BloodNews
United Blood Services

News & Information
for our Hospital Customers
*February 2007*

# Chagas' Testing Begins

As a recognized leader in efforts to improve the safety of transfusion, United Blood Services is one of the first blood centers in the country to begin using the newly licensed test to screen blood donations for Chagas' disease. This serious, parasite-borne infection is rare in the US, but more common in Central and South America. With the growth in immigration from Latin America, Chagas' appears poised to become a growing problem in this country.

***"The availability of this test offers an important new safety measure to protect recipients of blood, organs and tissues against a potentially very serious, though uncommon, infection."***
***-Jay Epstein, MD***

Recognizing the potential threat in 1989, the FDA's Blood Products Advisory Committee recommended screening the blood supply for Chagas' disease when a suitable screening test became available. The FDA licensed such a test this past December.

"The availability of this test offers an important new safety measure to protect recipients of blood, organs and tissues against a potentially very serious, though uncommon, infection," said Jay Epstein, MD, Director, Office of Blood Research and Review, FDA Center for Biologics Evaluation and Research.

United Blood Services was able to begin testing almost immediately because our national donor testing laboratories (Blood Systems Laboratories) were involved in the clinical trials of the new test; equipment was already in place, and staff already trained. Some centers must wait as long as four months for equipment and materials; others are waiting while their vendor continues to develop a Chagas' test.

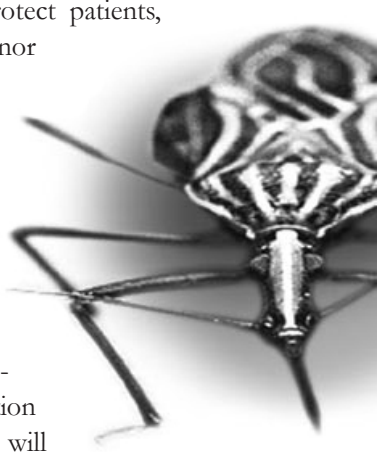
### How prevalent is Chagas' disease in the US?

In the US and Canada, seven cases of transfusion-transmitted *T. cruzi* and five cases of infection from organ transplantation have been documented. It is likely many other transfusion-transmitted cases have occurred but have not been recognized, largely because of the delayed and nonspecific nature of symptoms (severe heart or intestinal problems). In addition, many physicians are not familiar with *T. cruzi* infection and Chagas' disease.

As many as 100,000 people in the US may be infected with Chagas' disease. Published studies estimate that the rate of seropositive blood donors in the US ranges from 1 in 5,400 to 1 in 25,000, depending on where the studies were conducted. However, ongoing investigational studies suggest that these rates have increased and are as high as 1 in 2,000 in the Los Angeles metropolitan area.

### What is United Blood Services' approach?

United Blood Services' 18-state service area contains a number of regions that likely have a greater than average prevalence of Chagas' disease. Testing will clearly help protect patients, but testing every donor at every donation may offer little additional benefit. As United Blood Services begins testing, we are collecting specific demographic and geographic information from donors. We will analyze that data and donor test results; if there's a correlation, we intend to provide a recommendation to the FDA about an effective testing strategy that might not require the testing of all donors at every donation.



*Triatomine bugs are carriers of the T. cruzi parasite.*

*BloodNews is published by United Blood Services for the hospitals we serve. Media inquiries can be made to Barb Kain at (480) 675-5664. The United Blood Services network is one of the nation's oldest and largest non-profit blood service organizations, and is a founding member of America's Blood Centers and the AABB.*

# Strategies in place to reduce TRALI transmission

United Blood Services is moving quickly on the new AABB recommendations to limit TRALI (transfusion-related acute lung injury). TRALI is caused when a patient's body reacts to leukocyte antibodies in a plasma transfusion. These antibodies can activate granulocytes that cause plasma leakage into the lungs, resulting in acute pulmonary edema. Some reactions are mild, some are severe; in fact, 50-100 patient deaths are linked to TRALI each year, making it a leading cause of transfusion-related deaths.

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TRALI is most often linked to plasma from donors who have been transfused and female donors who have had one or more pregnancies.

There is currently no screening test for TRALI, but there are steps blood centers can take to reduce it. Well in advance of the AABB's November 2007 deadline, United Blood Services is making the transition to producing plasma only from people who have not been transfused and women who have not been pregnant. To maintain a strong plasma supply, we are increasing the availability of FP 24, plasma frozen within 24 hours of collection. FP 24 is considered comparable to FFP, which must be frozen within 8 hours of collection. Producing FP24 gives us access to a greater selection of donations from which to make plasma.

Plasma is just the first step. In the coming months, we will change our platelet donor recruitment efforts to reach a point where platelets will not be made from people who have been transfused or women who have been pregnant. This change will be gradual, as the platelet supply is more fragile than the plasma supply. Still, we will complete the conversion long before the AABB's November 2008 deadline for platelets.

There is a role for transfusion staff as well. Practitioners should be aware of the signs and symptoms of TRALI, watching for them specifically during the six hours following transfusion. In addition, the decision to transfuse must always be carefully considered, consistent with hospital standards and practices.

# ISBT 128 coming in June

United Blood Services will begin using ISBT 128 bar code technology in June 2007. Hospitals have been using our ISBT 128 Implementation Plan, available at www.UnitedBloodServices.org under the "Hospitals & Physicians" tab. In February, we are distributing a CD of ISBT 128 component codes and facility identifiers used by United Blood Services. The list includes bar codes, product codes and descriptions, and it pairs the Codabar number with its corresponding ISBT 128 codes. Also in February, please watch for our postcard survey about ISBT 128 readiness and complete it and mail it back right away. If you need assistance with ISBT 128 conversion, please contact your United Blood Services executive director or customer account manager.

# Donor happiness: From satisfied to WOW!

In our most recent survey, 58 percent of United Blood Services donors gave their donation experience a perfect 10 out of 10. That's a 16 percent increase in top scores compared with our rolling average for the previous 4 quarters.

It's no fluke. Last year, our donor care staff embraced new standard operating procedures that call for such welcoming touches as:

- greeting donors within one minute of arrival
- addressing donors by name
- beginning the donor interview within 10 minutes of donors' appointment time
- educating donors about how we can customize their donation to match patient needs
- expressing appreciation often throughout the donor's visit.

Our goal is to make one-time and sometime donors into lifetime donors, assuring a strong, dependable blood supply for the community.