

# Joint UKBTS Professional Advisory Committee (¹)

## Position Statement

### West Nile Virus

November 2016

**Approved by:** Standing Advisory Committee on Transfusion Transmitted Infections

*The contents of this document are believed to be current. Please continue to refer to the website for in-date versions.*

## Background

WNV is an arthropod borne flavivirus, first isolated in 1937 and widely distributed in Africa, Western Asia, Europe and Australia. The principal vectors are mosquitoes and the principal hosts are wild birds. Humans and other animals e.g. horses, are infected via mosquito bites. They are considered to be "incidental hosts" as they do not develop sufficient viraemia to maintain transmission cycles. The incubation period of WNV in humans is reported to be 3-15 days. Most human infections are either asymptomatic (76%), or result in only mild flu-like symptoms with full recovery (24%) but 1 in 150 to 200 infected individuals may develop a more severe form of the disease which may culminate in fatal encephalitis, particularly if elderly or immunosuppressed.

## WNV in the US and Canada

WNV emerged for the first time in the Northeast of the United States (US) in 1999. WNV case numbers increased in the US in following years, and WNV is now found across the whole of the US and into Canada. WNV cases in the US peaked in 2003 with 9858 human cases and 262 deaths. Thereafter there was a steady decline in cases until 2009 (663 human cases, 30 deaths and 109 presumptive viraemic blood donors). With the exception of 2012, in which the highest number of WNV cases since 2003 was reported (5387 human cases, 243 deaths, 597 presumptive viraemic blood donors), the number of WNV cases has remained relatively constant with the number of presumptive viraemic blood donors identified also remaining constant and high. In Canada a similar pattern has been seen. The majority (99%) of the human cases currently occur between 1<sup>st</sup> July and 31<sup>st</sup> October each year.

As travel to the USA and Canada is common in UK blood donors, a deferral policy for such donors was adopted by UK Blood Transfusion Services in June 2003 as a precautionary measure.

## WNV in Europe

In Europe, sporadic WNV outbreaks have occurred in Romania (1996 and 2008), Russia (1999), Israel (2000), Hungary and Italy (both 2008). During 2010, sporadic human cases were reported in a number of European countries, including Hungary, Spain, Italy, Romania and Russia. Larger outbreaks occurred in Italy (2008) and northern Greece (2010). Whereas WNV lineage 1 is the circulating genotype in the US, both lineage 1 and lineage 2 are circulating in Europe and the importance of the presence of both lineages in Europe needs to be better understood. Further WNV outbreaks in a number of areas within Europe in 2010/11 led to the recommendation for WNV NAT testing in the "WNV Preparedness Plan" in order for countries to maintain a sufficient blood supply and a number introduced WNV NAT testing.

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Monitoring of cases of WNV with weekly surveillance updates is carried out by the European Centre for Disease Prevention and Control (ECDC) (Table 1).

**Table 1: WNV cases in EU and surrounding countries by year**

Year	Cases in EU countries	Cases in surrounding countries
2011	128	212
2012	242	693
2013	228	557
2014	74	136
2015	108	193

Countries within the EU with most reported cases are Italy, Hungary, Romania and Greece although the latter reported no cases in 2015. Surrounding countries with most reported cases are chiefly in the Russian Federation and in 2015, Israel. In August 2016 a peak of WNV cases in the EU has been reported although the overall number of cases is still within the expected range for the transmission season.

### Transmission through donated products

During the 2002 epidemic in the USA 23 patients were confirmed to have acquired WNV through transfusion of red cells, platelets or fresh frozen plasma. Transmission has also been reported following organ transplantation from a donor who initially acquired the infection through a blood transfusion. A 2005 report from the US of WNV in organ transplant recipients indicated that WNV transmission through solid organ transplantation can occur from donors who are seropositive for WNV (IgM and IgG antibodies) and WNV NAT negative but there had been no such reports of transmission from blood donations. In general, the risk of transmission by transfusion relates to a few days of viraemia starting 1-3 days after infection. Viraemia lasts a mean of 6 days although can take up to 104 days to clear.

### WNV in the UK

There have been four human WNV cases reported in the UK (this includes travellers returning from endemic areas). In 2006 a member of the armed forces stationed in Canada was diagnosed with WNV infection on his return to the UK and in 2007 a Canadian resident became ill when visiting the UK. The first two cases of imported WNV in Scotland were reported in 2014, both from endemic countries outside the EU.

Since the UK Blood Transfusion Services implementation of WNV NAT testing for blood donors with relevant travel history, no donors have been found to be positive for WNV RNA (> 130 000 donors tested).

### UK Blood Transfusion Services WNV risk reduction strategies

The EU Blood Safety Directive (and the Blood Safety and Quality Regulations) requires that travellers from an area with ongoing transmission of WNV in humans should be deferred for

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28 days. Originally there was no provision within the Directive for WNV NAT testing in place of deferral, as a strategy for travellers returning from an affected area. The directive became UK statutory law as the Blood Safety and Quality Regulations 2005. Thereafter UK Blood transfusion Services deferred travellers returning from areas at risk\* of WNV. In 2012 a review of the "WNV Preparedness Plan" agreed that WNV NAT testing could be applied by blood establishments in non-affected areas to donations from travellers returning within 28 days from an affected area, if donor deferral would threaten the sufficiency of the blood supply. A 2014 amendment to the EU Blood Safety Directive supported this stance. However the Directive currently states that for such donors either a 28-day deferral or a negative individual WNV NAT is required, indicating that the current UK Blood Transfusion Services strategy of testing selective blood donations in pools (maximum six donations) does not comply with this change. A consultation of European Blood Alliance Emerging Infectious Disease experts has recently proposed changes to clarify the Directive 2014/110/EU accordingly.

\*A WNV risk area is defined as:

- any part of North America (USA and Canada) or any other area with ongoing transmission of WNV ("affected area") that does not attract a malaria travel deferral of 6 months and which meets the definition accepted by the European Commission/ European Centre for Disease Control.

The WNV risk period is defined as:

- between 1<sup>st</sup> May and 30<sup>th</sup> November

Donors with a history of WNV and/or a positive WNV NAT should be temporarily deferred pending investigation but may be returned to the donor panel 6 months after pick-up without the need for any further testing.

With regard to Fresh Frozen Plasma, imported for use within the UK, methylene blue treatment is applied. This process has been shown to reduce the WNV load by at least 6.5<sup>10</sup> logs to below the detection limit and WNV appears to be one of the most rapidly inactivated viruses studied. The risk of transmission by methylene blue treated FFP of non-UK origin must therefore be considered negligible.

Countries affected by WNV and any applicable time limits are shown in the Geographical Disease Risk Index (GDRI) and any associated Change Notifications.