Donor health studies

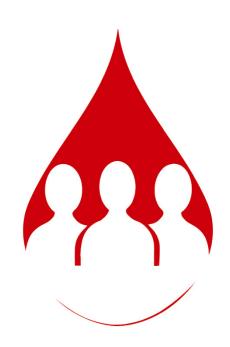
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Zika risk assessment: Incidence of transfusion during pregnancy

Zika infection in 1st and 2nd trimester associated with microcephaly

Zika infection in 3rd trimester associated with late-onset microcephaly?

In non-endemic areas:

What is the risk of donation from an infectious donor? What is the risk of transfusing that unit to a pregnant woman?

Transfusion of pregnant women in Denmark and Sweden

Denmark – pregnancies and transfusions 2000-2008

		Nui	mber of transfusi	ons	Total	% units transfused	% units transfused to women in 1st	Units per 1,000
Year	Births	1st trimester	2nd trimester	3rd trimester	Denmark	% units transfused to pregnant women	and 2nd trimester	births
2000	66,651	33	47	143	426,208	0.052	0.019	3.3
2001	64,698	33	49	116	458,452	0.043	0.018	3.1
2002	63,382	54	37	222	501,407	0.062	0.018	4.9
2003	63,868	23	49	220	490,803	0.059	0.015	4.6
2004	63,918	30	29	156	449,405	0.048	0.013	3.4
2005	63,512	45	38	169	444,289	0.057	0.019	4.0
2006	64,226	33	52	159	451,685	0.054	0.019	3.8
2007	63,928	24	50	198	450,716	0.060	0.016	4.3
2008	64,211	17	35	149	442,264	0.045	0.012	3.1
Sum/mean	578,394	292	386	1,532	4,115,229	0.054	0.016	3.8

Transfusion of pregnant women in Denmark and Sweden

Sweden – pregnancies and transfusions 2000-2010

		Nur	mber of transfusi	ons	Total	% units transfused	% units transfused to women in 1st	Units per 1,000	
Year	Births	1st trimester	2nd trimester	3rd trimester	transfusions in Sweden	to pregnant women	and 2nd trimester	births	
2000	87,250	48	68	437	624,154	0.089	0.019	6.3	
2001	87,926	34	45	380	592,107	0.078	0.013	5.2	
2002	92,152	46	79	283	576,704	0.071	0.022	4.4	
2003	94,604	71	43	394	672,820	0.076	0.017	5.4	
2004	95,101	170	96	367	672,614	0.094	0.040	6.7	
2005	94,627	97	62	570	678,802	0.107	0.023	7.7	
2006	97,226	123	154	637	691,146	0.132	0.040	9.4	
2007	97,536	73	90	325	714,968	0.068	0.023	5.0	
2008	98,659	57	80	424	723,143	0.078	0.019	5.7	
2009	99,372	73	108	590	743,006	0.104	0.024	7.8	
2010	103,814	55	234	658	720,608	0.131	0.040	9.1	
Sum/mean	1,048,267	847	1,059	5,065	7,410,072	0.094	0.026	6.7	

Transfusion of pregnant women in Denmark and Sweden

- 11,525,301 units and 1,626,661 pregnancies
- percentage of products used for pregnant women was low but much higher in Sweden than in DK (0.094% vs. 0.054%)
- The number of units used per pregnancy is about 75% higher in Sweden (6.7 vs. 3.8 units/1,000 pregnancies)
- 1-2 women per 1,000 pregnancies require transfusion

Conclusion

• 5-9 per 10,000 units of blood are transfused to pregnant women

Low hemoglobin and risk of infection

- Low Hb is associated with poor general health and linked to anemia of chronic disease
 - => increased risk of infection?
- Iron is needed by replicating microorganisms
 decreased risk of infection?
- Association between Hb and risk of infection among healthy individuals not yet investigated.
- 1998-2012: 497,390 donors; 5,458,499 donations; window: 3 months after each donation; 1,339,362 person years of observation

Low hemoglobin and prescriptions of anti-microbials

	Pre-menopausal women				Post-menopausal women				Men			
	Events	Person years at risk	HR	95%CI	Events	Person years at risk	HR	95%CI	Events	Person years at risk	HR	95%CI
Deferral <12.6/13.6 g/dL	29,539	74,158	0.92	0.91-0.93	3,741	11,858	0.93	0.89-0.97	5,994	28,903	0.91	0.88-0.94
No deferral (reference)	159,025	375,022	1		41,685	122,975	1		174,135	746,528	1	
Very low Hb <0.1%	167	517	0.8	0.67-0.93	46	232	0.67	0.45-1.00	329	1,502	1.06	0.89-1.25
No very low Hb (reference)	188,397	448,663	1		45,380	134,601	1		179,800	773,928	1	

Adjusted for age, similar when stratified for previous year donation frequency

Low hemoglobin and risk of infection

Conclusions:

- Hb below deferral guidelines was not associated with risk of hospital contact due to infection.
- Hb below deferral guidelines was associated with a slightly reduced risk of filling a prescription for antimicrobials:

HR: 0.91-0.93

(Kotze et al, in revision)

Upcoming: Nation-wide pseudo-cluster-randomised trial of ferritin-guided iron supplementation: Does iron supplementation affect risk of infection?

The Danish Blood Donor Study - Status

Initiated March 2010

I 10,000 blood donors have been included

Work dataset: 92,000 participants; 350,000 person-years of follow-up by June 2015

All baseline samples transferred to automated sample management system

DNA purified from 55,000 samples

>600,000 plasma archive samples from <u>every donation</u> available for research

S. aureus colonisation among healthy individuals

 A nasal swab has been obtained from 2,500 donors; aim 10,000

 Primary aim: to study the associations of S. aureus colonisation with morbidity (infections, metabolic disorders, autoimmune diseases)

Secondary aims:
 Nasal microbiome and donor morbidity

 S. aureus/nasal microbiome and recipient outcome



Nasal S. aureus colonisation among healthy individuals

	Women					Men					
	Total	Total S. aureus po		oositive S. aureus negative		Total	S. aureus positive		S. aureus negative		
	n	n	%	n	%	n	n	%	n	%	
Number of participants:	758	246	32	512	68	1141	516	45	625	55	
Age<25:	144	58	40	86	60	141	71	50	70	50	
25≤age<35:	198	74	37	124	63	325	146	45	179	55	
35≤age<45:	129	41	32	88	68	248	120	48	128	52	
45≤age<55:	155	39	25	116	75	221	97	44	124	56	
Age≥55:	132	34	26	98	74	206	82	40	124	60	
BMI, kg/m2	26.8 (25.1-28.6)	24.4 (23.9-24.9)		24.7 (24.4-25.1)		25.7 (25.4-26.1)	25.6 (25.3-25.9)		25.3 (25.1-25.6)		
Current smoker (%)	rent smoker (%) 10.2 6.4		12.1		9.2	6.5		11.4			

S. aureus colonisation: lower with age (OR=0.85 with 10 year older), smoking (OR=0.51) and female sex (OR=0.60)

Enhancement broth: more S. aureus than previously thought

Women have lower concentrations of bacteria than men

Decreasing smoking prevalence: the reason for the increasing prevalence of *S. aureus* colonisation?

Colonisation and transfusion risk?

S. aureus colonisation and HLA

HLA-DRI5 is associated with colonisation Odds ratio for DRI5 carrier: 1.84 (Cl: 1.08-3.16)

Tendency for HLA-DQ6: Odds ratio 1.55 (CI: 0.98-2.45)

Kotb et al, Nature Medicine 2012 Invasive group A streptococcal infections:

Patients with the DRB I * I 50 I / DQB I * 0602 haplotype mounted significantly reduced responses and were less likely to develop severe systemic disease (P < 0.000 I).

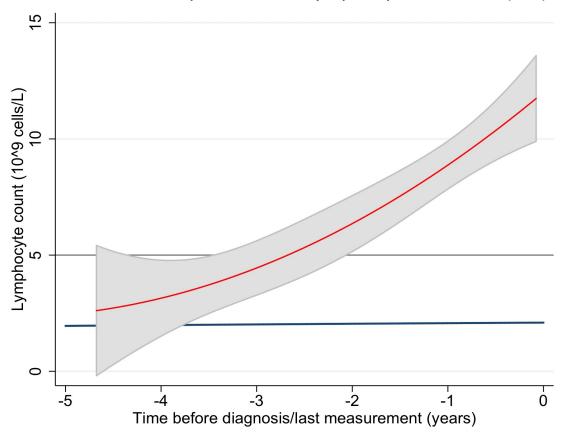
Risk assessment of donors using hematology analyzer data (unfortunately not infection-related...)
Prediction of chronic lymphatic leukemia

• Sysmex and hemoglobin measurements: Full white cell differential: 65,000 measurements /y Red cell parameters: approx. 150,000 measurements /y

Proof of concept:

- One small donation facility: 118,430 lymphocyte measurements from 15,448 donors during 13 years
- 32 donors had I to several measurements of lymph.>5
- 7 donors subsequently diagnosed with CLL
- HR: 1499 (95% CI: 270-8317)

Lymphocyte counts among blood donors with and without subsequent chronic lymphocytic leukemia (CLL)



Criteria: age>40 years and lymph. >5 × 109 cells/L

Sensitivity: 100% (59-100)

Specificity: 99,94% (99,89-99,97)

Positive predictive value: 41% (18-67)

Conclusions

We bleed donors with CLL

No evidence of transmission of chronic lymphocytic leukemia through blood transfusion

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(Blood 2015)

- Donors should be informed and offered counselling
- New medicine early intervention may be feasible for some mutations
- Sysmex data immense possibilities

Upcoming:

Donor disclosure

Collaboration with Brian Custer

GWAS

- 20,000 samples to be typed
- Collaboration with deCode
- Research and blood center operation:

Blood types and HLA types to be imputed

Donor disclosure

- 5,458,499 donations, 414,119 prescriptions for antimicrobials filled within 3 months of donation
- Incidence rate of 0.3 prescriptions/year
- 7.6% of our donors fill a prescription for an antimicrobial within 3 months of each donation

- How many fill a prescription within 2 weeks of donation?
- Could some of the infections affect recipient health?

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Give blood, save lives, create knowledge

