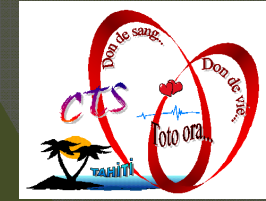


# Prevention of transfusion-transmitted arboviruses in French Polynesia

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1. Institut Louis Malardé, Tahiti, French Polynesia
2. Cerus Corporation, California, USA
3. Blood Bank Center of French Polynesia, Tahiti, French Polynesia

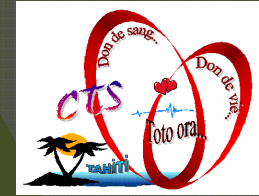
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## French Polynesia (FP)



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## Arboviruses

### Arboviruses (ARthropod-BORne viruses)

#### *Alphavirus* genus

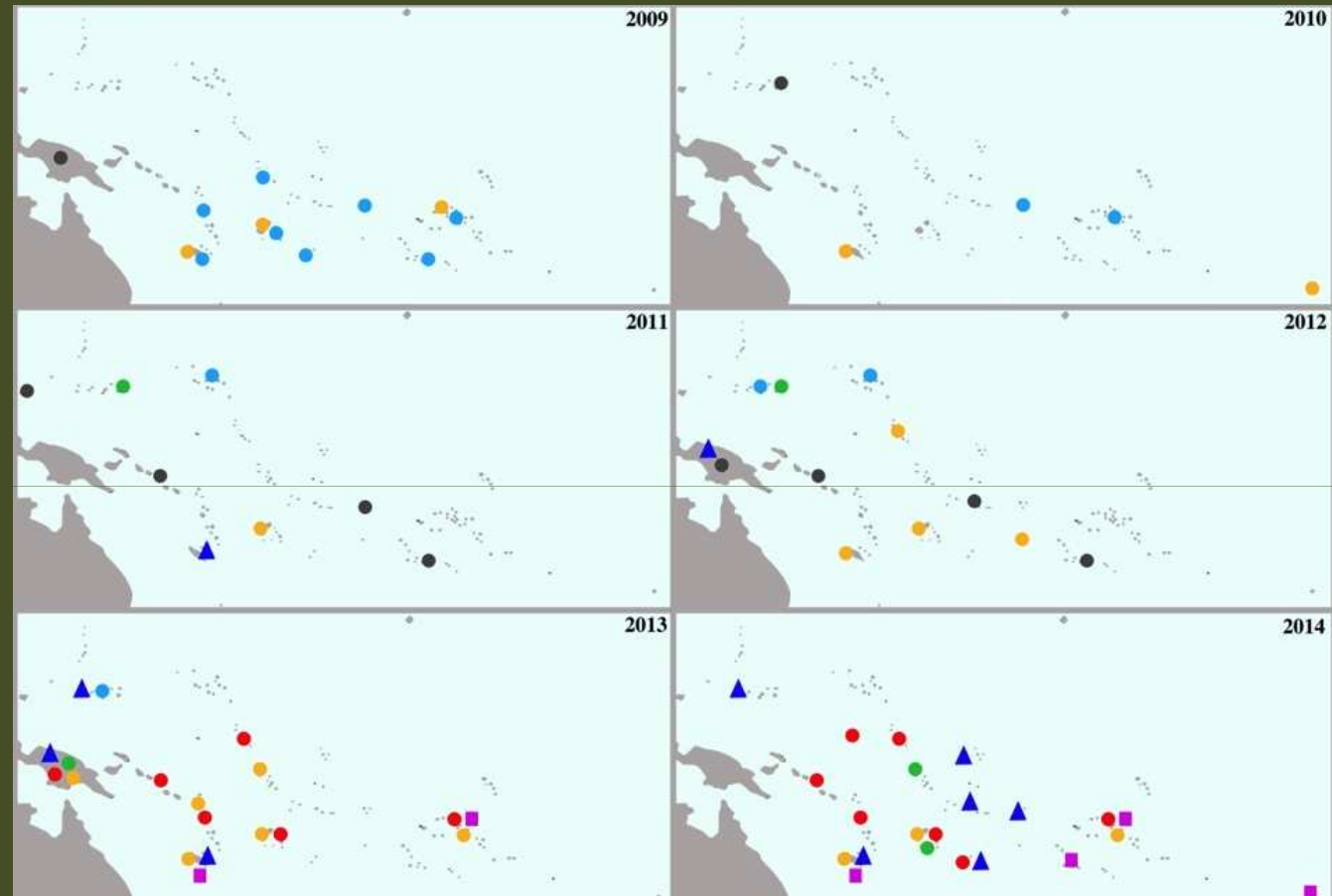
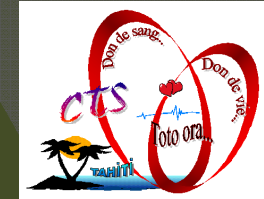
- Chikungunya virus (CHIKV)
- Ross River virus (RRV)
- ....

#### *Flavivirus* genus

- Dengue virus (DENV-1, DENV-2, DENV-3, DENV-4)
- West Nile virus (WNV)
- Yellow fever virus (YFV)
- Japanese encephalitis virus (JEV)
- Zika virus (ZIKV)
- ...



## Pacific: a high endemic area for arboviruses



**Legend**

Dengue virus

- serotype 1
- serotype 2
- serotype 3
- serotype 4
- not available

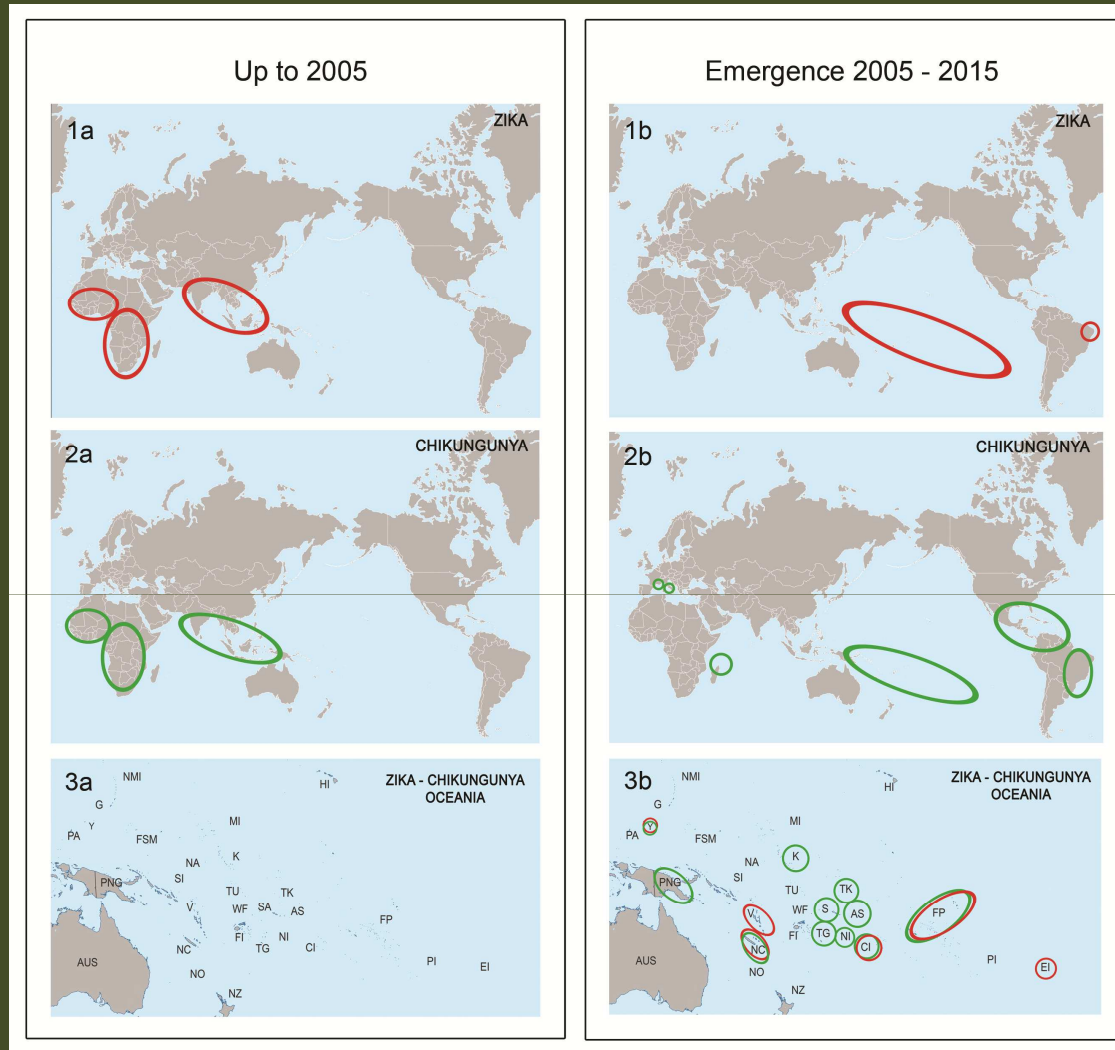
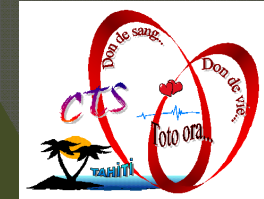
■ Zika virus

▲ Chikungunya virus

Cao-Lormeau VM, Musso D. The Lancet 2014

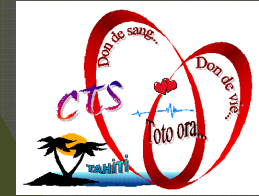
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# Pacific: a high endemic area for arboviruses



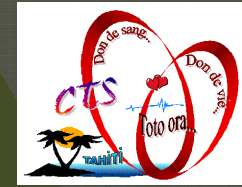
Musso D, Cao-Lormeau VM, Gubler DJ. The Lancet 2015, in press

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## Arboviruses and blood transfusion

- West Nile virus +++
- Dengue virus (underestimated +++)
- Colorado tick fever virus
- Tick-borne encephalitis virus
- Others ?



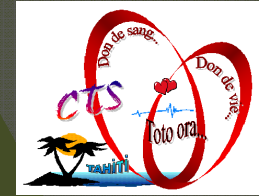
## Blood transfusion during arbovirus outbreaks in FP: the challenges

### The challenges of blood transfusion in FP and other remote areas:

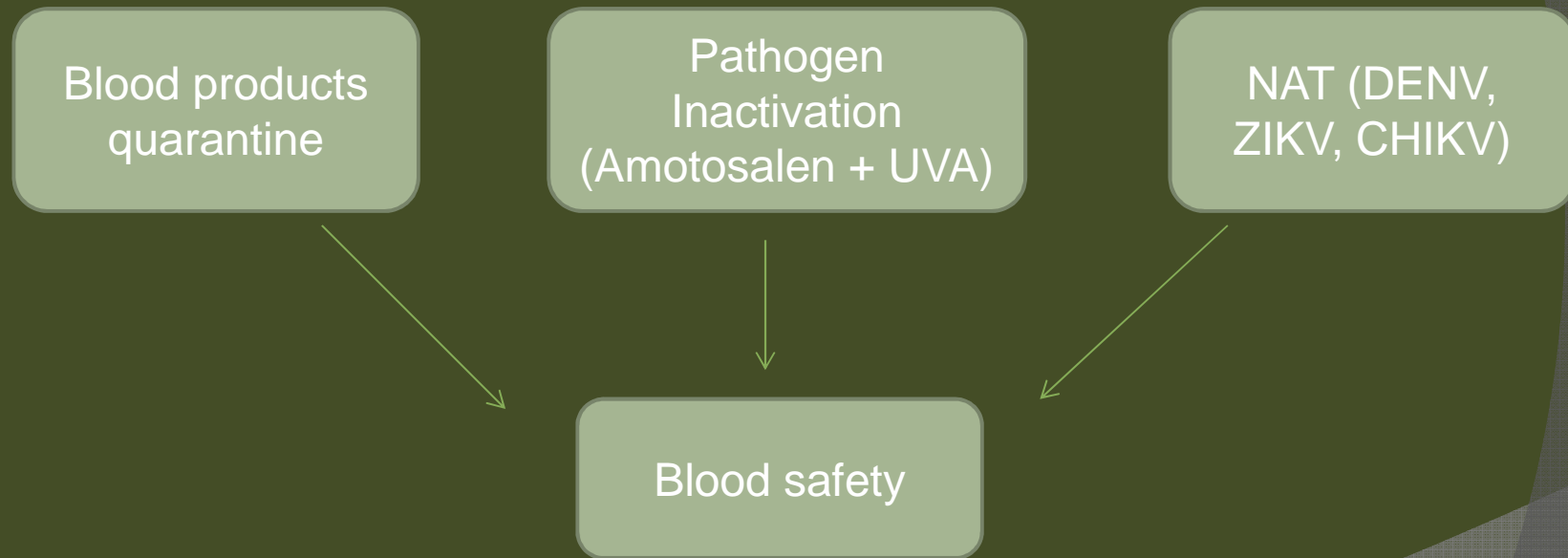
- Geographic isolation
- Impossible to be supplied by other blood bank centers
- Impossible to stop blood collection during an outbreak
- Increased need of blood products during outbreaks

### Specific challenges during arboviruses outbreaks

- Lack of a licensed diagnostic test for arboviruses screening
- Lack of recommendations
- Low reliability of clinical blood donor screening: asymptomatic forms +++
  - DENV  $\geq$  75%
  - ZIKV ?

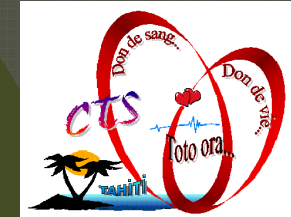


## Blood transfusion during arbovirus outbreaks in FP: global strategy



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## Pathogen inactivation by amotosalen + UVA (Intercept) applied to arboviruses

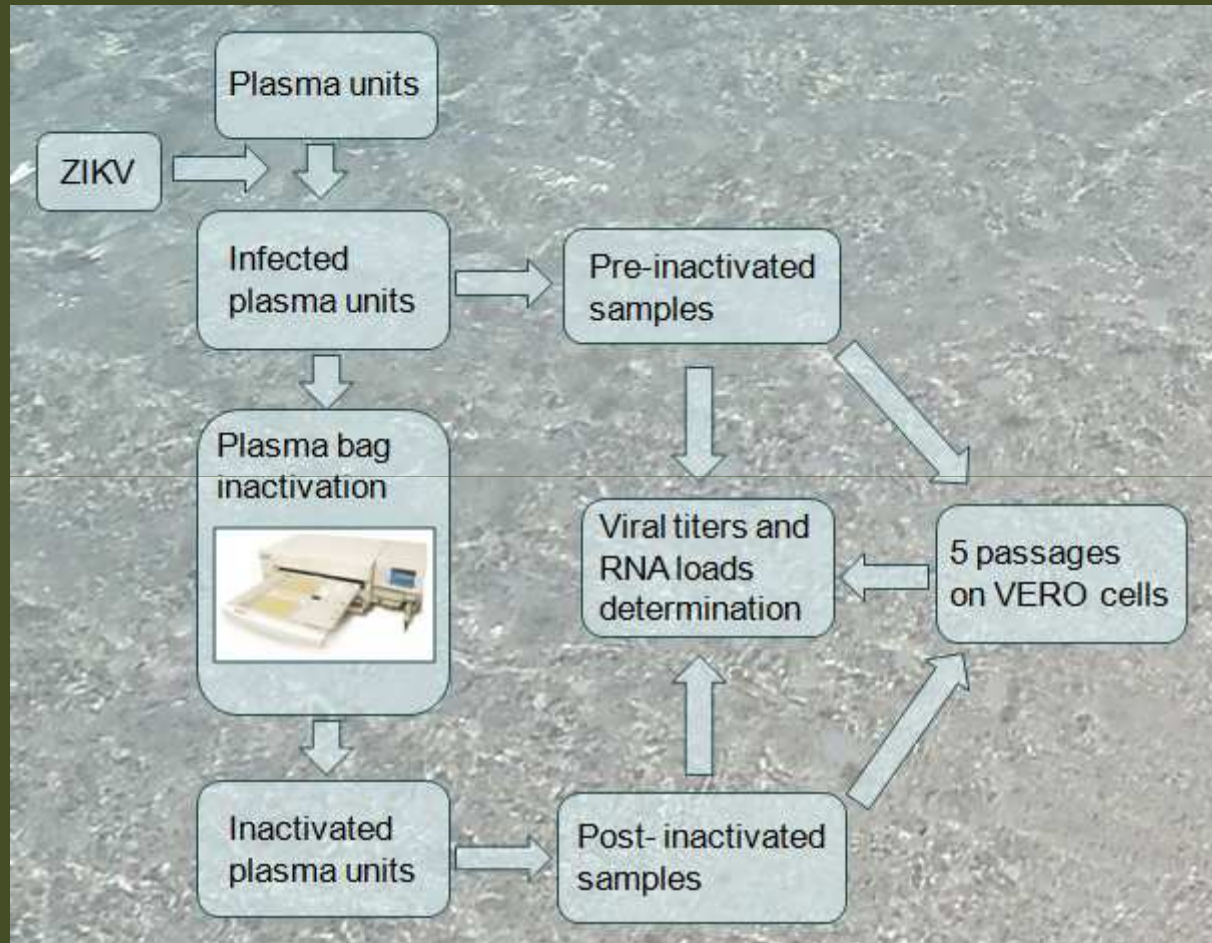
	Platelet (log reduction)	Plasma (log reduction)
WNV	> 6	> 6.8
CHIKV	> 6.4	> 7.6
DENV	> 5 (DENV 2,3,4)*	> 5.7** (DENV-1)
ZIKV	-	-

\* Dupuis, K, Arnold, D, and Sawyer, L. Transfusion 2012, 52: 225A

\*\* Musso D, Richard V, Broult J, Cao-Lormeau VM. Amotosalen and ultraviolet A illumination inactivation of dengue virus inactivation. Transfusion. 2014; doi: 10.1111/trf.12713

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# Validation of Intercept inactivation for ZIKV in plasma units



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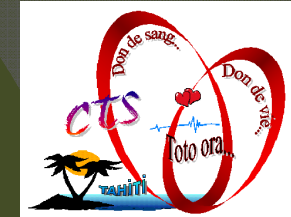
## Validation of Intercept inactivation for ZIKV in plasma units



Means ZIKV titers and RNA loads before and after inactivation		
Plasma samples	Mean viral titers (log <sub>10</sub> TCID <sub>50</sub> /mL)	Mean RNA loads (log <sub>10</sub> copies/mL)
Pre-inactivated	6.57	10.25
Post-inactivated	N	9.51
Post-inactivated after 1 <sup>st</sup> passage	N	3.86
Post-inactivated after 2 <sup>nd</sup> passage	N	N
Post-inactivated after 3 <sup>rd</sup> passage	N	N
Post-inactivated after 4 <sup>th</sup> passage	N	N
Post-inactivated after 5 <sup>th</sup> passage	N	N

N: no virus detected by IF or no RNA detected by PCR

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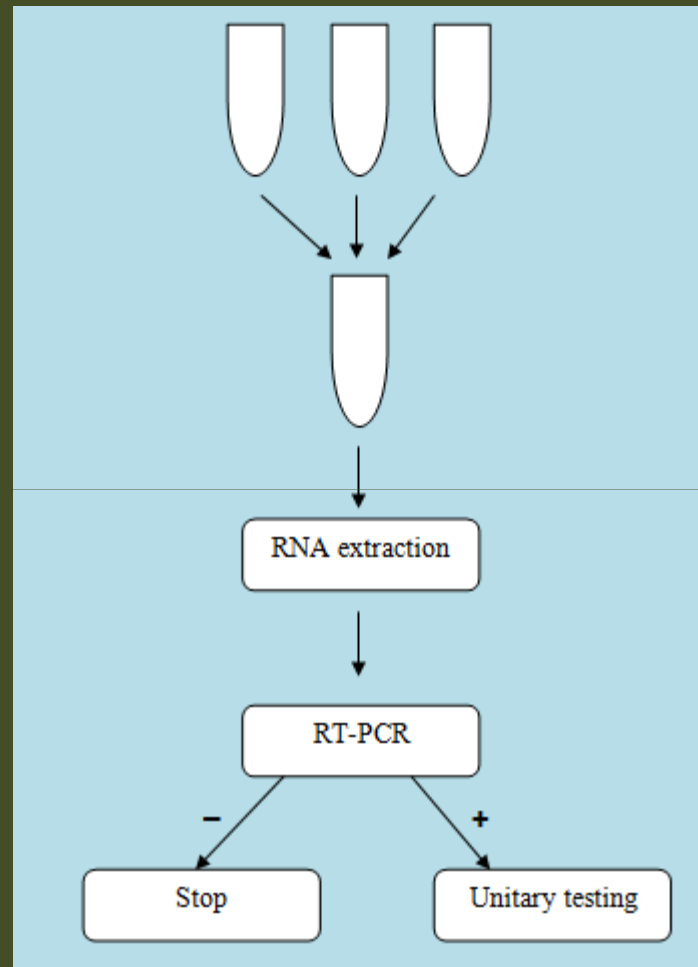


## Intercept and arbovirus update

	Platelet (viral titer log reduction)	Plasma (viral titer log reduction)
WNV	> 6	> 6.8
CHIKV	> 6.4	> 7.6
DENV	> 5	> 5.7
ZIKV	-	➤ 5.6 ➤ (10 log <sub>10</sub> copies /ml)

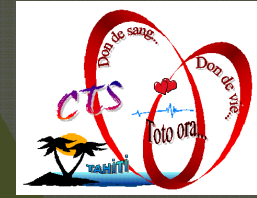
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## Nucleic acid testing for DENV, CHIKV and ZIKV





## Nucleic acid testing for DENV, CHIKV and ZIKV



### ZIKV

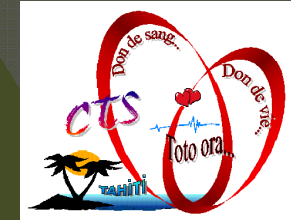
- 42 positives / 1,505 blood donors (2.8 %)
- Viral loads in asymptomatic blood donors : 3.40 to 6.91  $\log_{10}$  copies/mL (mean 4.85  $\log_{10}$  copies/mL)
- Intercept inactivate  $\geq 10 \log_{10}$ copies /ml +++

### CHIKV

- 34 positives / 3,656 blood donors (0.9%)

### DENV

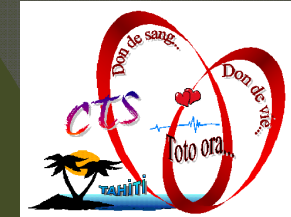
- 2 positives / 6.142 blood donors (0.03%)



## PI versus NAT, the French Polynesia experience

- When only 1 « emerging » or « atypical » pathogen is circulating : Including NAT in the panel of pathogen screening is possible, but it requires a center to have a molecular lab facility
- When 2 « emerging » or « atypical » pathogens are circulating : NAT is complicated, PI is certainly the best solution
- If more than 2 « emerging » or « atypical » pathogens are circulating : routine NAT is unreliable, PI is the only solution

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## The need for remote areas +++

A pathogen inactivation system that works in the same manner for red cells + plasma + platelets

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You are welcome in French Polynesia: we have more than viruses !



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