and unpredictable facts?

In public health situations, it is very important that communications not give the public false hope. It is the priority of Canadian Blood Services to be up-front and honest in our answers, as well as to provide education on the current issue. If an answer is unknown, we must clearly say that before going on to discuss details. Due to the unpredictability of West Nile Virus, CBS needs to maintain trust by only offering information that is complete and factual.

In regards to the question: **What are you going to say to people who are upset if their blood is wasted because the stockpile wasn't used?** The following questions/comments were raised:

- The wording of “insurance” and “safety net,” was tested on our focus groups. It was found these analogies were well understood and supported.

- Since we don't know whether there will or will not be wasted blood, the spokespeople need to be able to respond in either case. If some components are in fact wasted, CBS will be open about it

In regards to the question: **How many new donors do you need to build the reserve?** The NLC was asked for comments on if the answer is too evasive. The following items were raised:

- It was suggested that the answer should start with, "We need as much as possible..." rather than, "We don't know."
- It should be made clear that regardless of blood being wasted, having as much blood as possible at this time is part of the CBS contingency plan.
- It was suggested that perhaps the answer to this question presents an opportunity to remind Canadians of the donation rate here compared to other countries.

In regards to the question: **Hema Quebec is going to be using an in-house test in June, prior to implementing the Roche test. Why doesn't CBS do that instead of trying to build a reserve?** It was clarified that the answer to this question may change should CBS implement an in-house test.

In regards to the question: **Should people self-defer if they know they've been bitten by a mosquito and you don't have a test yet?** The NLC made the following suggestions:

- One of the messages could be, "If you defer yourself, you are giving up the chance to help."
- Following a discussion on statistics in the answer to this question, it was agreed that this would be complicated as the numbers change quickly by geography and time.

Medical Update

The Executive Medical Director, Transfusion Medicine, updated the NLC on West Nile Virus testing progress.

Everything is on track for July 1 implementation of the Roche test. There is no reason at this point to doubt that universal testing will be place by July 1. It is possible that early testing could happen, but CBS is not in a position to confirm this at this time.

The stockpiling of frozen products ceased as of May 20. Any frozen plasma collected now will be sent to the U.S. for fractionation. If there are no human cases of West Nile Virus over the next week, CBS can be confident that the risk of West Nile Virus in the stockpiled products is extremely low.

CBS is working towards an in-house West Nile Virus screening test prior to July 1. There are plans to send out a customer letter explaining that CBS will be able to test

approximately one third of the platelet inventory. The lab for in-house testing is in Ottawa, Ontario.

Items raised by NLC:

Is there a human case of West Nile Virus in Washington?

So far, surveillance shows that there are two probable cases in Louisiana. No confirmation of the case in Washington. CBS is continuing to monitor surveillance.

Is there any sign of WNV being contagious between humans?

The only source of human-to-human transmission is through blood, so theoretically it could result from needle sharing. West Nile Virus is not transmitted sexually.

Addendum: Besides the confirmed risk from blood transfusion, there is one reported case of possible transmission through breast-feeding (the infant had serological signs of infection but did not become ill) and one reported case of intrauterine transmission (from mother to child while in the womb). There is also a reference to the possibility of in-utero transmission (in the uterus).

Will the CBS in-house test be the same as Hema Quebec's in-house test?

The CBS test will be a NAT test developed by world-renowned expert, Dr. John Saldanha. Compared to the Hema Quebec test, the CBS test is more automated. Dr. Saldanha is working with Health Canada to develop standards for West Nile Virus testing.

Is the test expensive?

There are many factors involved in the cost of the test—from equipment and building a lab to shipping and operational costs. It is expected that the cost will be in excess of \$10 million.

Has Health Canada approved the test?

At this point, Health Canada has not reviewed the test. The test will be used as either a SAP (special access program) release or an ITA (investigational test application). Both of these require Health Canada agreement in order to proceed, but the test is not licensed in either case. CBS has been advised that the test's performance in the manufacturer's lab meets Health Canada's criteria. Health Canada has agreed to proceed with the test as an investigational test.

Where will the one third of platelets that will be tested come from?

In the absence of a human case of West Nile Virus before July 1, the in-house test will test blood from London, Hamilton, Toronto, and Ottawa. These centres provide a large quantity of blood within close proximity to the national lab.

Is the test equipment for the in-house test portable?

No. Moving it would require the test to be re-calibrated. A new lab is being built specifically for in-house testing.

Addendum: Given the multiple logistic difficulties, CBS decided to screen blood from Southern and Eastern Ontario according to two criteria: supply and proximity. These sites represent the areas with the only West Nile Virus activity in the parts of Canada served by CBS to date.

How will hospitals know which blood is tested?

Tested blood will be labeled, and recommendations made to physicians and hospitals in regards to the use of tested blood and helping patients make informed decisions.

Some patients are more at risk than others. Is there a plan to direct tested platelets to high-risk patients?

This will become the physician/hospital's decision. CBS will test as much blood as possible, and then physicians will have to make decisions with their patients.

In terms of distributing the blood tested before universal testing on July 1, all blood will be distributed as normal unless there is a human case of West Nile Virus.

Once universal testing has begun, there will no longer be a need for labels, as all donated blood will be tested.

Other Items

Has any thought been given to appealing to physicians and nurses to donate?

This is happening on a provincial level, and we have interest from physicians to have information on hand for their patients.

Will there be another appeal made to Canadians later in the summer?

If there are no human cases of West Nile Virus before July 1, there is very minimal threat that the blood that was donated prior the universal testing is infected. If there is enough blood in supply, the centres will adjust bookings for early July rather than late June.

Will testing of stem cells for bone marrow transplants begin at the same time as testing for other blood products? Will the United States be testing?

There are difficulties in regards to the logistics of getting donors to the testing site at the right time. A scientific advisory committee has been assembled to address this issue. At this time, there is no testing effort in the United States.

What is CBS doing in regards to Bovine Spongiform Encephalopathy (BSE)?

- CBS continues to closely monitor the situation. A conference call with Bayer has reassured CBS that they have no concerns about accepting plasma. This decision was made based on FDA standards that give guidelines about the number of cows infected in a region.
- At this time, and based on FDA guidance documents, there is no indication that CBS should make changes to the donor deferral practices.

The process of fractionation actually removes BSE prions from the blood.

Confirmation of next meeting

It was confirmed that the next meeting would take place on Tuesday, June 24 at 3 p.m. EST.

Adjournment