Update on the use of CMV seronegative blood components

NHSBT contacted 166 Trusts to draw their attention to the recommendations made in the SaBTO CMV position statement, and requesting information on their anticipated future use of CMV seronegative components.

By 24 July, 106 out of 166 Trusts had responded, but many are finding it difficult to predict their future plans and most have provided only rough estimates of when they may make a change and what this change may be.

Timing of changes

Estimates of the time taken to implement any changes are given in Table 1.

Table 1 Estimated time for hospitals to implement SaBTO recommendations

Time to implement SaBTO advice				
0-3 months	3-6 months	6-12 months	Not at all	Not Stated
46	24	9	8	19

- *Hospitals that have already implemented SaBTO advice or already had similar protocols have been included in the 0-3 month's category.*
- *Hospitals whose practice is dictated by tertiary referral site are included in 'not stated'*

Extent of changes

The estimates of the reduction of CMV seronegative components used by hospitals is shown in Table 2. This does not give absolute numbers, and a small percentage change by a large user may be more significant than a large change by a small user. The most significant anticipated change is at Kings College London who anticipate a 90% reduction in the 23,000 units they currently use.

Table 2 Estimated reduction in demand for CMV seronegative components

Estimated reduction in CMV seronegative component usage					
Increase	0-25%	25-50%	50-75%	75-100%	No Estimate
3	40	12	13	29	3

- *The 0-25% category includes both those Trusts that already had similar protocols (eg John Radcliffe) and those that plan on not implementing the SaBTO advice (eg Southampton). This may also affect the practice of the referring hospitals.*

Potential issue

Some hospitals have responded to say that their practice is reliant on the protocols of their Tertiary referral centres (for transplant especially) so they cannot provide a response. Further, many have decided that they cannot implement any change if the

Tertiary referral site has adopted different practice. A recent example of this is for hospitals that have already adopted the recommendations but who provide paediatric oncology shared care unit (POSCU) services to Great Ormond Street Hospital. GOSH has written to the hospitals expressing their disagreement with the guidance and asking that the POSCUs use CMV seronegative components for paediatric stem cell recipients (see Appendix)

Whilst it is not in SaBTO's remit to attempt to resolve this disagreement, members should be aware of these issues.

Stephen Thomas (based on a paper from Teresa Allen, NHSBT)
SaBTO Secretariat
21 Aug 2012