



Storage medium and transfusion transmitted bacterial infections

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TRANSFUSION



BLOOD COMPONENTS

Storage medium of platelet transfusions and the risk of transfusion-transmitted bacterial infections

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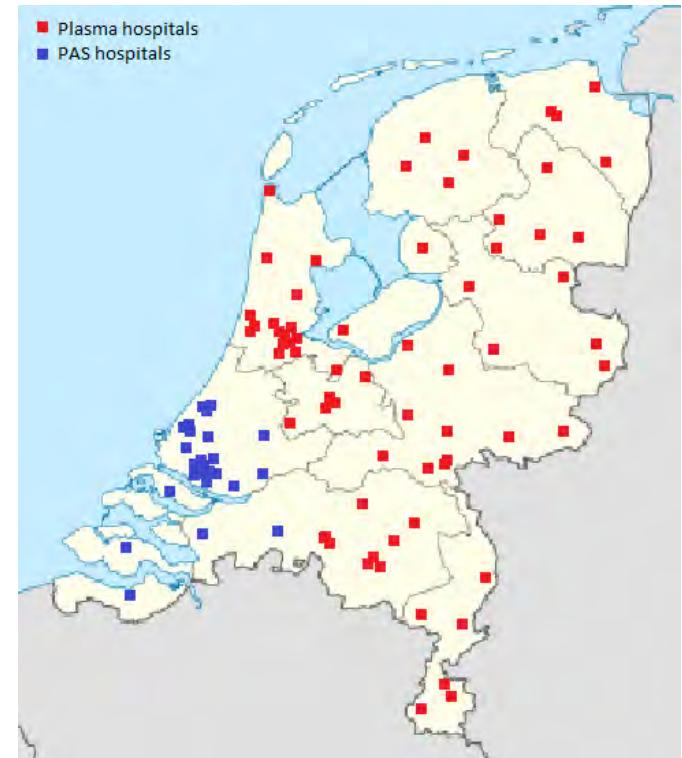
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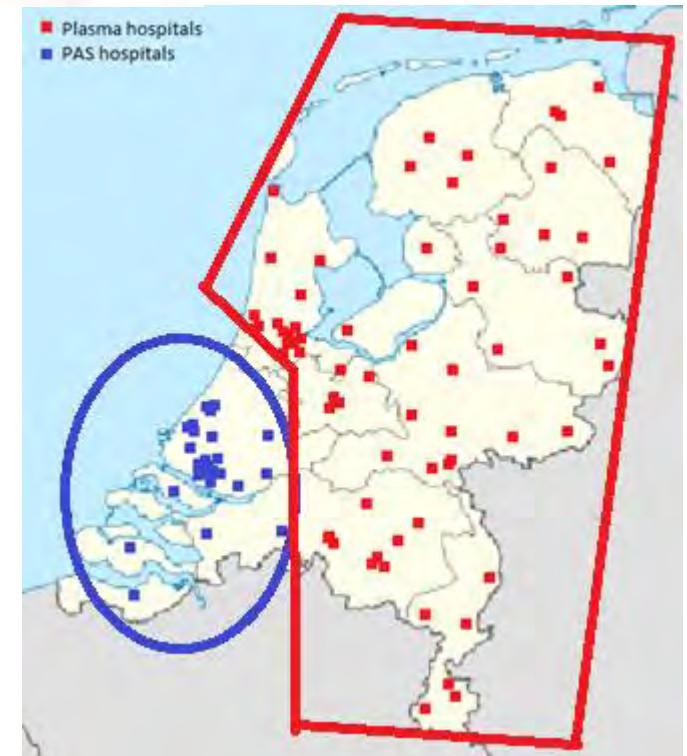
The Dutch situation

- Buffy coats after overnight hold
- 5 donors
- Apheresis products for specific indications
- PAS (25ml plasma per donor) or plasma
 - Up to 2013: PAS-B (T-sol, Baxter)
 - 1-1-2013: PAS-C (Intersol, Fenwal, inc)
- Geographic location of the hospital

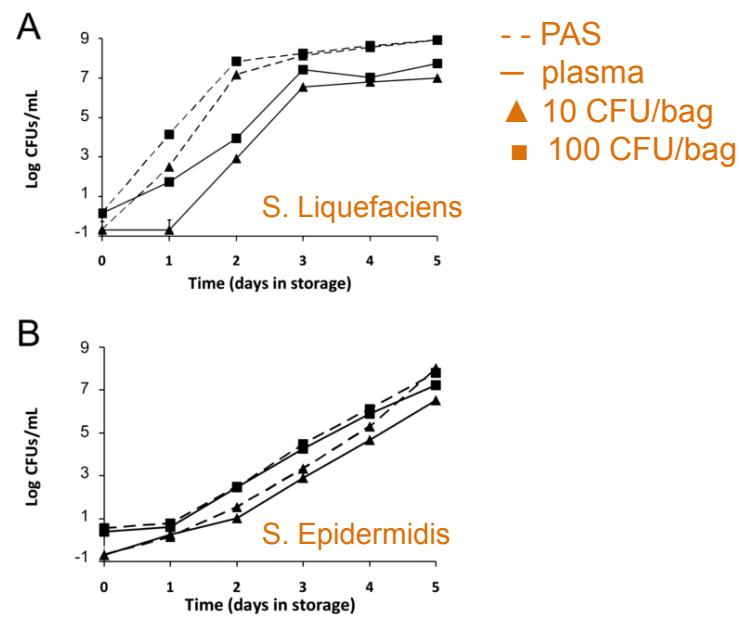
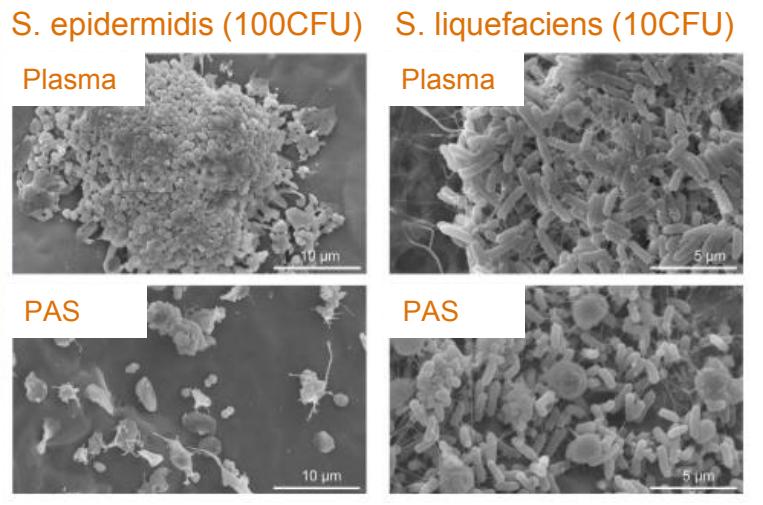


The Dutch situation

PAS or plasma → Does it matter?



In vitro – Greco et al.



- PAS-E:
 - Reduced biofilm formation by *S. liquefaciens* and *S. epidermidis*
 - Earlier detection of *S. liquefaciens* by colony counting

In vitro – Dumont et al.

- PAS-C
 - 5 bacterial strains
 - More rapid initiation of log-phase growth
 - 4 logs higher bacterial concentration after 24 hours
 - No difference in concentration max

TABLE 4. Storage medium effects

Growth variable	Estimated difference*	SE†	95% CI	p value
Doubling time (hr)	0.14	0.05	0.03 to 0.25	0.023
Lag time (hr)	4.7	1.5	1.2 to 8.2	0.016
Conc-max ($\times 10^8$ CFUs/mL)	-1.0	0.7	-2.7 to 0.8	0.222
Time-max (hr)	0.57	4.4	-9.9 to 11.1	0.902

* The difference plasma minus PAS.

† SE = standard error of the estimated difference.



PAS or plasma – Aim

- Differences in growth characteristics
 - difference in screening?
 - clinical consequences?
- Aim:
To quantify the association of storage medium with the incidence of TTBI after transfusion of a PLT concentrate



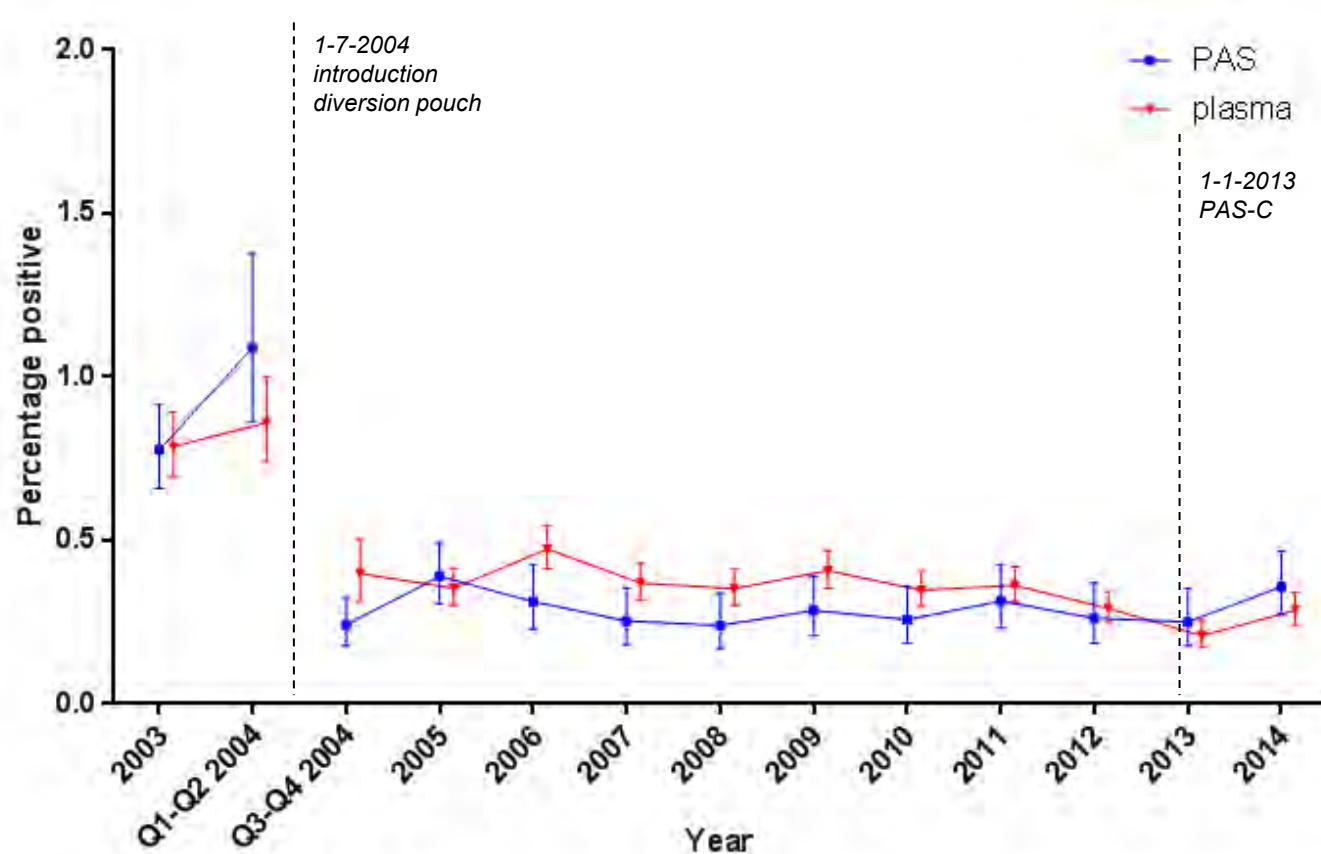
Bacterial screening

- Aeroob and anaeroob bottle, inoculated 7,5ml each
- BacT/Alert (bioMérieux)
- Negative to date policy
- Maximal storage time 7 days

- Universal skin disinfection method
- July 2004: diversion pouch

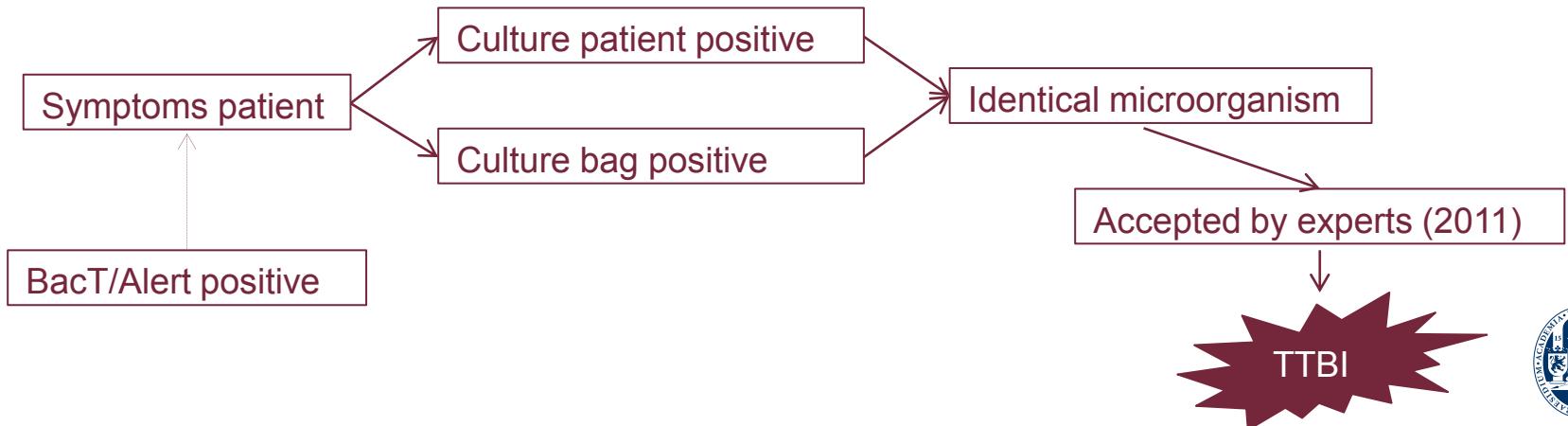


Bacterial screening: results



TRIP

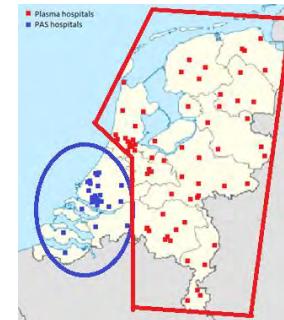
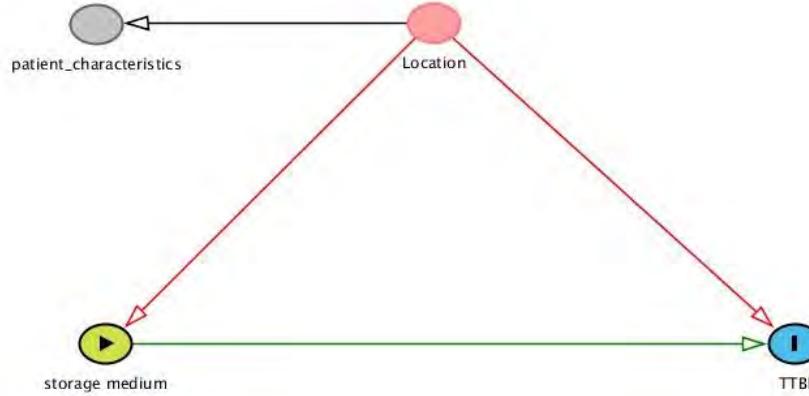
- Transfusion and transplantation Reactions In Patients
- Dutch competent authority
- 2003-2014
- TTBI: Clinical features of bacteremia or sepsis during or after transfusion, with a relevant positive blood culture in the patient and assessed with a high level of imputability to the transfused product.



Methods

- Nested case control
- All cases of TTBI after PLT transfusion reported to TRIP
- Denominator: all produced PLT concentrates 2006-2014

- Location of hospital as instrumental variable
- Assumption: equal distribution of all potential confounders



Transfusion-transmitted bacterial infections

Year	Age in years	Diagnosis	Severity*	Bacteria	Storage medium
2003	18	Acute myeloid leukemia	2	Bacillus Cereus	PAS-B
2003	57	Chronic myeloid leukemia	N/A†	Bacillus Cereus	PAS-B
2004	28	N/A†	2	Bacillus Cereus	PAS-B
2005	33	Acute myeloid leukemia	2	Hemolytic streptococci group G	Plasma
2005	58	Mantle cell lymphoma	2	Bacillus Cereus	PAS-B
2005	46	Aplastic anemia	3	Staphylococcus aureus	PAS-B
2005	58	Non Hodgkin lymphoma	2	Hemolytic streptococci group G	Plasma
2008	53	Acute myeloid leukemia	2	Coagulase negative staphylococci	Plasma
2010	72	Prostate carcinoma	1	Coagulase negative staphylococci	PAS-B
2010	39	Acute myeloid leukemia	2	Streptococcus dysgalactiae	PAS-B
2011	59	Acute myeloid leukemia	2	Salmonella group B	Plasma
2012	75	Non Hodgkin lymphoma	2	Hemolytic streptococci group C	Plasma
2013	62	Chronic lymphoid leukemia	2	Coagulase negative staphylococci	PAS-C
2014	60	Multiple myeloma	4	Staphylococcus aureus	Plasma

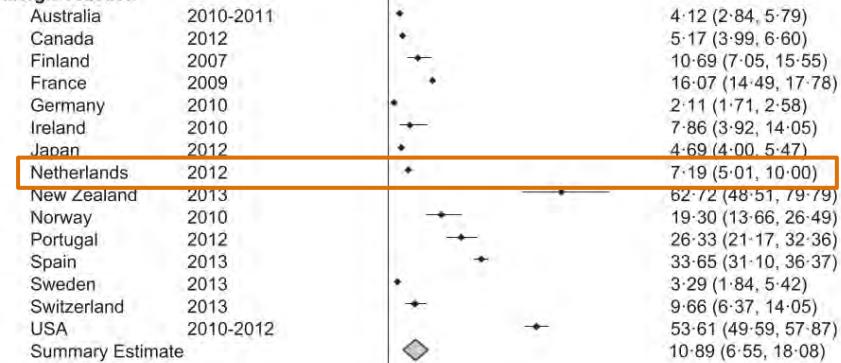
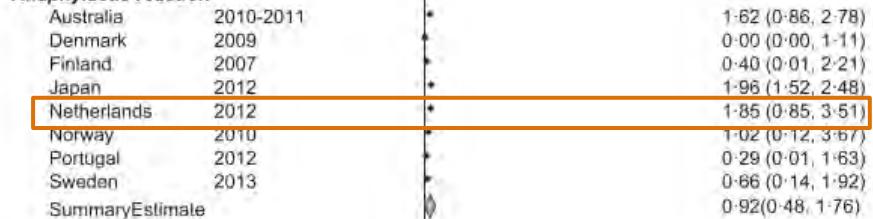
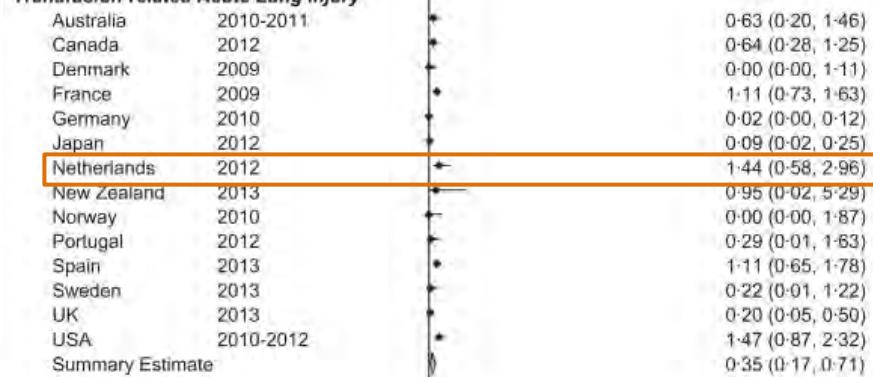
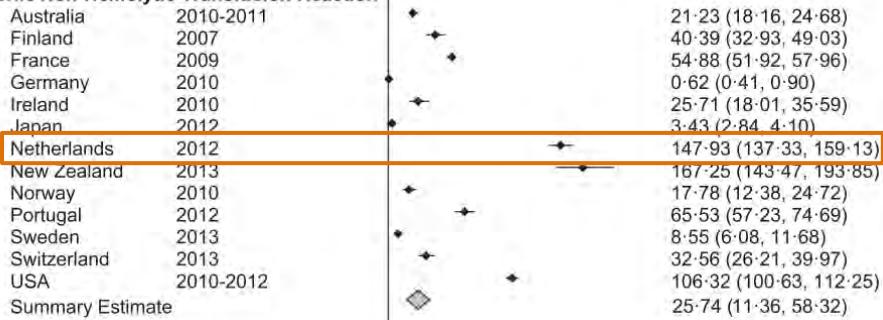
Incidences TTBI

- Passive surveillance:
 - Without bacterial screening
 - France: 26.5/million PLT transfusions (2009-2011)
 - With bacterial screening
 - Germany: 7.14/million PLT transfusions (1997-2007)
 - USA: 9.35/million PLT transfusions (2007-2011)
 - UK: 0.56/million PLT transfusions (2009-2015)
- Active surveillance
 - Hong et al. 97.2/million PLT transfusions (2007-2013)
- Our study: 22/million PLT transfusions (2003-2014)



Incidences TTBI

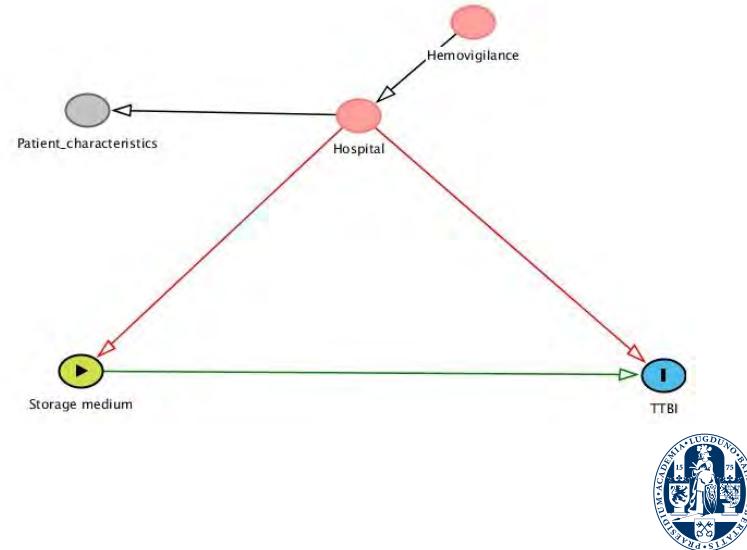
- High incidence?
- Accuracy of hemovigilance system

Allergic reaction

Anaphylactic reaction

Transfusion-related Acute Lung Injury

Febrile Non-Hemolytic Transfusion Reaction


Main results

	TTBI - PLT	Sanquin
PAS	8 (57.1)	111 375 (22.3%)
Plasma	6 (42.9)	387 428 (77.7%)
OR		4.63 (CI 1.4; 16.2)

- Increased risk of TTBI after transfusion of PAS-stored PLTs compared to plasma-stored PLTs
 - Effect of exclusion criteria?
 - Differences in patient characteristics?
 - Differences in hemovigilance?



Selection criteria?

- Exclusion of apheresis products
 - Special indication, mostly plasma

	TTBI - PLT	Sanquin
PAS	9 (56.3)	113 445 (20.4%)
Plasma	7 (43.8)	442 206 (79.6%)
OR	5.01 (CI 1.66; 15.83)	

	TTBI - PLT	Sanquin
PAS	8 (57.1)	111 375 (22.3%)
Plasma	6 (42.9)	387 428 (77.7%)
OR	4.63 (CI 1.4; 16.2)	

- Change in practice
 - Introduction of diversion pouch, exclusion all reactions before July 2004

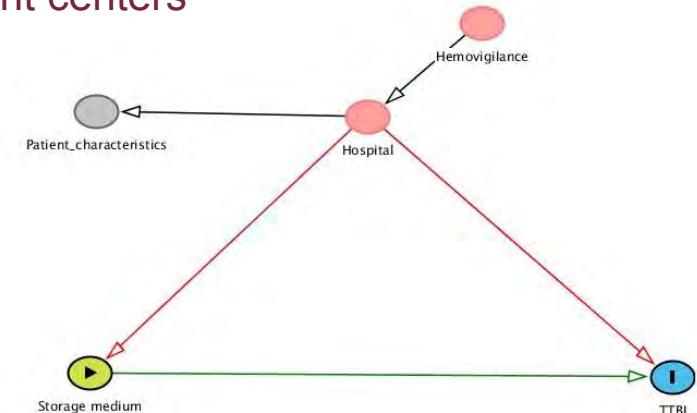
	TTBI - PLT	Sanquin
PAS	6 (50.0)	111 375 (22.3%)
Plasma	6 (50.0)	387 434 (77.7%)
OR	3.48 (CI 0.93; 13.01)	



Confounding?

- Assumption: equal distribution of all potential confounders
 - Patient characteristics: stem cell transplant centers

	SCT centers	Sanquin
PAS-hospital	20.4%	22.3%
Plasma-hospital	79.6%	77.7



- Reporting behavior: RBC transfusion reactions

2013-2014	Sepsis	Sanquin
PAS-hospital	28 (28.3%)	198 333 (22.6%)
Plasma-hospital	71 (71.7%)	678 024 (77.4%)
OR	1.34 (CI 0.87-2.09)	

Conclusion

- Increased risk of TTBI after transfusion of PAS-stored PLTs compared to plasma
 - No differences in reporting behavior neither in patient characteristics
 - However, produced at different blood banks



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