News From Central Processing
by Marilyn Hamilton, MD, PhD

New Supervisor: Natasha Hundley is the new supervisor in Central Processing. She grew up in Chicago and worked as a phlebotomist during her college years. She received her MT (ASCP) five years ago from Avila. She most recently worked as a general lab coordinator in Cameron, Missouri. We are very happy to have her with us.

New Temporary Location: As part of the lab remodel, mostly to remedy our ventilation problems, Central Processing is now in a temporary location deep inside the lab. Once this phase is complete, sometime in November, Central Processing will again be right next to the Main Lab entrance door to make it easier to drop off specimens.

Ordering Tests for West Nile Disease: There are now mnemonics in Order Entry in Meditech for ordering testing for West Nile Virus. These tests will be sent to the Missouri State Public Health Laboratory.

<table>
<thead>
<tr>
<th>Mnemonic</th>
<th>Test</th>
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<tbody>
<tr>
<td>WNVABS</td>
<td>West Nile Virus Antibodies (serum)</td>
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<tr>
<td>CSFWNVAB</td>
<td>CSF West Nile Virus Antibodies</td>
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The following information is taken from the Missouri State Public Health Laboratory Internet site.

Serum samples should be collected in a red top or gold gel tube. Single serum samples will be treated as acute specimens (0-10 days after onset of symptoms) and will be tested for IgM antibodies only, unless it is specified to be a convalescent serum (2-4 weeks after onset of symptoms). Paired serum samples will be tested for acute IgM antibodies in the acute specimen and IgG antibodies in both the acute and convalescent specimen. Serum specimens will be tested for Arbovirus serology against antigens for the following:

- Flavivirus Group (West Nile, St. Louis Encephalitis)
- Eastern Equine Encephalitis
- Western Equine Encephalitis
- LaCrosse/California Encephalitis Group

CSF specimens should be collected as soon as possible after onset of symptoms and will be tested for IgM to Flavivirus only.

Additional information, which is helpful for interpretation includes:
1. Date of onset of symptoms
2. Travel history for 3 months prior to onset

Specimens positive for the Flavivirus Group will be sent to the CDC for confirmation by 2 different assays. If positive in both of these assays the test is considered confirmed for WNV. If positive in only 1 of these assays the specimen is considered to be probable for WNV. As of September 17, the State of Missouri had received 4 results from the CDC – 2 confirmed and 2 probable.
New Audit Criteria Effective October 1

The Transfusion Committee has spent over a year reevaluating our Transfusion Audit Criteria. Our review has been based on American Association of Blood Banks Guidelines for Blood Utilization Review published in 2001 as the guidelines applied to pediatrics and on a review of audit criteria used by other pediatric institutions. The Audit Criteria are not clinical guidelines, but are the criteria used by Utilization Review to retrospectively review 1 in 5 transfusions to determine if the transfusion met Audit Criteria. The biggest changes are in the criteria for platelets and FFP.

- Platelet counts as low as 10,000 are considered acceptable for stable, non-bleeding patients over 4 months old.
- Platelet counts as low as 50,000 are considered acceptable with active bleeding, requiring invasive procedure or at risk for organ or intracranial hemorrhage in patients over 4 months old.
- FFP- there are now minimal PT/PTT of > 18/43 (1.5 times the normal values) with active bleeding or requiring invasive surgery for patients over 4 months old.
- There are many additional Audit Criteria for both platelets and FFP designed to address the multiple clinical conditions.

There is a new companion requisition. This requisition must be fully completed or it will be returned for completion. In the near future, the Transfusion Requisition will be on the computer available for Provider Order Management. Incomplete requisitions will not transmit.

CMH To Present Poster at American Association of Blood Banks Expo this Month

Marilyn Hamilton, MD, PhD, on behalf of the Transfusion Services Laboratory and the Community Blood Center of Kansas City, will present a poster titled “Limitation of Donor Exposures by Transfusing Packed Red Blood Cells and Fresh Frozen Plasma from the Same Donor: A Feasibility Study.” In this 3-month trial, we eliminated 132 exposures for 106 patients. To our knowledge, we are the only hospital in the United States with a matching program. We hope presenting this poster will encourage other hospitals to try it.

West Nile Virus and Blood

It is likely that WNV can be transmitted by transfusion. However, at this time CDC says, “At present, data is insufficient to indicate any changes to existing blood donor screening and testing practices.” To assist in gaining some understanding of the situation, the CDC has requested, “…unexplained meningitis or encephalitis, which developed 3-21 days after receipt of a blood transfusion should be reported to local or state health departments.” There have been recent meetings aimed at the development of assays for WNV, which could be used by blood banks. WNV is a lipid-enveloped virus and is destroyed by the normal procedures used to process large pools of plasma for specific factor concentrates, such as Factor 8.