

Description	Type	Course	Semester
43316 Blood Donation	OB	1	1

## Module Head Teacher

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## Use of languages

Principal working language: English (Eng)

## Other comments on languages

Language will be English, although it is possible to do the communication in Spanish. The materials will be in English.

## Teachers

**Sílvia Sauleda:** She studied Biology in the University of Barcelona and obtained the PhD in 1999. She worked in the Liver Unit of the Vall d'Hebron University Hospital in Barcelona, where she specialized in research of hepatitis viruses. Since 2000 she is the Head of the Transfusion Safety Lab of the Catalan Blood and Tissue Bank (Spain), where she is responsible for the infectious disease screening of blood donations. She has ongoing research projects on hepatitis B and C, and transfusion transmitted emerging infectious diseases.

**Arturo Pereira:** He received his MD in 1980 by the University of Barcelona (UB) and obtained his PhD in 1989 (UB). After completing the residency training at the Hospital Clínic of Barcelona, he received his specialist degree in Hematology & Haemotherapy in 1995. He has developed his entire professional and scientific career as staff hematologist in the Service of Haemotherapy and Hemostasis and the Blood Bank of the Hospital Clínic of Barcelona, where he worked in blood donation, clinical apheresis, immunohematology, and blood transfusion. He is now Senior Consultant in the Hospital Clínic and Associate Professor of Medicine in the UB.

**Maria Piron:** Biologist. After completing her doctoral thesis in molecular virology in France, she became a postdoctoral researcher in the group of liver diseases of the Hospital Vall d'Hebron (Barcelona, Spain). She has been working at the BST for 12 years and currently holds the position of Adjunct Physician at the Banc de Sang i Teixits Transfusion Safety Laboratory.

## Prerequisites

It is necessary to have a level B2 of English or equivalent.

## Objectives and Contextualization

In this module the entire blood donation process will be studied from the promotion of the donation of blood, the donation procedures (donor selection criteria, aphaeresis, whole blood donation), the laboratory screening of the blood and, finally, the different methods to obtain blood components for transfusion.

## **Skills**

- That students are able to integrate knowledge and face the complexity of making judgments based on information that, incomplete or limited, includes reflections on social and ethical responsibilities linked to the application of their knowledge and judgments.
- That students know how to communicate their conclusions and the latest knowledge and reasons that support them to specialized and non-specialized audiences in a clear and unambiguous way.
- Select and assist donors and ensure long-term loyalty.
- Design safety strategies in the donation process in accordance with European regulations.
- Ability to work in multidisciplinary teams.
- Design and develop research with appropriate methodologies.

## **Learning outcomes**

1. To identify main needs in donor recruitment.
2. To manage communication skills.
3. To know the key concepts of European Regulation and how they translate in daily job.
4. To describe exclusion/inclusion criteria of donors.
5. To evaluate the donor questionnaire and to know how to perform the interview and physical examination.
6. To categorize different kinds of donations and factors affecting the quality of the blood product.
7. Interpret the significance of the different infectious markers in the screening laboratory.
8. Construct strategies for blood safety based on epidemiological data, emerging infectious agents and epidemiological outbreaks.
9. To know the different methodologies for blood component production.

## **Content**

1. Introduction.
2. Promotion of blood donation.
  - 2.1. Voluntary vs Remunerated donation.
  - 2.2. Participation of volunteer associations in donation promotion.
3. Blood donation.
  - 3.1. Donor selection criteria.
  - 3.2. Care, attention and information provided to blood donors.
  - 3.3. Donation of blood.
4. Blood donation screening.
  - 4.1. Blood screening for infectious diseases.
  - 4.2. Immunohematology testing in blood donation.
5. Blood components for transfusion.

- 5.1. Primary fractionation of blood and preservation of blood products.
- 5.2. Pathogen reduction in blood products.
- 5.3. The risk of bacterial contamination in blood products.

## **Methodology**

This course will follow an active and constructive methodology. It is not the content but remember to read and reflect and apply knowledge to situations reasonably close, creating meaningful learning.

Thus, work on real-life examples and case studies, reflecting on complex situations and little structured in order to find appropriate solutions.

Faithful to the proposed methodology, students like you are the center of the learning process. Build knowledge significantly actively interacting with your peers, with training, with materials, with the environment. This program not only teaches about virtual training but also will live every day intensely from the experience.

At the beginning of the unit, the teacher will present to the board, including a proposal for planning learning with specific targets to be achieved in each of them with learning activities to be performed, the resources used and recommended dates for each work activity.

The dates for carrying out activities in nature are "recommended" to the proper tracking and use of the course. The only dates that are considered "immovable" are the beginning and end of UD. This means that students can follow their own planning as long as they respect the start and end dates.

It is recommended to try to operate continuously and do not let the tasks accumulate on date. For two basic reasons: firstly, accumulating tasks for a single date can lead to work in a hurry, overwhelmed by the time and not allow or enjoy learning or further reflections being carried out; moreover, the course provides activities in group dynamics, and to bring to fruition a cooperative work you need a minimum of temporal synchrony.

Some activities should be sent to the teacher so that they can be checked, along with you and your learning. Thus, the teacher will return your work commented so, together with him, you can continue reflecting and learning from each. The maximum deadline for these activities will be the final date of each UD. Other activities will be sharing, discussing and working together on shared spaces.

## Activities

Title	Hours	ECTS	Learning outcomes
<b>Type: Directed</b>	50	2	
Discussions through the Virtual Campus			1, 2, 7,
<b>Type: Supervised</b>	75	3	
Virtual Case/Problem Solving			2, 3, 7
Elaboration of projects			2, 3, 7.
<b>Type: Autonomous</b>	125	5	
Test/Scheme			7
Personal study			1-9
Reading articles/Reports of interest/Videos			1-9

## Evaluation

The Module will be evaluated through:

1. Open discussion: Donor recruitment. This activity will account for 25% of the final score in Module 1. Students are expected to discuss different strategies to recruit donors and investigate what is the usual practice in their countries of origin.
2. SOP on blood donation. This activity will account for 12'5% of the final score in Module 1. Students need to provide a fictional standard operation procedure with the critical steps in donor traceability.
3. Scheme. This activity will account for 12'5% of the final score in Module 1. The students should provide a brief description of the critical steps in this process that are related to the quality, donor safety, and safety and efficacy of the blood product.
4. Algorithm. This activity will account for 25% of the final score in Module 1. The students need to discuss available safety strategies regarding the risk of infectious diseases transmission according to different scenarios.
5. Multiple Choice Test UD5. This activity will account for 25% of the final score in Module 1. This test is intended to check whether the students are familiarized with the quality control procedures for blood components.

## Evaluation Activities

Title	Weighting	Hours	ECTS	Learning outcomes
Open discussion: Donor recruitment	25 %	50	2	1,2
SOP on blood donation	12'5 %	75	3	3,4,5,6
Scheme	12'5 %	125	5	3,4,5,6
Algorithm	25 %	125	5	7,8
Multiple Choice Test	25 %	125	5	9

## Bibliography

- ✓ Ministerio de Sanidad y Consumo AETSA 2006/35. Leucorreducción universal de productos sanguíneos. Revisión sistemática de la literatura y evaluación económica
- ✓ Directiva 2002/98/CE del Parlamento europeo y del Consejo de 27 de enero de 2003 por la que se establecen normas de calidad y seguridad para la extracción, verificación, tratamiento, almacenamiento y distribución de sangre humana y sus componentes y por la que se modifica la Directiva 2001/83/CE. DO.L33/30 de 8-2-2003
- ✓ Chapman JF, Forman K, Kelsay P, Knowles SM, Murphy LM, Williamson LM. Guidelines on the clinical use of leukocyte depleted blood components. *Transfus Med.* 1998;8:59-71
- ✓ Angelberck JH, Ortolano GA. Universal Leukocyte reduction: Is it appropriate medical practice or not?. *J Infus Nurs.* 2005;28:273-281
- ✓ Technical Manual AABB (American Association of Blood Banks) 14 th edition. ISBN 1-56395-155-X
- ✓ Estándares de Acreditación en transfusión sanguínea. Comité de Acreditación en Transfusión (CAT). 3ª edición. 2006
- ✓ Yomtovian YA, Parvechino EL, Disktra AH, Downes KA, et al. Evolution of surveillance methods for detection bacterial contamination of platelets in a university hospital, 1991 through 2004. *Transfusion* 46: 719-730. 2006
- ✓ Ramirez-Arcos S, Jenkins C, Dion J, Bernier F, Delage G, Goldman M. Canadian experience with detection of bacterial contamination in apheresis platelet. *Transfusion* 47: 421-429. 2007
- ✓ Del Rio-Garma J, Alvarez-Larranz A, Martinez C, Muncunill J, Castella D, et al. Methylene blue photoinactivated plasma versus quarantine fresh frozen plasma in thrombotic thrombocytopenic purpura: a multicentric, prospective cohort study. *Brit. J. Haematol* 2008 Sep;143(1):39-45.
- ✓ Pereira A. Medidas de seguridad vial del plasma destinado a transfusión y su aplicación en España. *Med. Clin.(Barc)* 2007; 129(12):458-468.
- ✓ De la Rubia J, Arriaga F, Linares D, Larrea L, Carpio N, Marty ML. and Sanz MA.
- ✓ Role of methylene blue-treated of fresh frozen plasma in the response to plasma Exchange in patients with thrombotic thrombocytopenic purpura. *Brit. J. Haematol.* 114: 721-723, 2001.
- ✓ Alvarez-Larrán A, Del Rio J, Ramirez C, Albo C, Pena F, et al. Methylene blue photoinactivated plasma versus quarantine fresh frozen plasma as replacement fluid for plasma exchange in thrombotic thrombocytopenic purpura. *Vox sanguinis*, 86: 246-251. 2004.
- ✓ Mintz P.D., Neff A., MacKenzie M., Goodnough L.T., Hillyer C., et al. A randomized, controlled Phase III trial of therapeutic plasma exchange with fresh-frozen plasma (FFP) prepared with amotosalen and ultraviolet A light compared to untreated FFP in thrombotic thrombocytopenic purpura. *Transfusion* 46: 1693-1704. 2006.
- ✓ Pelletier JPR, Transue S; Snyder EL. Pathogen inactivation techniques. *Best Practice and Research. Clin Haematol* 2006; 19:205-242.

- ✓ Alarcon P, Benjamin R, Dugdale M, Kessler C, Shopnich R, Smith P et al.
- ✓ Fresh frozen plasma prepared with amotosalen HCl (S-59) photochemical pathogen inactivation: transfusion of patients with congenital coagulation deficiencies. *Transfusion* 2005; 45: 1362-1372.
- ✓ Solheim BG, Seghatchian J. The six questions of pathogen reduction technology: An overview of current opinions. *Transfusion and Apheresis Science* 39 (2008) 51-57.
- ✓ Busch MP, Glynn SA, Stramer SL, et al. A new strategy for estimating risks of transfusion-transmitted viral infections based on rates of detection of recently infected donors. *Transfusion* 2005;45: 254-64.
- ✓ McDonald CP. Bacterial risk reduction by improved donor arm disinfection, diversion and bacterial screening. *Transfus Med* 2006;16: 381-96.
- ✓ McDonald CP, Lowe P, Roy A, et al. Evaluation of donor arm disinfection techniques. *Vox Sang* 2001;80: 135-41.
- ✓ de Korte D, Marcelis JH, Verhoeven AJ, Soeterboek AM. Diversion of first blood volume results in a reduction of bacterial contamination for whole-blood collections. *Vox Sang* 2002;83: 13-6.
- ✓ Orozova P, Markova N, Radoucheva T. Properties of *Yersinia enterocolitica* and *Yersinia pseudotuberculosis* in red blood cell concentrate of different ABO groups during 30-day storage at 4 degrees C. *Clin Microbiol Infect* 2001;7: 358-61.
- ✓ Schrezenmeier H, Walther-Wenke G, Muller TH, et al. Bacterial contamination of platelet concentrates: results of a prospective multicenter study comparing pooled whole blood-derived platelets and apheresis platelets. *Transfusion* 2007;47: 644-52.
- ✓ Mohr H, Bayer A, Gravemann U, Muller TH. Elimination and multiplication of bacteria during preparation and storage of buffy coat-derived platelet concentrates. *Transfusion* 2006;46: 949-55.
- ✓ Pietersz RN, Engelfriet CP, Reesink HW, et al. Detection of bacterial contamination of platelet concentrates. *Vox Sang* 2007;93: 260-77.
- ✓ Brecher ME, Hay SN, Rose AD, Rothenberg SJ. Evaluation of BacT/ALERT plastic culture bottles for use in testing pooled whole blood-derived leukoreduced platelet-rich plasma platelets with a single contaminated unit. *Transfusion* 2005;45: 1512-7.
- ✓ Brecher ME, Hay SN, Rothenberg SJ. Validation of BacT/ALERT plastic culture bottles for use in testing of whole-blood-derived leukoreduced platelet-rich-plasma-derived platelets. *Transfusion* 2004;44: 1174-8.
- ✓ Hundhausen T, Muller TH. False-positive alarms for bacterial screening of platelet concentrates with BacT/ALERT new-generation plastic bottles: a multicenter pilot study. *Transfusion* 2005;45: 1267-74.
- ✓ Larsen CP, Ezligini F, Hermansen NO, Kjeldsen-Kragh J. Six years' experience of using the BacT/ALERT system to screen all platelet concentrates, and additional testing of outdated platelet concentrates to estimate the frequency of false-negative results. *Vox Sang* 2005;88: 93-7.
- ✓ McDonald CP, Rogers A, Cox M, et al. Evaluation of the 3D BacT/ALERT automated culture system for the detection of microbial contamination of platelet concentrates. *Transfus Med* 2002;12: 303-9.
- ✓ McDonald CP, Roy A, Lowe P, et al. Evaluation of the BacT/Alert automated blood culture system for detecting bacteria and measuring their growth kinetics in leucodepleted and non-leucodepleted platelet concentrates. *Vox Sang* 2001;81: 154-60.
- ✓ te Boekhorst PA, Beckers EA, Vos MC, et al. Clinical significance of bacteriologic screening in platelet concentrates. *Transfusion* 2005;45: 514-9.
- ✓ Eder AF, Kennedy JM, Dy BA, et al. Bacterial screening of apheresis platelets and the residual risk of septic transfusion reactions: the American Red Cross experience (2004-2006). *Transfusion* 2007;47: 1134-42.
- ✓ Silva MA, Gregory KR, Carr-Greer MA, et al. Summary of the AABB Interorganizational Task Force on Bacterial Contamination of Platelets: Fall 2004 impact survey. *Transfusion* 2006;46: 636-41.
- ✓ Chen CL, Yu JC, Holme S, et al. Detection of bacteria in stored red cell products using a culture-based bacterial detection system. *Transfusion* 2008;48: 1550-7.
- ✓ Schmidt M, Karakassopoulos A, Burkhart J, et al. Comparison of three bacterial detection methods under routine conditions. *Vox Sang* 2007;92: 15-21.

- ✓ McDonald CP, Pearce S, Wilkins K, et al. Pall eBDS: an enhanced bacterial detection system for screening platelet concentrates. *Transfus Med* 2005;15: 259-68.
- ✓ Holme S, McAlister MB, Ortolano GA, et al. Enhancement of a culture-based bacterial detection system (eBDS) for platelet products based on measurement of oxygen consumption. *Transfusion* 2005;45: 984-93.
- ✓ Dreier J, Stormer M, Kleesiek K. Real-time polymerase chain reaction in transfusion medicine: applications for detection of bacterial contamination in blood products. *Transfus Med Rev* 2007;21: 237-54.
- ✓ Nadkarni MA, Martin FE, Jacques NA, Hunter N. Determination of bacterial load by real-time PCR using a broad-range (universal) probe and primers set. *Microbiol-ogy* 2002;148: 257-66.
- ✓ Petershofen EK, Fislage R, Faber R, et al. Detection of nucleic acid sequences from bacterial species with molecular genetic methods. *Transfus Sci* 2000;23: 21-7.
- ✓ Mohammadi T, Pietersz RN, Vandenbroucke-Grauls CM, et al. Detection of bacteria in platelet concentrates: comparison of broad-range real-time 16S rDNA polymerase chain reaction and automated culturing. *Transfusion* 2005;45: 731-6.
- ✓ Feng P, Keasler SP, Hill WE. Direct identification of *Yersinia enterocolitica* in blood by polymerase chain reaction amplification. *Transfusion* 1992;32: 850-4.
- ✓ Mohammadi T, Reesink HW, Vandenbroucke-Grauls CM, Savelkoul PH. Optimization of real-time PCR assay for rapid and sensitive detection of eubacterial 16S ribosomal DNA in platelet concentrates. *J Clin Microbiol* 2003;41: 4796-8.
- ✓ Mohammadi T, Reesink HW, Vandenbroucke-Grauls CM, Savelkoul PH. Removal of contaminating DNA from commercial nucleic acid extraction kit reagents. *J Microbiol Methods* 2005;61: 285-8.
- ✓ Dreier J, Stormer M, Kleesiek K. Two novel real-time reverse transcriptase PCR assays for rapid detection of bacterial contamination in platelet concentrates. *J Clin Microbiol* 2004;42: 4759-64.
- ✓ Harris KA, Hartley JC. Development of broad-range 16S rDNA PCR for use in the routine diagnostic clinical microbiology service. *J Med Microbiol* 2003;52: 685-91.
- ✓ Schmidt M, Hourfar MK, Nicol SB, et al. A comparison of three rapid bacterial detection methods under simulated real-life conditions. *Transfusion* 2006;46: 1367-73.
- ✓ Corless CE, Guiver M, Borrow R, et al. Contamination and sensitivity issues with a real-time universal 16S rRNA PCR. *J Clin Microbiol* 2000;38: 1747-52.
- ✓ Hourfar MK, Schmidt M, Seifried E, Roth WK. Evaluation of an automated high-volume extraction method for viral nucleic acids in comparison to a manual procedure with preceding enrichment. *Vox Sang* 2005;89: 71-6.
- ✓ Stormer M, Kleesiek K, Dreier J. High-volume extraction of nucleic acids by magnetic bead technology for ultrasensitive detection of bacteria in blood components. *Clin Chem* 2007;53: 104-10.
- ✓ Mohr H, Lambrecht B, Bayer A, et al. Basics of flow cytometry-based sterility testing of platelet concentrates. *Transfusion* 2006;46: 41-9.
- ✓ Schmidt M, Hourfar MK, Nicol SB, et al. FACS technology used in a new rapid bacterial detection method. *Transfus Med* 2006;16: 355-61.
- ✓ Schmidt M, Weis C, Heck J, et al. Optimized Scansystem platelet kit for bacterial detection with enhanced sensitivity: detection within 24 h after spiking. *Vox Sang* 2005;89: 135-9.
- ✓ McDonald CP, Colvin J, Robbins S, Barbara JA. Use of a solid-phase fluorescent cytometric technique for the detection of bacteria in platelet concentrates. *Transfus Med* 2005;15: 175-83.

- ✓ Jacobs MR, Bajaksouzian S, Windau A, et al. Evaluation of the Scansystem method for detection of bacterially contaminated platelets. *Transfusion* 2005;45: 265-9.
- ✓ Ribault S, Faucon A, Grave L, et al. Detection of bacteria in red blood cell concentrates by the Scansystem method. *J Clin Microbiol* 2005;43: 2251-5.
- ✓ Montag T, Nicol SB, Schurig U, et al. Microbial safety of cell based medicinal products--what can we learn from cellular blood components? *Clin Chem Lab Med* 2008;46: 963-5.
- ✓ Scientific Section. *Transfusion* 2004;44: 1A-141A.
- ✓ Motoyama Y, Yamaguchi N, Matsumoto M, et al. Rapid and sensitive detection of viable bacteria in contaminated platelet concentrates using a newly developed bioimaging system. *Transfusion* 2008;48: 2364-9.
- ✓ Scientific Section. *Transfusion* 2008;48: 1A-241A.
- ✓ Dreier J, Vollmer T, Kleesiek K. Novel flow cytometry-based screening for bacterial contamination of donor platelet preparations compared with other rapid screening methods. *Clin Chem* 2009;55: 1492-502.
- ✓ Osselaer JC, Messe N, Hervig T, et al. A prospective observational cohort safety study of 5106 platelet transfusions with components prepared with photochemical pathogen inactivation treatment. *Transfusion* 2008;48: 1061-71.
- ✓ Seghatchian J, de Sousa G. Pathogen-reduction systems for blood components: the current position and future trends. *Transfus Apher Sci* 2006;35: 189-96.
- ✓ Janetzko K, Cazenave JP, Kluter H, et al. Therapeutic efficacy and safety of photochemically treated apheresis platelets processed with an optimized integrated set. *Transfusion* 2005;45: 1443-52.
- ✓ Custer B, Agapova M, Martinez RH. The cost-effectiveness of pathogen reduction technology as assessed using a multiple risk reduction model. *Transfusion* 2010.
- ✓ Goodrich RP, Doane S, Reddy HL. Design and development of a method for the reduction of infectious pathogen load and inactivation of white blood cells in whole blood products. *Biologicals* 2010;38: 20-30.
- ✓ Silliman CC, Khan SY, Ball JB, et al. Mirasol Pathogen Reduction Technology treatment does not affect acute lung injury in a two-event in vivo model caused by stored blood components. *Vox Sang* 2010;98: 525-30.
- ✓ Larrea L, Calabuig M, Roldan V, et al. The influence of riboflavin photochemistry on plasma coagulation factors. *Transfus Apher Sci* 2009;41: 199-204.
- ✓ Hornsey VS, Drummond O, Morrison A, et al. Pathogen reduction of fresh plasma using riboflavin and ultraviolet light: effects on plasma coagulation proteins. *Transfusion* 2009;49: 2167-72.
- ✓ Mohr H, Steil L, Gravemann U, et al. A novel approach to pathogen reduction in platelet concentrates using short-wave ultraviolet light. *Transfusion* 2009;49: 2612-24.
- ✓ Mohr H, Gravemann U, Muller TH. Inactivation of pathogens in single units of therapeutic fresh plasma by irradiation with ultraviolet light. *Transfusion* 2009;49: 2144-51.
- ✓ Terpstra FG, van 't Wout AB, Schuitemaker H, et al. Potential and limitation of UVC irradiation for the inactivation of pathogens in platelet concentrates. *Transfusion* 2008;48: 304-13.
- ✓ Solheim BG. Pathogen reduction of blood components. *Transfus Apher Sci* 2008;39: 75-82.



- ✓ Rios JA, Hambleton J, Viele M, et al. Viability of red cells prepared with S-303 pathogen inactivation treatment. *Transfusion* 2006;46: 1778-86.
- ✓ Pelletier JP, Transue S, Snyder EL. Pathogen inactivation techniques. *Best Pract Res Clin Haematol* 2006;19: 205-42.
- ✓ Benjamin RJ, McCullough J, Mintz PD, et al. Therapeutic efficacy and safety of red blood cells treated with a chemical process (S-303) for pathogen inactivation: a Phase III clinical trial in cardiac surgery patients. *Transfusion* 2005;45: 1739-49.