



CANADIAN BLOOD SERVICES
SOCIÉTÉ CANADIENNE DU SANG

Customer Letter #2003-22

Information for Health Care Professionals with Respect to Informed Consent and Possible Transfusion - Transmitted West Nile Virus (TT-WNV)

September 12, 2003

Dear Doctor:

On July 2, 2003 Canadian Blood Services (CBS) began mini-pool testing of blood donations for West Nile Virus (WNV), using a Nucleic Acid Test (NAT) developed by Roche Diagnostics (mini-pool testing is the pooling of six donor samples prior to testing). The clinical sensitivity of this new test is unknown and is being determined through information gathered as it is used this year. As of September 9, 2003 we have identified 14 positive donations (Manitoba 1, Saskatchewan 10, Alberta 3). These rates appear to correspond to the incidence rates reported in the general population (please see the Health Canada website referenced below). In addition to testing all donations for WNV, we have ceased collecting blood in a few targeted areas with the highest rates of human WNV infection, as a precautionary measure. In Saskatchewan we are using single-unit (rather than mini-pool) testing for transfusable products.

As we are now likely in the period of peak WNV activity in Canada, we are writing to you to emphasize the importance of including information about the possibility of transfusion-transmitted WNV (TT-WNV) when obtaining informed consent for blood transfusion and of considering the diagnosis of TT-WNV where appropriate.

Informed Consent

In the absence of precise information about the clinical sensitivity of the new donor screening test for WNV the risk of TT-WNV cannot be quantified. The introduction of donor testing has almost certainly decreased the risk associated with TT-WNV for blood collected in areas with known human WNV activity; on the other hand, the risk of TT-WNV is likely to be considerably greater than the risk of transmission of HIV or HCV (see reference 6 below). Where appropriate, alternatives to blood transfusion should be considered.

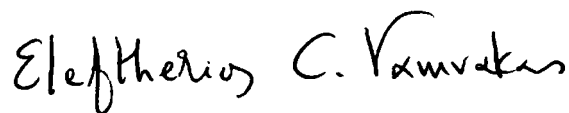
Diagnosis and Reporting of Possible Cases of TT-WNV

The possibility of TT-WNV should be considered in every patient who develops signs or symptoms of WNV fever (fever with headache, photophobia, myalgia, arthralgia, maculopapular rash or lymphadenopathy) or WNV Neurological Syndrome, (encephalitis, meningitis, meningoencephalitis or acute flaccid paralysis) within 4 weeks of blood transfusions, even if the patient has had mosquito exposure in an area with known WNV activity. In this regard (as well as for informed consent) it is important to remember that Canadian Blood Services operates a national blood system which means that blood components are shared among the provinces served by CBS and that blood collected in one province may be transfused to a patient in a different province. Identification of cases of TT-WNV is an essential element in the evaluation of

the clinical sensitivity of the test we are currently using for donor screening. Therefore, should you suspect the possibility of TT-WNV, it is important to proceed to appropriate diagnostic testing and to inform your local blood bank who will transmit this information, along with the information identifying the potentially implicated blood units to CBS.

If you would like further information about WNV and blood transfusion please consult the websites listed below or the medical director of your local CBS site (see attached list).

Sincerely,



Eleftherios C. Vamvakas, M.D., Ph.D., MPH
Executive Vice President
Medical, Scientific and Research Affairs

References

1. <http://www.hc-sc.gc.ca/pphb-dqspssp/wnv-vwn/index.html>
2. www.cdc.gov/ncidod/dvbid/westnile/index.htm
3. <http://nile.healthcanada.net>
4. www.aabb.org
5. www.bloodservices.ca
6. Kleinman S, Chan P, Robillard P. Risks associated with transfusion of cellular blood components in Canada. *Transfusion Medicine Reviews* 2003; 17(2):pp 120-162.
<http://www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=iss&id=jtmrv0301702>



CANADIAN BLOOD SERVICES
MEDICAL DIRECTORS
LISTED BY PROVINCE WEST TO EAST

Centre	Contact	Phone	Email
BC & Yukon	Medical Consultant Dr. Jerry Growe	604-707-3449	Gershon.growe@bloodservices.ca
Edmonton	Medical Director Dr. Judy Hannon	780-431-8714	Judy.hannon@bloodservices.ca
Calgary	Medical Director Dr. Dale Towns	403-410-2676	Dale.towns@bloodservices.ca
Saskatchewan	Medical Director Dr. Edward C. Alport	306-347-1652	Ted.alport@bloodservices.ca
Winnipeg	Medical Director Dr. Debra Lane	204-789-1079	Debra.lane@bloodservices.ca
Sudbury	Associate Medical Director Dr. Teofil Ciszewski	705-688-7336	Teofil.ciszewski@bloodservices.ca
London	Medical Director Dr. Robert Barr	519-690-3944	Bob.barr@bloodservices.ca
Hamilton	Medical Director Dr. Morris Blajchman	905-521-2100 Ext 76274	Blajchma@mcmaster.ca
Toronto	A/Medical Director Dr. Barbara Hannach	416-313-4431	Barbara.hannach@bloodservices.ca
Ottawa	Medical Director Dr. Peter Lesley	613-560-7209	Peter.lesley@bloodservices.ca
New Brunswick	Medical Director Dr. John Mackay	506-648-5059	John.mackay@bloodservices.ca
Halifax	Medical Consultant Dr. Irene Sadek	902-474-8298	Irene.sadek@bloodservices.ca
Newfoundland & Labrador	Medical Director Dr. Karl Misik	709-758-8037	Karl.misik@bloodservices.ca

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