NHS
Blood and Transplant

Frozen Components and Platelets

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“Club ’96”

January 1996

UK food chain deemed “safe” from vCJD

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Risk Reduction by NHSBT

- Exclusion of “at risk” donors
  - including all donors to have received a blood transfusion or solid organ transplant since 1980.
- Leucodepletion
- Importing plasma derivatives
  - from countries with low risk of vCJD
- Providing imported, virus inactivated FFP for “Club ’96”

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Plasma and NHSBT

- 2002 - MBFFP from UK donors for children born on or after 1.1.96

- 2005 – MBFFP produced from US sourced plasma as a risk reduction measure
  - MBFFP extended to all patients under 16

- 2012 – Decision to continue providing MBFFP for all recipients born after 1.1.96 even after they reached 16

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Solvent Detergent treated plasma

- Alternative to MBFFP
- Not produced by NHSBT
- Inactivates all lipid enveloped viruses
- Pros and cons for both
  - Availability
  - Price
  - Supply

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Platelets

Advisory Committee on the Safety of Blood, Tissues and Organs

SaBTO

- Provides *independent* advice to the UK government and the devolved administrations on the most appropriate way to ensure the safety of blood, cells, tissues and organs for transfusion or transplantation.

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Platelets

- 2007 DoH requests...
  - at least 80% platelets come form single donors to minimise the risk of vCJD
- 2008 (Jan) SABTO inaugural meeting
- 2008 (July) SABTO recommendations
  - ‘the UK blood service should move as far as possible towards 100% apheresis platelets, but that as a minimum, 80% of platelets should be collected by apheresis

  “to minimise risk of transmission of vCJD”

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Platelets

- 2013 (Sept) SABTO
  - reconsidered recommendation following better understanding of risk of whole blood vCJD infectivity and the prevalence of vCJD
  - 80% minimum provision of apheresis platelets no longer necessary
  - Both pooled and apheresis platelets should be resuspended in Platelet Additive Solution (PAS)
  - Each UK blood service should set their own level of apheresis to collect.
- DoH has accepted this recommendation

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Platelets

- NHSBT
  - Moving from 80% to 60% apheresis platelets by April 2016 with further review at that point.

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Indications for Apheresis

- Neonates
- Paediatrics (where available) N*ever been recommended but recognised as best practice.*
- Patients requiring HLA and HPA selected components due to presence of HLA / HPA antibodies or in cases of NAIT
- Patients requiring IgA deficient components due to being IgA deficient and having had a previous reaction.

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“Club ’96”

- “Special” group of patients
- Potential “clean” donor pool
- Previously contained
- Now need to be far more alert