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Canadian Blood Services platelet bacterial testing and reporting to hospital customers

Canadian Blood Services issued a document describing the steps taken after an initial positive bacterial culture has occurred. This was announced in customer letter [2021-16](#), Follow-up of Canadian Blood Services Platelet Bacterial Testing Results, and the [attachment](#). The document is also posted on the professional education [website](#).

If bacteria screening test culture becomes positive after a platelet unit is issued (“initial-positive” bacterial culture), the affected hospital will be notified, and all blood products associated with that collection will be recalled. If the recalled unit was already transfused, it is recommended that hospitals review the patient’s clinical status and health record for any evidence of possible bacterial transfusion-transmitted infection (TTI). If bacterial TTI is suspected, it should be reported to Canadian Blood Services.

Following an “initial-positive” bacterial culture, Canadian Blood Services will conduct additional testing of the positive platelet culture, the original component and companion components if available. If the same bacteria is detected in at least one other sample from the associated collection, that platelet unit that is “initial positive” is considered “confirmed-positive.” Between August 2017 and December 2019, 0.09% buffy coat pools and 0.04% apheresis platelet units issued to hospitals were identified as “confirmed-positive” culture.¹

The timeline for this additional testing may extend to several weeks after the product recall. Although additional testing results are not intended for patient clinical management, Canadian Blood Services will report results of follow-up Gram stain and bacterial identification for all associated transfused units to hospitals as soon as they are available.

In addition, the current forms in use to provide information about additional testing are being revised.

Reference

1. Ramirez-Arcos et al. Extension of platelet shelf-life with an improved bacterial testing algorithm. *Transfusion*. 2020; 60 (12): 2918-2928.

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