

**Blood Donation**

Code: 43316  
ECTS Credits: 10

Degree	Type	Year	Semester
4314643 Transfusion Medicine and Advanced Cell Therapies	OB	0	1

**Contact**

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**Other comments on languages**

The working language is English but the use of Spanish is also allowed. The course material will also be in English.

**Use of Languages**

Principal working language: english (eng)

**Teachers**

Sílvia Sauleda Oliveras

Maria Piron

Arturo Pereira Saavedra

**Prerequisites**

Level B2 in English or equivalent.

**Objectives and Contextualisation**

In this module students study the complete process of blood donation: promoting donation, donation procedures (donor selection criteria, apheresis, complete blood donation), laboratory analysis of blood and finally different methods for obtaining blood components for transfusion.

**Competences**

- Communicate and justify conclusions clearly and unambiguously to both specialist and non-specialist audiences.
- Design and develop research using appropriate methodologies.
- Design secure strategies in the donation process in accordance with European regulation.
- Integrate knowledge and use it to make judgements in complex situations, with incomplete information, while keeping in mind social and ethical responsibilities.
- Select, attend to and ensure the loyalty of long-term donors.
- Work in multidisciplinary teams.

**Learning Outcomes**

1. Classify distinct types of donation and the factors affecting blood-product quality.
2. Communicate and justify conclusions clearly and unambiguously to both specialist and non-specialist audiences.
3. Describe distinct methodologies for the production of blood products.
4. Describe the quality indicators of blood products.
5. Design and develop research using appropriate methodologies.
6. Design donor interviews and physical examinations.
7. Evaluate donor questionnaires.
8. Identify key needs in donor selection and loyalty-assurance.
9. Integrate knowledge and use it to make judgements in complex situations, with incomplete information, while keeping in mind social and ethical responsibilities.
10. Interpret the significance of distinct infectious markers.
11. Understand the fundamental concepts of European regulation on donation and how these apply to daily practice.
12. Work in multidisciplinary teams.

## **Content**

1. Introduction.
2. Promotion of blood donation.
  - 2.1. Voluntary vs. Remunerated donation.
  - 2.2. Participation in volunteer associations for the promotion of donation.
3. Blood donation.
  - 3.1. Donor selection criteria.
  - 3.2. Care and information given to blood donors.
  - 3.3. Blood donation.
4. Analysis of the blood donation.
  - 4.1. Detection of infectious diseases.
  - 4.2. Immunohaematological testing of the blood donation.
5. Blood components for transfusion.
  - 5.1. Primary blood fractioning and conservation of blood products.
  - 5.2. Reduction of pathogens in blood products.
  - 5.3. Risk of bacterial contamination in haemoderivates.

## **Methodology**

The methodology for this course is active and constructive. It does not only contemplate the content but also reading, reflecting and applying knowledge to reasonably close situation to create meaningful learning.

Students will work on real life examples and case studies, reflecting on complex and relatively unstructured situations to find adequate solutions.

Faithful to the proposed methodology, students form the centre of the learning process and generate knowledge by interacting significantly with their peers, with the teaching materials and with the environment. This programme not only teaches training in a virtual environment but also allows them to experience their learning every day.

At the beginning of the unit, the teacher will present a learning plan to the group with specific objectives, learning activities, the necessary resources and recommended deadlines for each activity.

The dates for carrying out the activities are recommended in order to be able to follow the course. The only fixed dates are the beginning and end of each teaching unit. This means that students can do their own planning but they must respect the dates for the beginning and the end of each unit.

Students are recommended to work in a continuous and consistent manner and not allow tasks to accumulate around the deadlines, which may lead to haste, undue time pressure and not allow the students to enjoy their learning or carry out additional reflections. Also the course offers group activities which require synchronisation among the group.

Some of the activities must be send online to the teacher for assessment and receive feedback of progress. Teachers will return the work with comments and together the students can continue to think and learn. The deadline for each of these activities is the end of the teaching unit. Other activities will consist in discussion and working together in shared spaces.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Discussions in the Virtual Campus	39	1.56	5, 8, 10, 9, 2, 12
Type: Supervised			
Elaboration of projects	21	0.84	7, 5, 10, 8, 9, 2, 12
Virtual cases/Problem solving	21	0.84	7, 5, 10, 8, 9, 2, 12
Type: Autonomous			
Personal study	23	0.92	7, 1, 11, 3, 4, 6, 5, 8, 10, 9, 2, 12
Reading articles/Reports of interest/Videos	23	0.92	7, 1, 11, 3, 4, 6, 5, 8, 10, 9, 2, 12
Test/Scheme	23	0.92	5, 10, 9, 2, 12

## Assessment

The module will be assessed on the following activities:

1. Open discussion. Recruitment of donors. This activity counts for 25% of the final grade for module 1. Students are expected to discuss different strategies for recruiting donors and researching normal practices in their countries of origin.
2. The SOP for blood donation. This activity counts for 12.5% of the final grade for module 1. Students must offer standard operating procedures with stages for the traceability of the donor.

3. Scheme. This activity counts for 12.5% of the final grade for module 1. Students must provide a brief description of the critical stages in this process relating to the quality and safety of the donor and the safety and effectiveness of the blood product.

4. Algorithm. This activity counts for 25% of the final grade for module 1. Students are expected to discuss the available safety strategies with respect to the transmission of infectious diseases according to different scenarios.

5. Multiple choice test. This test counts for 25% of the final grade for module 1. The objective of the test is to see whether students are familiar with the quality control procedures for blood components.

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Algorithm	25%	25	1	3, 5, 10, 9, 2, 12
Blood donation SOP	12,5%	15	0.6	7, 1, 11, 6, 5, 9, 2, 12
Multiple choice test	25%	25	1	4, 5, 9, 2, 12
Open discussion: Donor recruitment	25%	10	0.4	5, 8, 9, 2, 12
Scheme	12,5%	25	1	7, 1, 11, 6, 5, 9, 2, 12

## 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: 719 719-730. 2006.

Ramírez-Arcos S, Jenkins C, Dion J, Bernier F, Delage G, Goldman M. Canadian experience with detection of bacterial contamination in apheresis platelets. *Transfusion* 47: 421-429. 2007.

Del Río-Garma J, Alvarez-Larranz A, Martínez C, Muncunill J, CastellàD, et al. Methylene blue photoinactivated plasma versus quarantine fresh frozen plasma in thrombotic thrombocytopenic purpura: a multicentric, prospective cohort study. *Brit. J. Haematology* 2008 Sep;143(1):39-45.

Pereira A. Medidas de seguridad viral 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 or 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 Río J, Ramírez C, Albo C, Peña F, et al. Methyleneblue-photoactivated 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, Müller 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, Müller 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. *Microbiology* 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, Störmer 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.

Störmer 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, Klüter 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, Martínez 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, Roldán 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, Müller 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.