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MEMORANDUM

How you want to be treated.

DATE: December 8, 2016

TO: All PHC Clinical and Laboratory STAFF

FROM: Dr. K. Dallas, Medical Lead, PHC Hematopathology & Transfusion Medicine

RE: Update on CMV Seronegative Blood within PHC

Recently the National Advisory Committee on Blood and Blood Products has advised that "CMV-safe" (i.e. leukoreduced) and CMV-seronegative products be considered equivalent for virtually all patient populations (including neonates). The only potential indication for continued use of CMV-seronegative blood is for intrauterine transfusion (IUT).

Be advised that, ***effective January 4, 2017***, the CMV-seronegative special requirement will be removed from our product Special Requirements.

Patients with a history of CMV-seronegative requests will have the special requirement removed from the Transfusion Medicine patient file.

Please note that Canadian Blood Services may still be labeling some RBC and Platelet units as CMV-seronegative (for the purposes of IUT); these products may still be issued according to blood group and expiry but the CMV-seronegative status can simply be ignored.

There are several reasons for this policy change:

- All blood in Canada is leukocyte-reduced, which is highly effective in removing CMV-infected white blood cells from the donor product.
- The failure rate for leukocyte reduction is 0.24% for RBCs & 0% for Platelets, translating to an estimated risk of CMV transmission of less than 1 in 7,700,000[1].
- The extra step of using donors who are CMV-seronegative has not been shown to confer any additional benefit over leukocyte-reduction and, in fact, may potentially be riskier.
- Many hospitals across Canada, the US, and Europe have already taken the step of discontinuing CMV-seronegative blood with no adverse effects on patients[2,3,4].

Please contact me if you have questions.

Dr. Karen L. Dallas
Hematopathology & Transfusion Medicine

1. Seed et al, *Vox Sanguinis* (2015) 109, 11–17.
2. Kekre et al, *Biology of Blood Marrow Transplant*, (2013) 19, 1719-724.
3. Nash et al, *Transfusion*, (2012), 52, 2270-2271.
4. Thiele et al, *Transfusion*, (2011), 51, 2620-2