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Canadian Blood Services

Leveraging capacity for public health surveillance

SARS-CoV-2 and beyond

Public Health Ontario Rounds
August 8, 2023

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Associate Director, Epidemiology & Surveillance



I have no conflicts of interest

Funding

The SARS CoV-2 seroprevalence study was funded by the **Government of Canada** through the COVID-19 Immunity Task Force



**COVID-19
IMMUNITY
TASK FORCE**

**GROUPE DE TRAVAIL
SUR L'IMMUNITÉ
FACE À LA COVID-19**

Objectives

1. Explain the similarities and differences between blood donors and the general population
2. Describe key findings from the Canadian Blood Services SARS-CoV-2 seroprevalence study
3. Discuss the role that blood donors can play in public health surveillance post-pandemic



Where are you currently working (main job)?

- Public Health Ontario
- Public health (other province)
- A university
- The pharmaceutical industry
- A blood service
- Other not for profit organization
- Other
- Retired

Which answer best describes Canadian Blood Services?

- A public health organization
- A biologics manufacturer (collect blood, make and distribute blood products)
- Both
- Neither

Blood donors for public health surveillance

Blood donors for public health surveillance

They are demographically different – mostly high income white city dwellers

They're at really low risk of infections (screening questions plus they're all super cautious)

They're ultra healthy, totally not like ordinary people

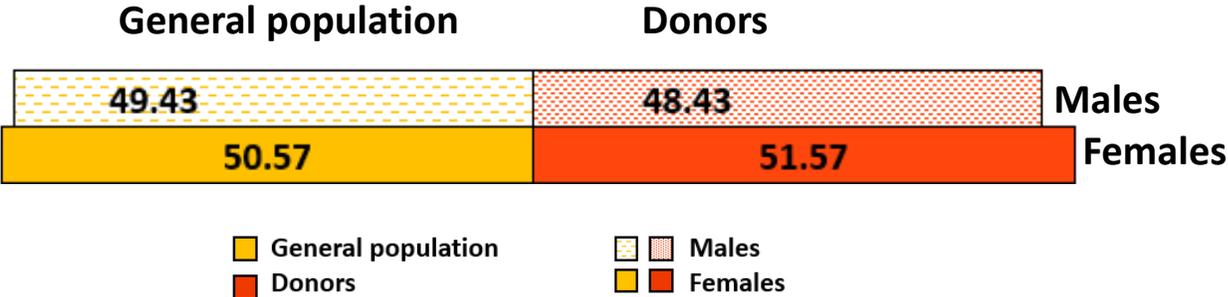


Demographics

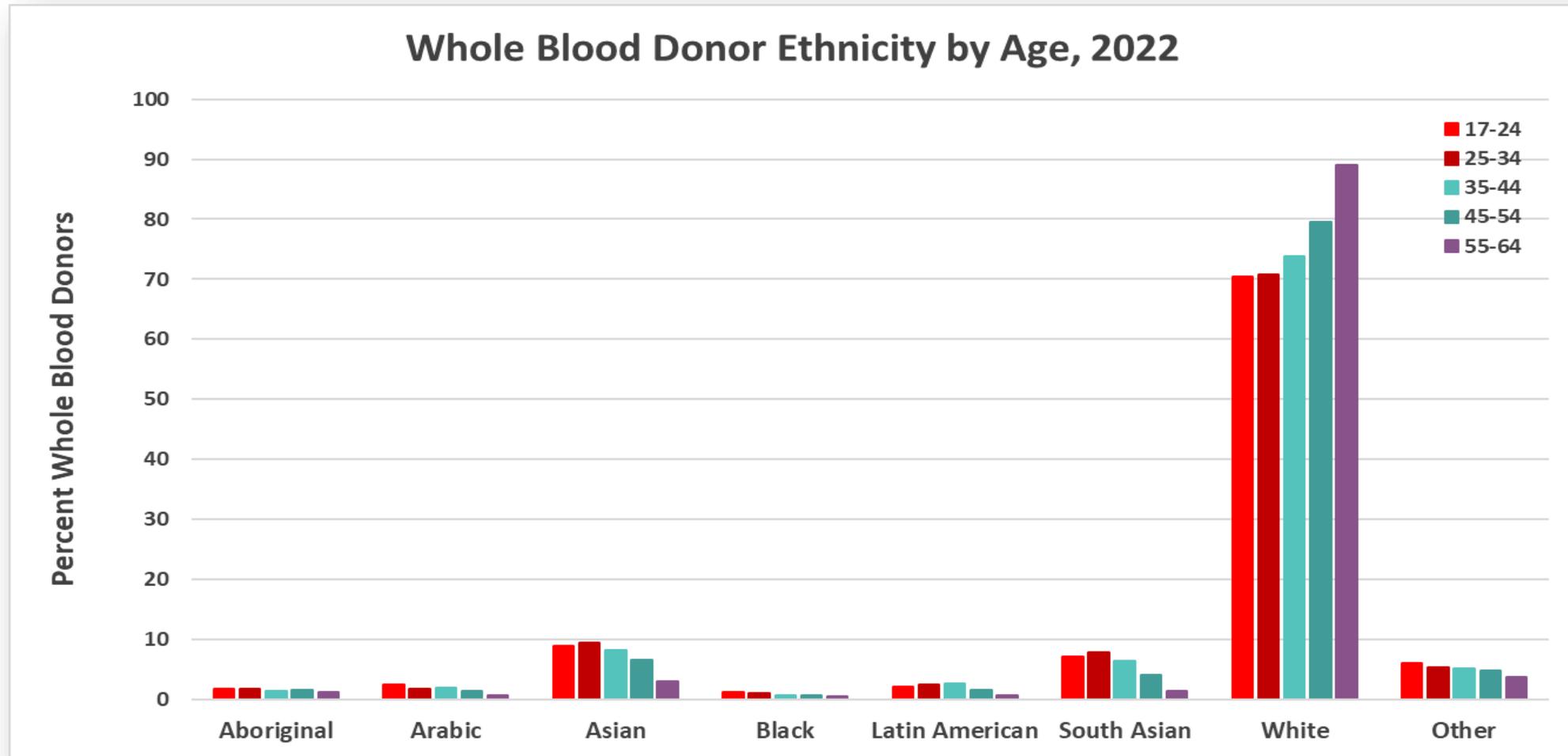
- Donor criteria vary by country
- In Canada we regularly revise the deferral criteria and have reduced deferral for many of the health criteria
- Need to be careful interpreting donor results from different countries and from different times



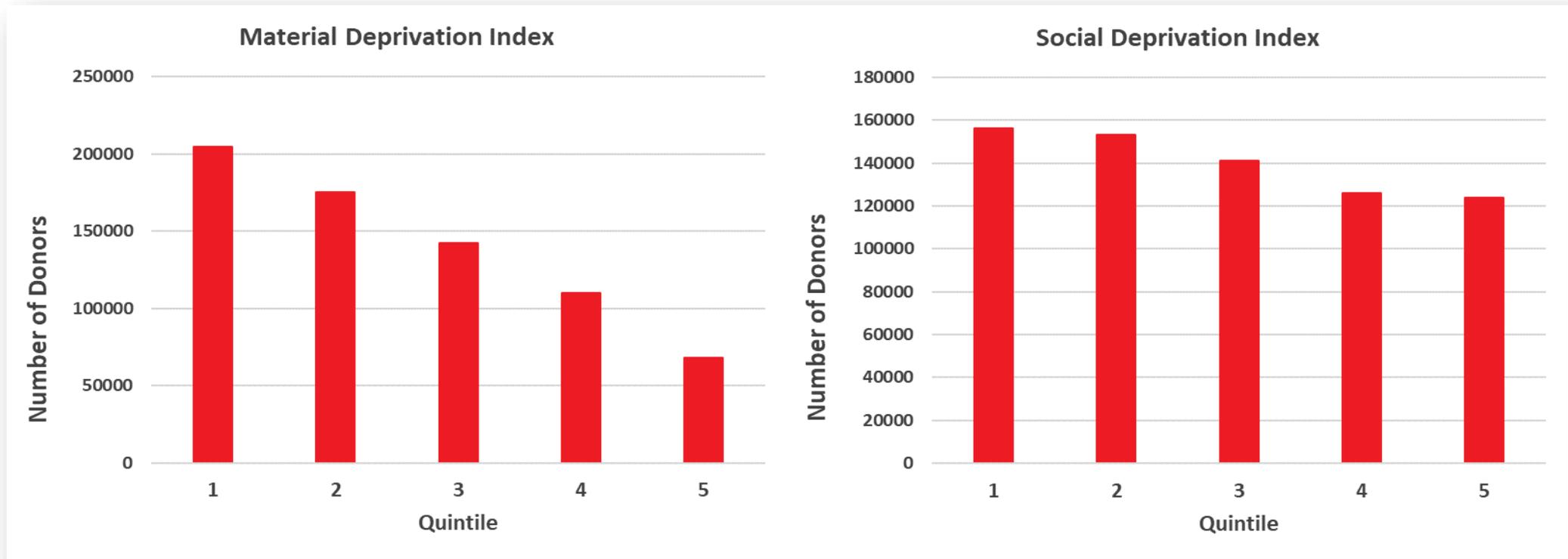
Demographic comparison



Ethnic Group



Pampalon social and material deprivation indices Whole blood donors – 2022

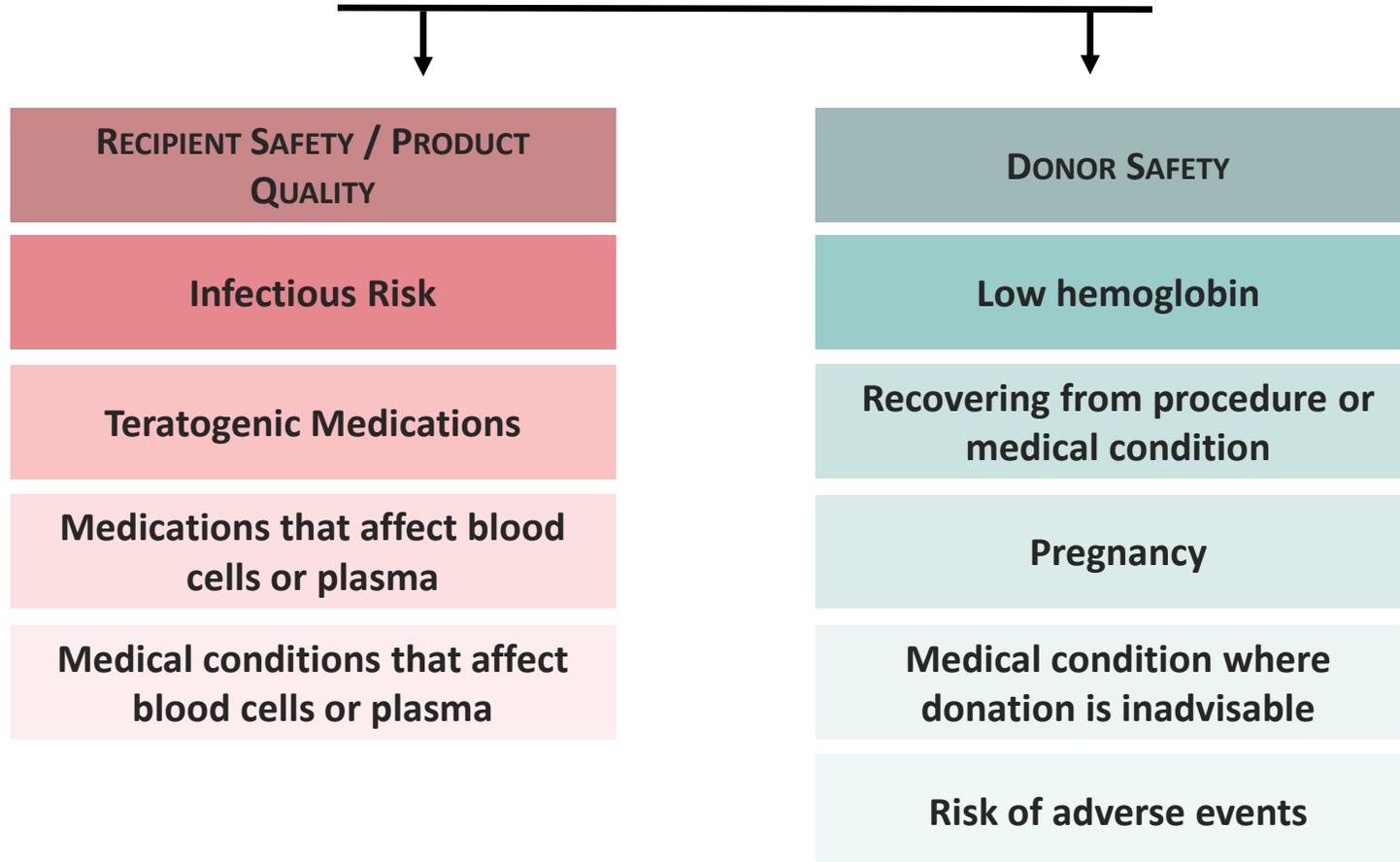


Geographic Distribution

- Approximately 850,000 donations per year from about 400,000 donors
- From all provinces except Quebec
- From all major cities and most smaller cities and surrounding areas
- About half of collections from mobile sites, half from permanent sites

Health Criteria

REASONS FOR DEFERRAL



Donor Health Criteria (Temporary deferrals)

- There are many temporary deferral criteria which will defer:

People who are currently unwell

or

Are taking medications that may cause health problems to the recipient
(includes some vaccines)

- **Note:** diabetics, controlled hypertension, many people with heart conditions and most recovered cancers are eligible if well.
- Pregnancy and anemia are temporary deferrals.

Donor Health Criteria (Permanent deferrals)

- Cancer - hematologic and melanoma
- Crohn's Disease
- Congestive Heart Failure
- Cirrhosis
- Stroke (from non-reversible conditions)
- Renal impairment
- Immune deficiency disorder

Danish Blood Donor Study

- National donor study for health research
- Donors are invited to participate at registration (95% consent)
- Complete a health and lifestyle questionnaire
- Includes a biobank
- Linkage to health and pharmaceutical databases in Denmark



Body Mass Index and smoking status

The Danish Blood Donor Study

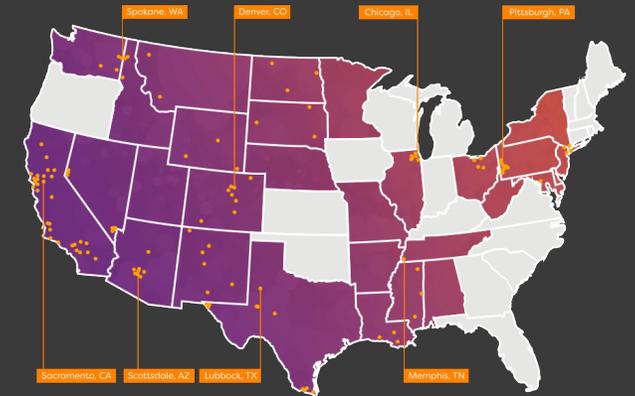
	Females N = 18,120	Males N = 19,688
Age		
>= 30	31.2%	24.2%
31-40	23.2%	25.3%
41-50	23.7%	24.7%
51-60	16.0%	18.0%
>60	5.8%	7.9%
Current smoker		
	17.0%	16.0%
BMI		
25-30	25.0%	41.0%
>30	10.0%	10.0%

ORIGINAL PAPER

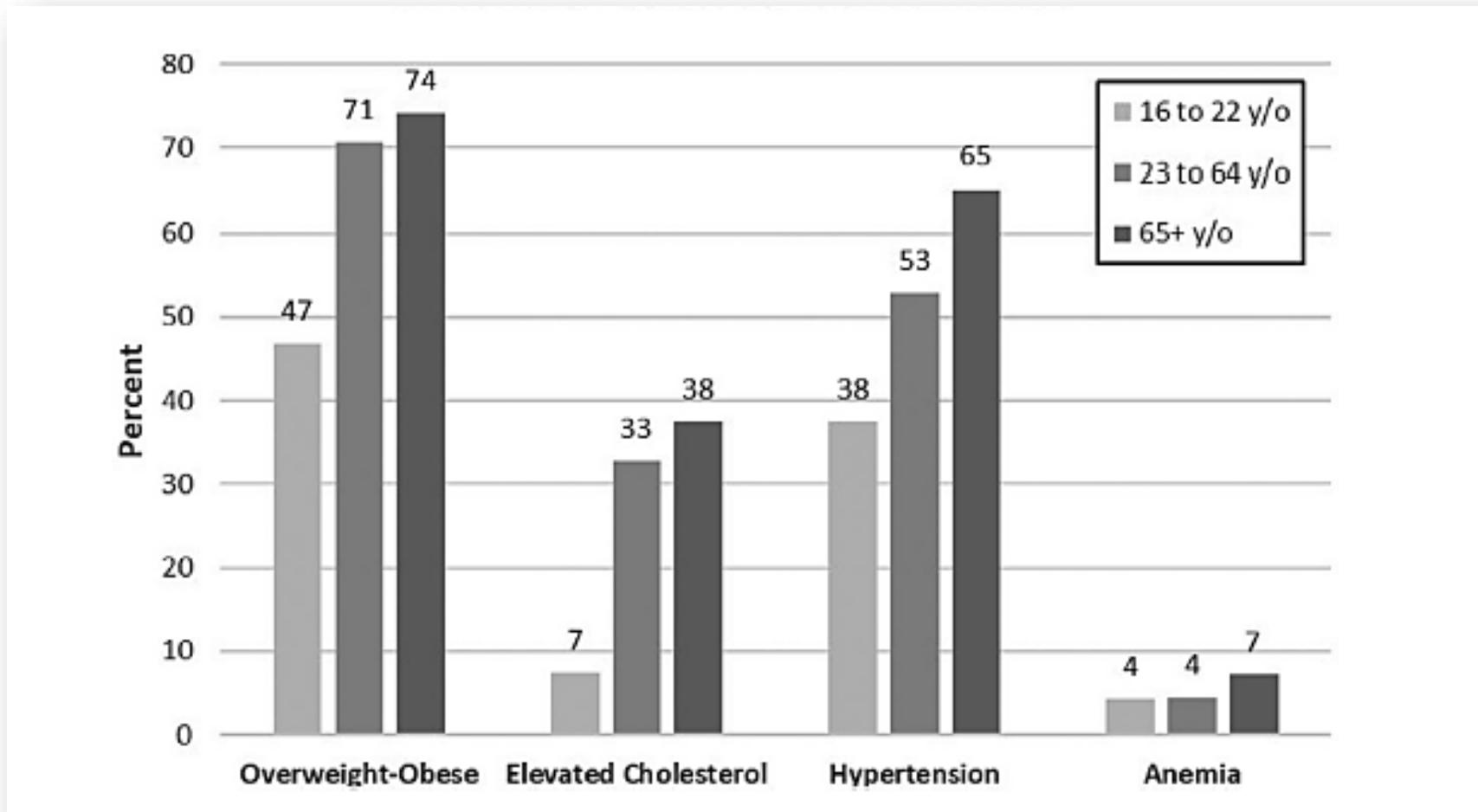
Characterization of health issues in young first-time blood donors

Jonathan A. Hughes,  Marjorie D. Bravo,  Mary Townsend  & Hany Kamel
Vitalant Medical Affairs, Scottsdale, AZ, USA

- Analyzed 1.6 million first time blood donors
- From 26 centers in 19 states across the USA
- Hypertension SBP >130, DBP >80 mmHG
- Overweight BMI 25-29, Obese BMI > 30
- Cholesterol borderline/high >200 mcg/dL



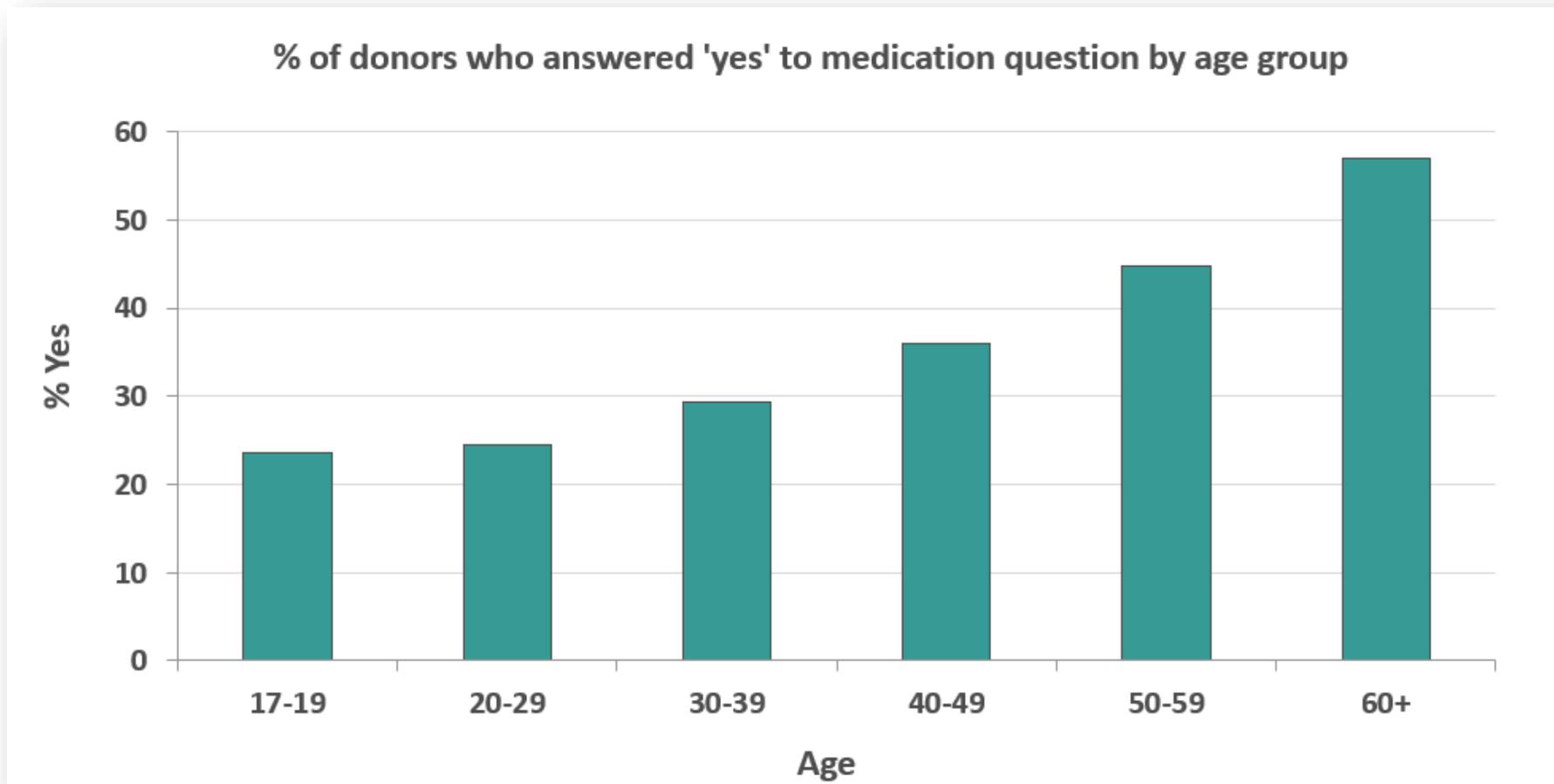
Health attributes in first-time donors



Of young donors who continued to donate these health indicators generally became worse (monitored over 9 years)

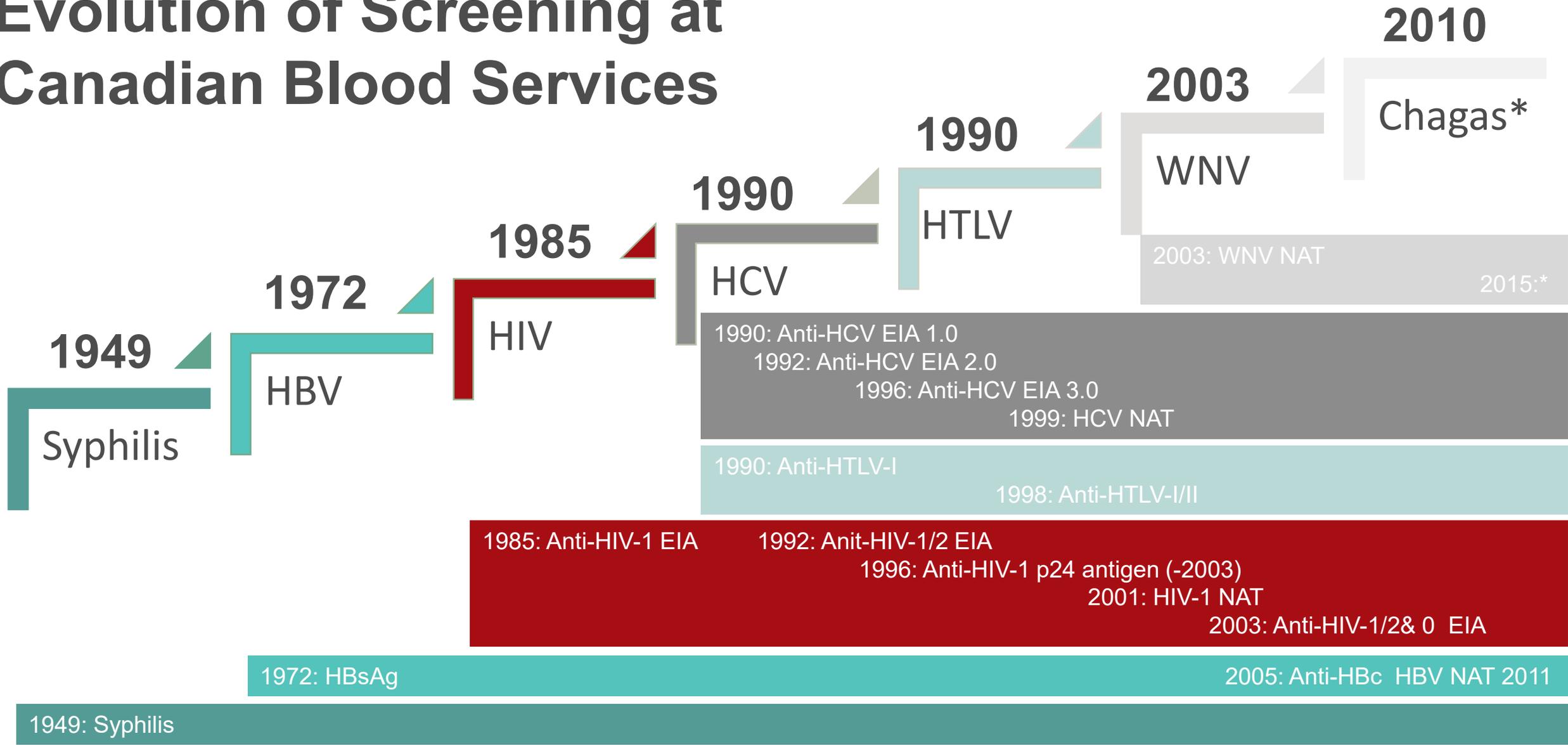
Donor History Questionnaire

Medications in the last 3 days (excludes birth control and vitamins)



Infectious Risk Criteria

Evolution of Screening at Canadian Blood Services



* Selective testing (not all donors), based on prespecified risk factors

Most infectious risks are addressed with temporary deferral

- Feeling unwell
- Had a shot for exposure to HBV
- Recent hepatitis or exposure
- Tattoo, skin or ear piercing
- Acupuncture or electrolysis (not deferred if sterile, single use needles)
- Needlestick injury
- Transactional sex
- Anal sex with a new partner or more than one partner
- History of malaria, Chagas, Babesiosis, Leishmaniasis (indefinite deferral)
- Travel to risk areas (malaria, Chikungunya, Zika, vCJD)

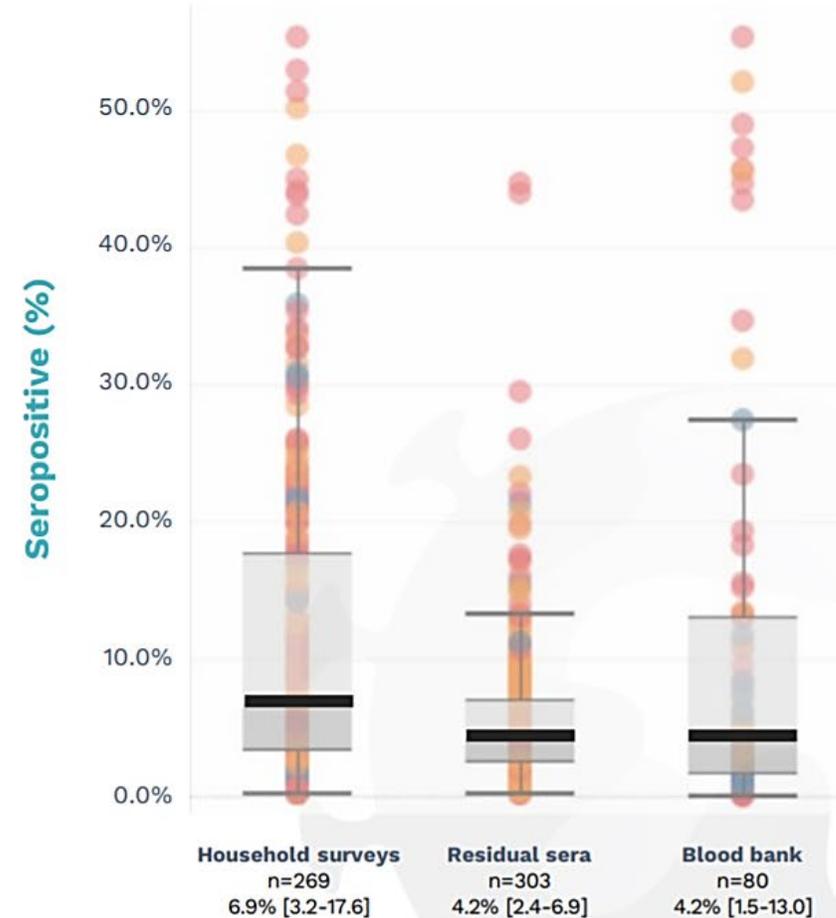
COVID-19 Immunity Task Force



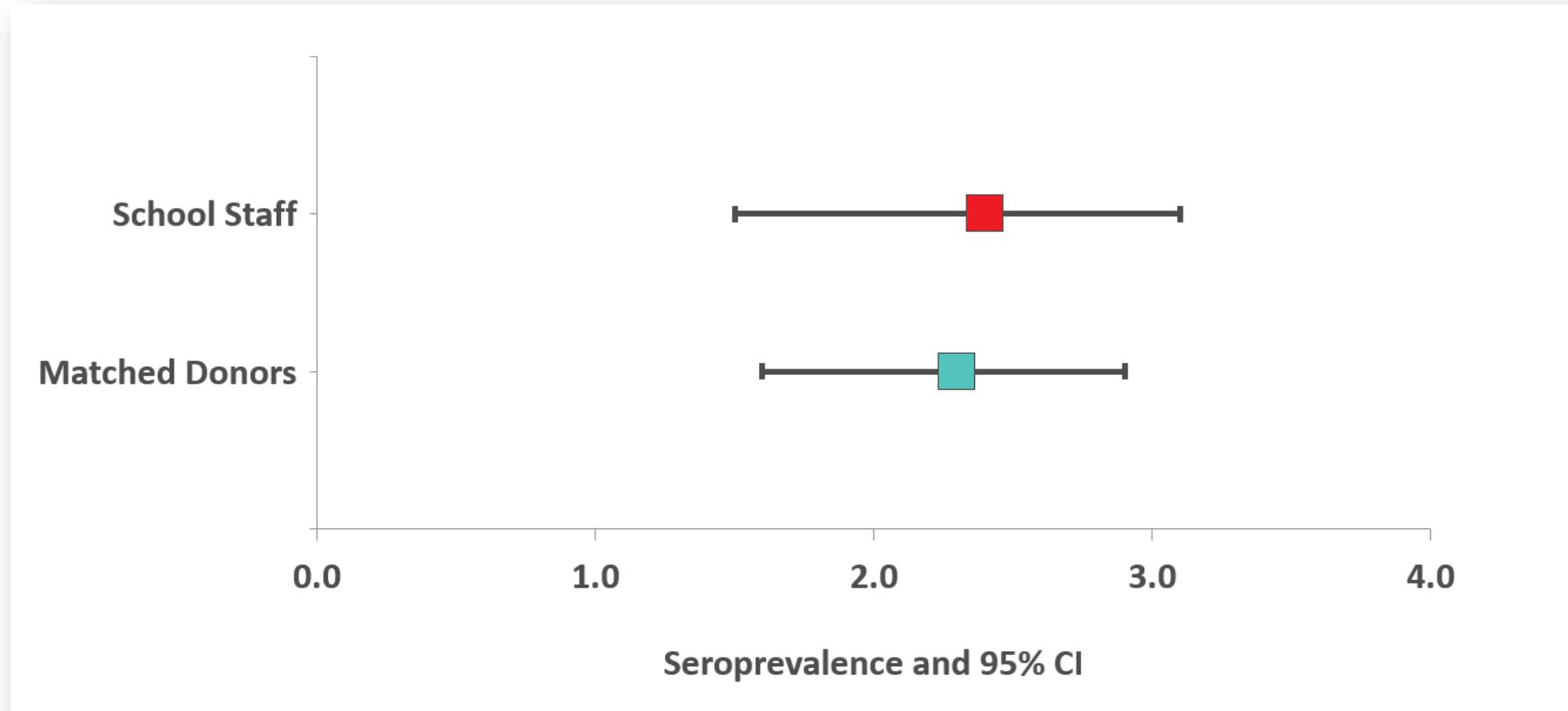
Blood donor studies are representative of the general population

Do studies of blood donors produce comparable results?

- Meta-regression: **No difference** in seroprevalence from blood banks and household surveys
- Analysis corrects for risk of bias, study region, scope of study, and reported case burden



Sars-CoV-2 Seroprevalence and 95% Confidence Intervals Comparing BC School Staff with Matched Donors



About 1500 school staff matched 1:2 blood donors for sample date, age, sex and FSA

Blood donors for public health surveillance

They are demographically different – mostly high income white city dwellers

Tending to be more affluent, lower ethnic representation but representative of adult age groups, except the elderly

They're at really low risk of infections (screening questions plus they're all super cautious)

Main limitations are symptomatic infections and infections we defer for

They're ultra healthy, totally not like ordinary people

Very few permanent health deferrals, need to be well on the day

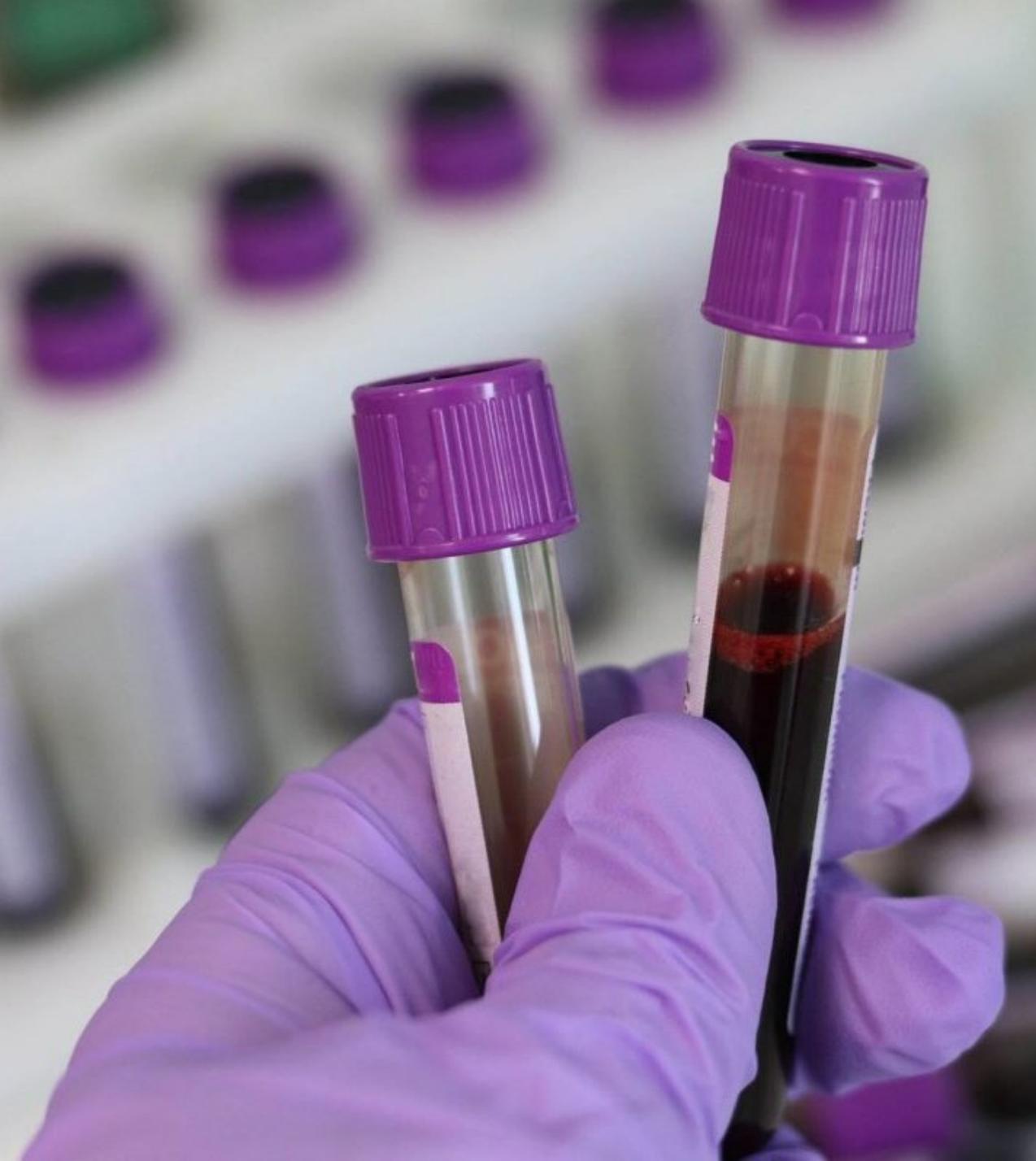


A close-up photograph of a woman's face wearing a blue surgical mask. The background is a dark blue gradient with several glowing, stylized virus particles (resembling coronaviruses) scattered throughout. The text 'SARS-CoV-2 Seroprevalence' is overlaid in the center in a white, bold, sans-serif font.

SARS-CoV-2 Seroprevalence

How would you rate the value of the Canadian Blood Services SARS-CoV-2 seroprevalence data to public health response of the pandemic?

- Very valuable
- Valuable at certain times
- Informative but not for decision making
- It had limited impact



822,223
samples tested
(381,334 in Ontario)

Sampling Figure

		2020											
		March	April	May	June	July	August	September	October	November	December		
Seroprevalence ¹				13,889	22,075	5,288			12,625	12,461	6,324		
Correlates of Immunity Study ²													
		2021											
		January	February	March	April	May	June	July	August	September	October	November	December
Seroprevalence ¹		13,616		8,015	7,777	8,026	6,983	2,500	3,155	3,107	3,200	2,835	7,178
Correlates of Immunity Study ²													
		2022											
		January	February	March	April	May	June	July	August	September	October	November	December
Seroprevalence ¹		13,085	13,633	10,859	14,103	14,137	14,562	14,936	15,998	13,910	14,709	14,770	14,903
Correlates of Immunity Study ²													
		2023											
		January	February	March	April	May	June	July	August	September	October	November	December
Seroprevalence ¹		14,013	14,701	14,596	15,182	14,183							
Correlates of Immunity Study ²													

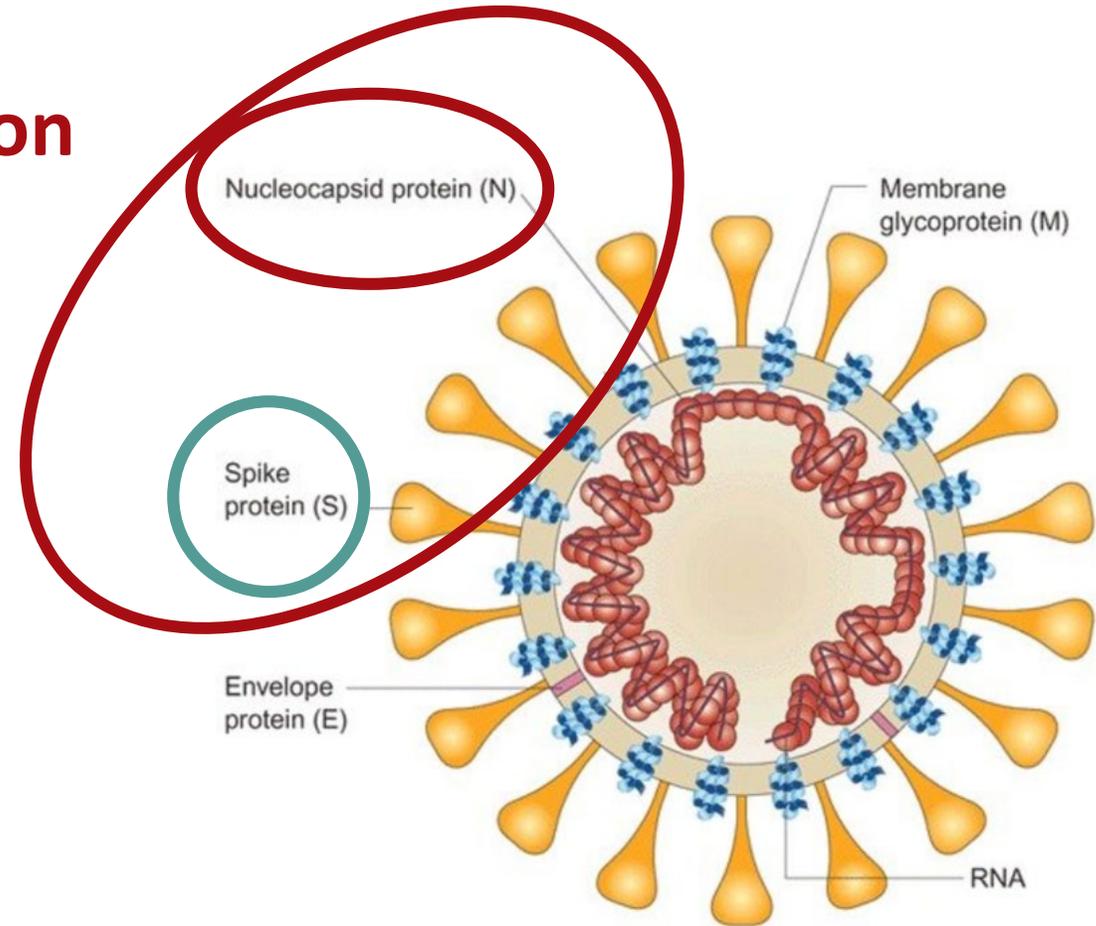
¹ Samples will be tested against the **IgG Abbott Assay until January 2021**; note as of August 2020, sampling will be reduced to include all samples from the second half of the month (~17,000 per month)

² Immunity sub-study (PI: S. Drew (CIHR 2020) sampling 1500 samples per month until March 2021; this study will allow for orthogonal testing as each sample will be tested **against multiple assays**

Testing for SARS-CoV-2 Antibodies

Natural Infection

Vaccination



Laboratory Methods



April to December 2020

- Abbott Architect SARS-CoV-2 IgG assay (Nucleocapsid)
 - Sensitivity 92.7% and specificity 99.9%

January 2021 to December 2022

- Roche Elecsys® Anti-SARS-CoV-2 S immunoassay (total Ig, Spike)
 - Sensitivity 98.8% and specificity 99.6% (semi-quantitative)
- Roche Elecsys® Anti-SARS-CoV-2 immunoassay (total Ig, Nucleocapsid)
 - Sensitivity 99.5% and specificity 99.8%

All positivity percentages were adjusted

- For age and gender of general population by raking
- For assay characteristics using the Rogan-Gladen equation



Data Variables

Age and Gender

Collected at registration to donate

Race/ethnicity

Blood donation screening question

Pampalon material and social deprivation scales

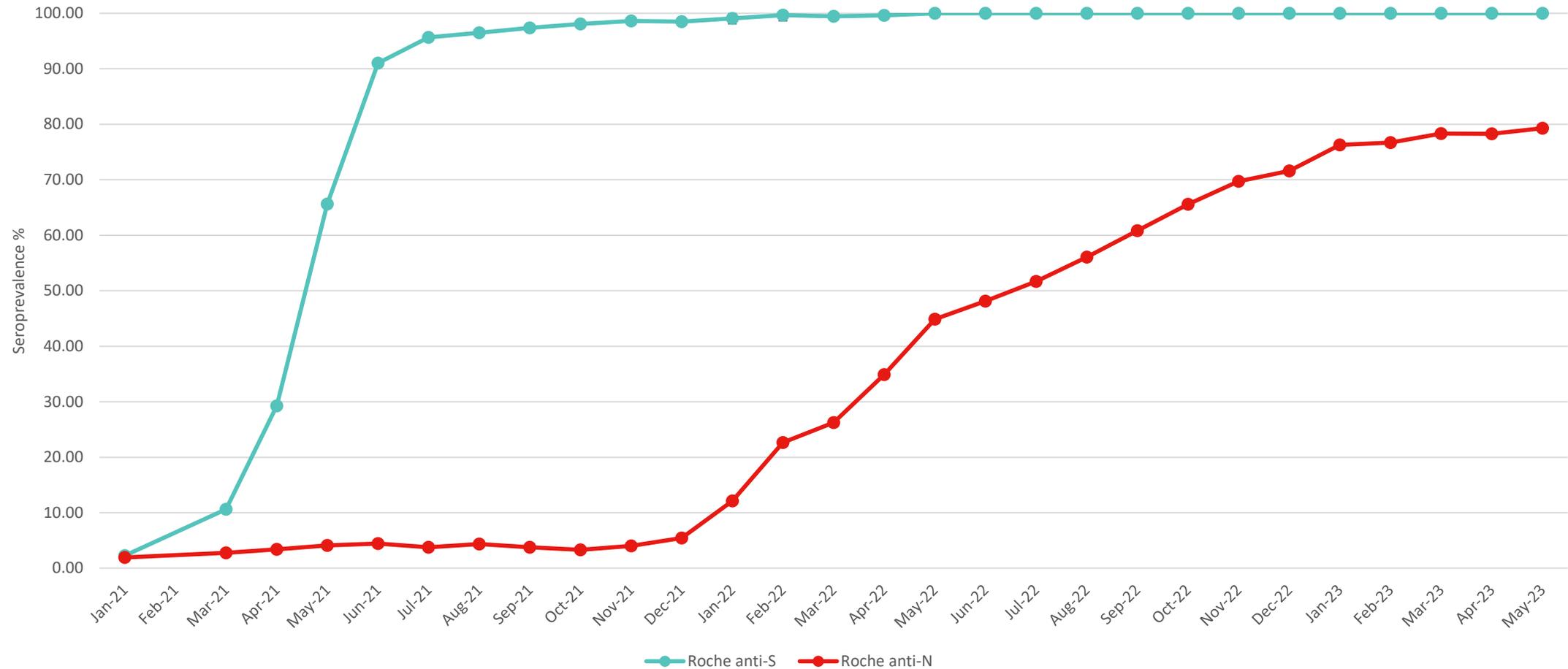
Residential neighbourhood variables

Material deprivation- income, job security, education

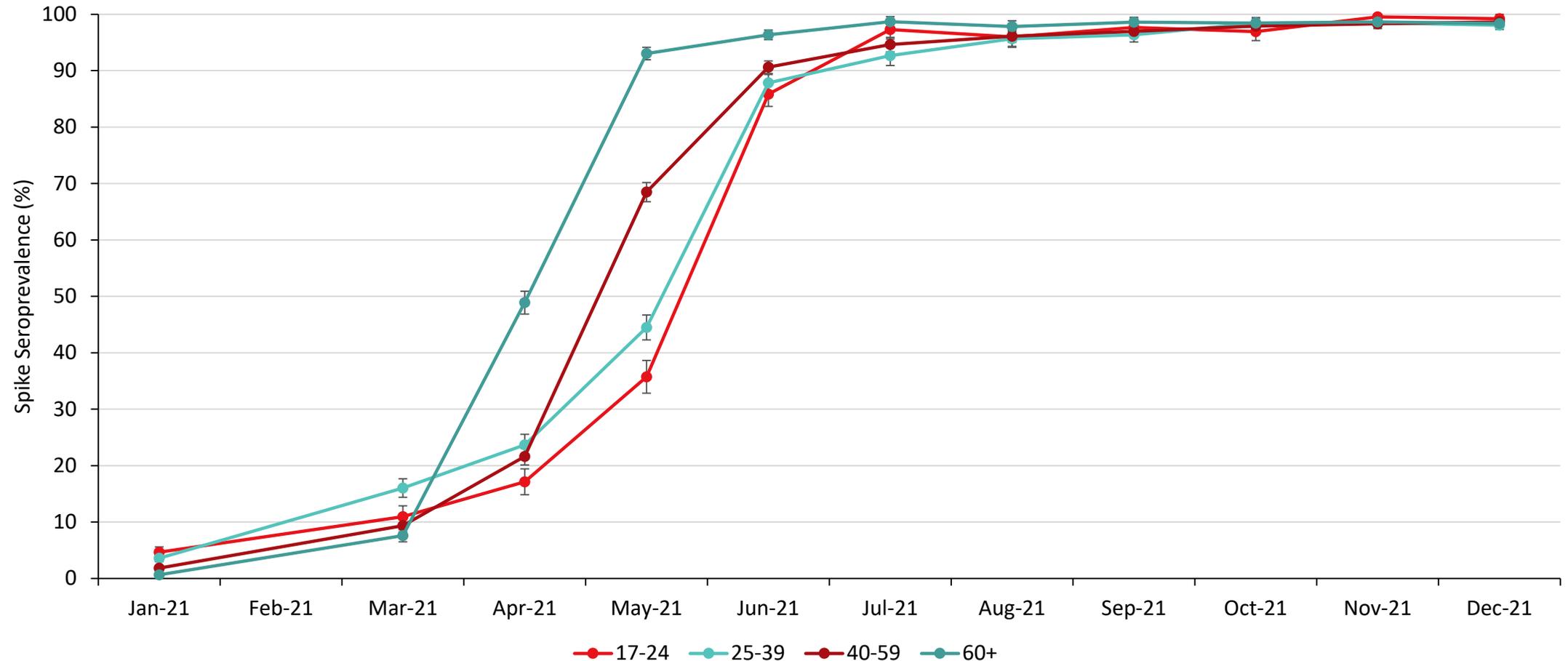
Social deprivation- living alone, single parent, separated/divorced/widowed



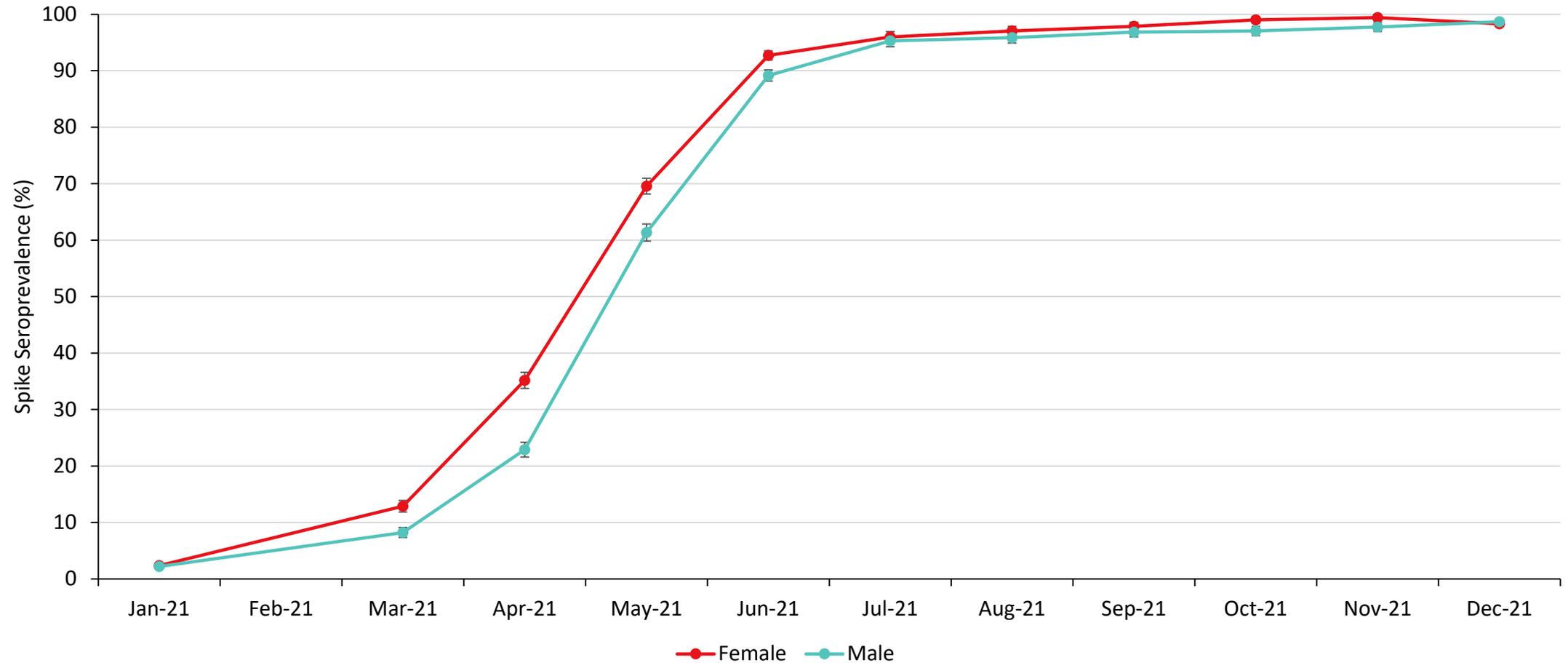
The percentage of Ontario donors with vaccine and infection antibodies increased January 2021 – May 2023



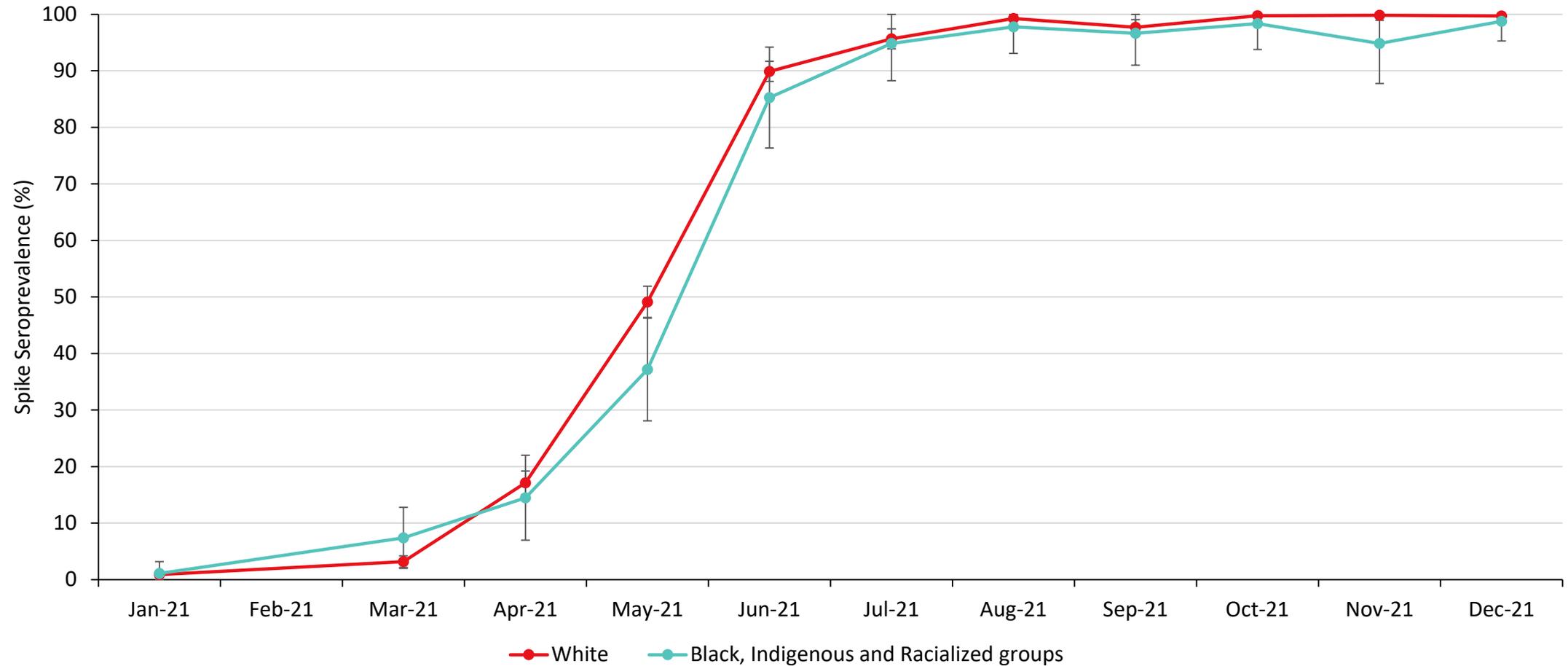
The percentage of Ontario donors with vaccine antibodies increased in older donors first (2021)



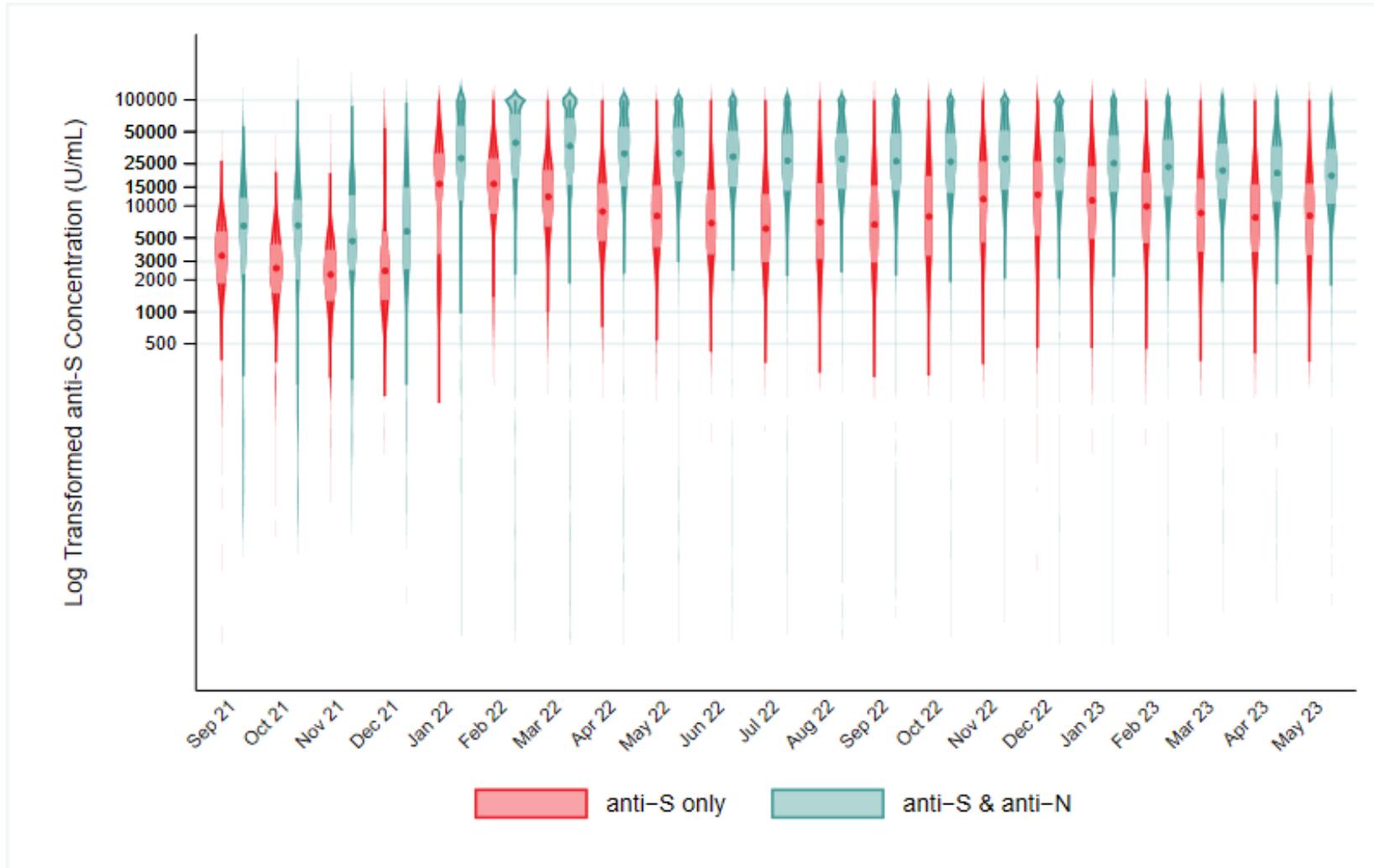
The percentage of Ontario donors with vaccine antibodies increased in female donors first (2021)



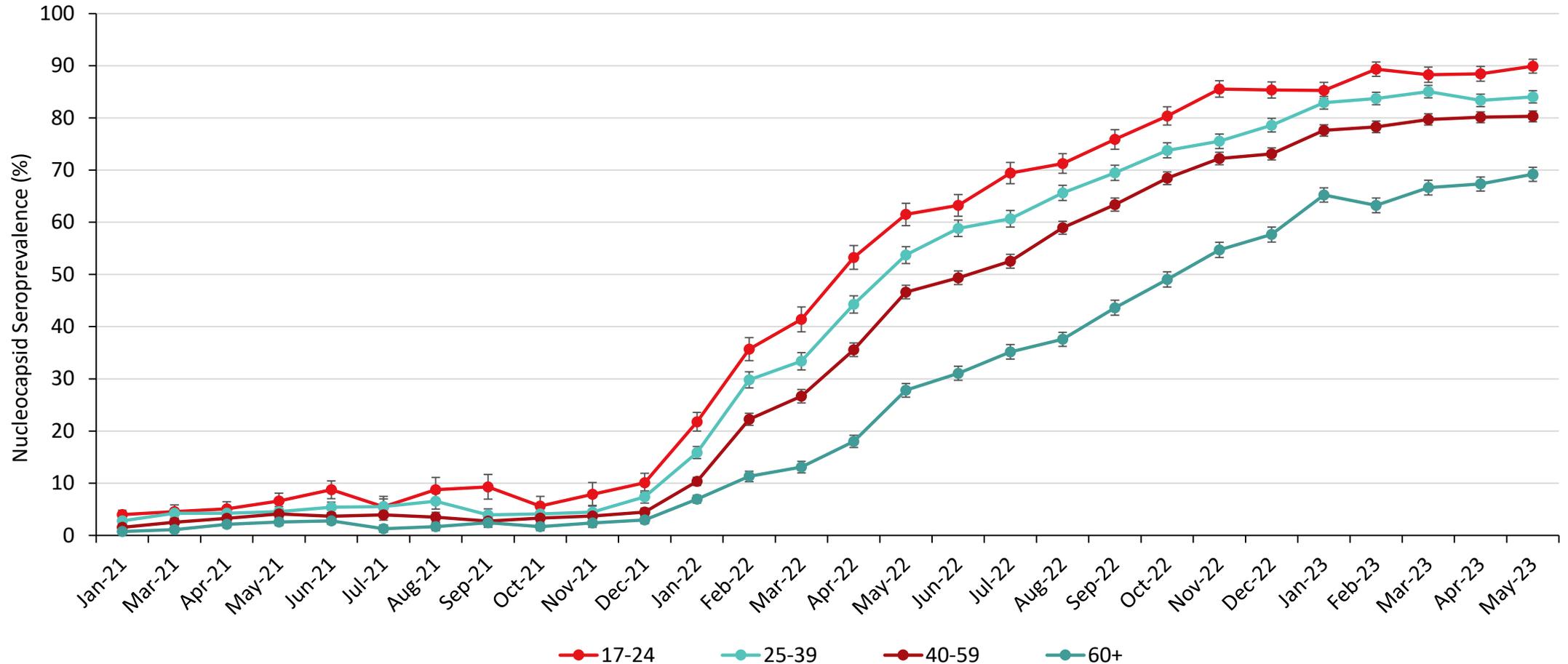
The percentage of Ontario donors with vaccine antibodies in White and Black, Indigenous and Racialized donors (2021)



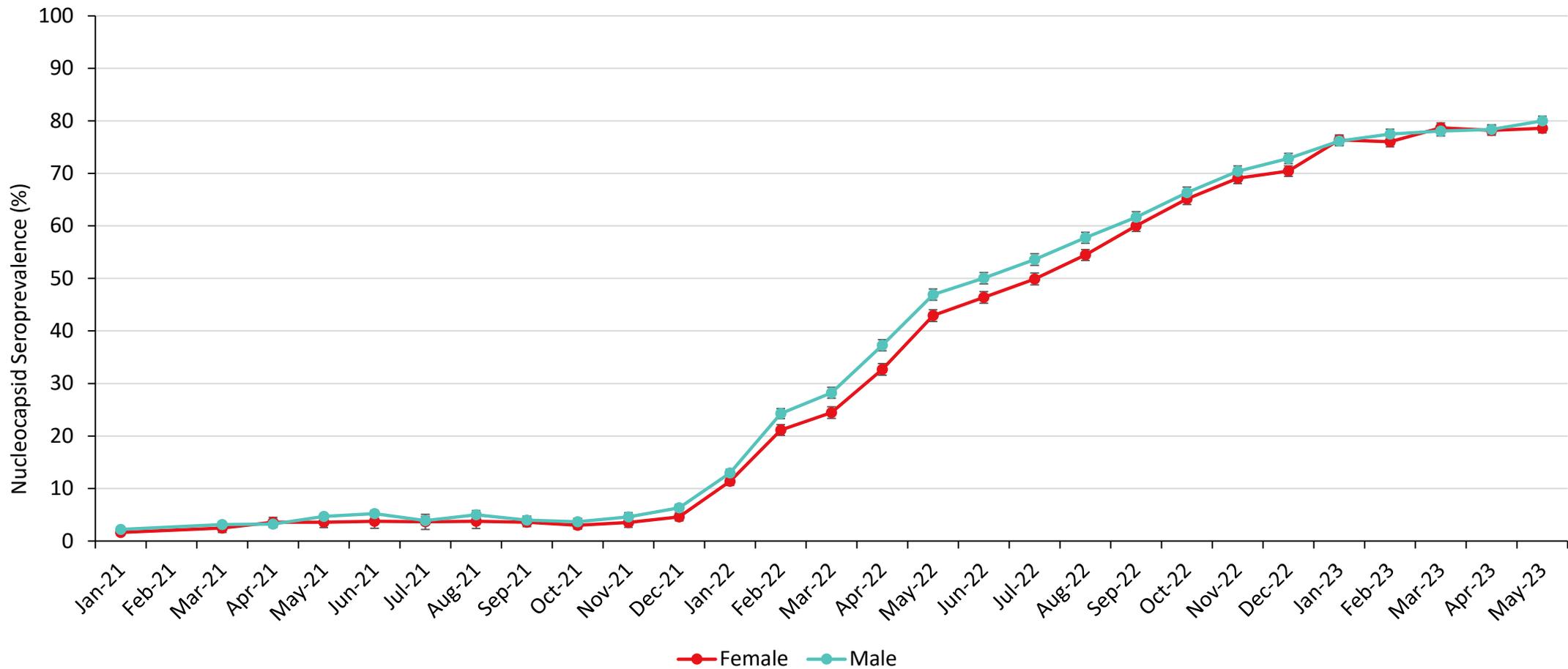
Spike antibody concentration tends to be higher in donors with infection antibodies vs vaccination-only antibodies



The percentage of Ontario donors with infection antibodies increased most in younger donors January 2021 – May 2023

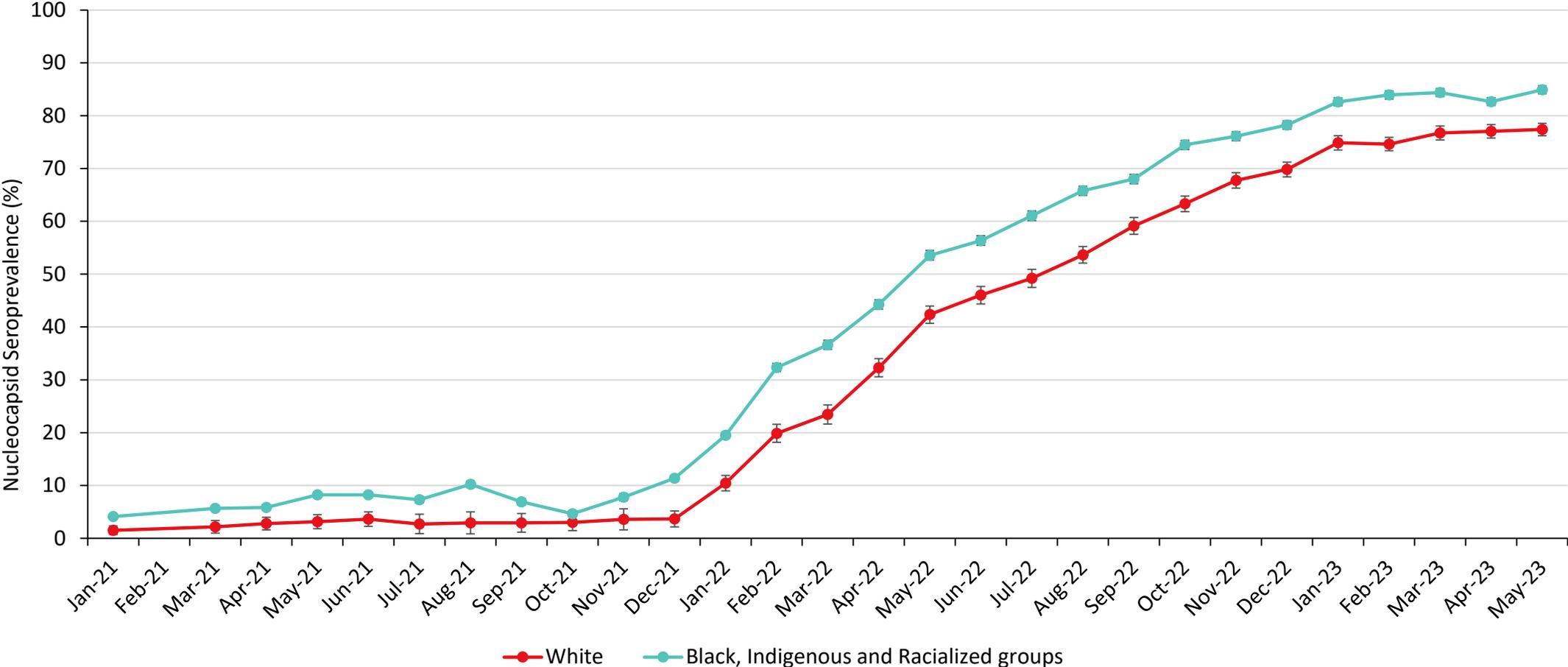


The percentage of Ontario donors with infection antibodies, male and female donors January 2021 – May 2023

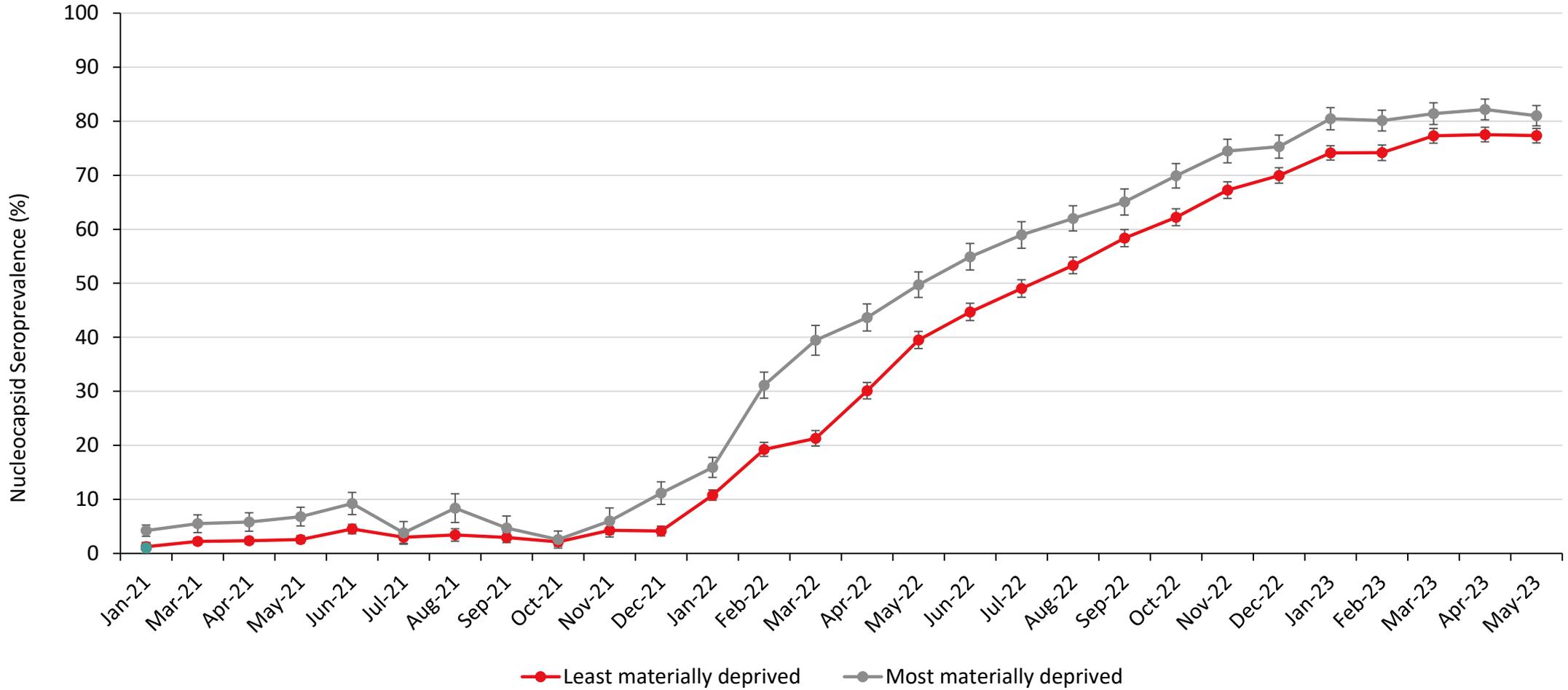


The percentage of Ontario donors with infection antibodies increased most in Black, Indigenous and Racialized donors

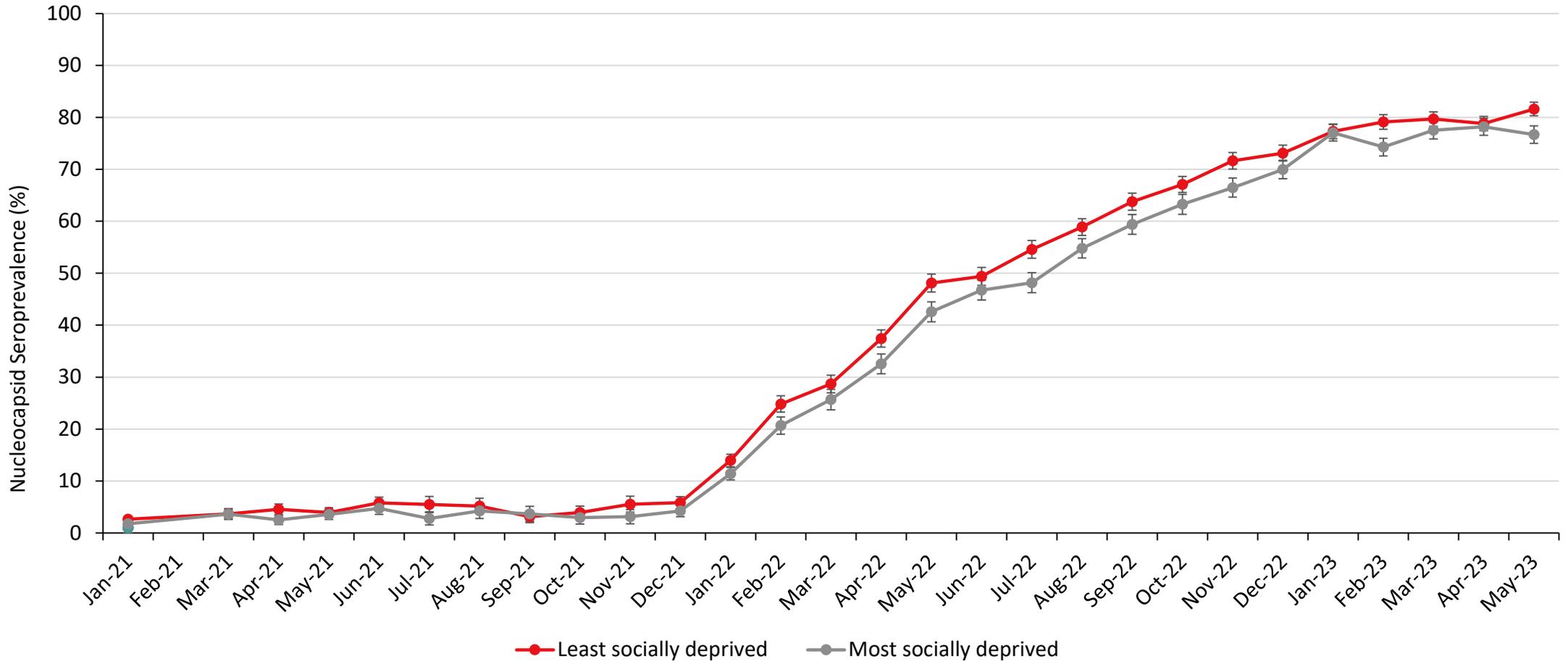
January 2021 – May 2023



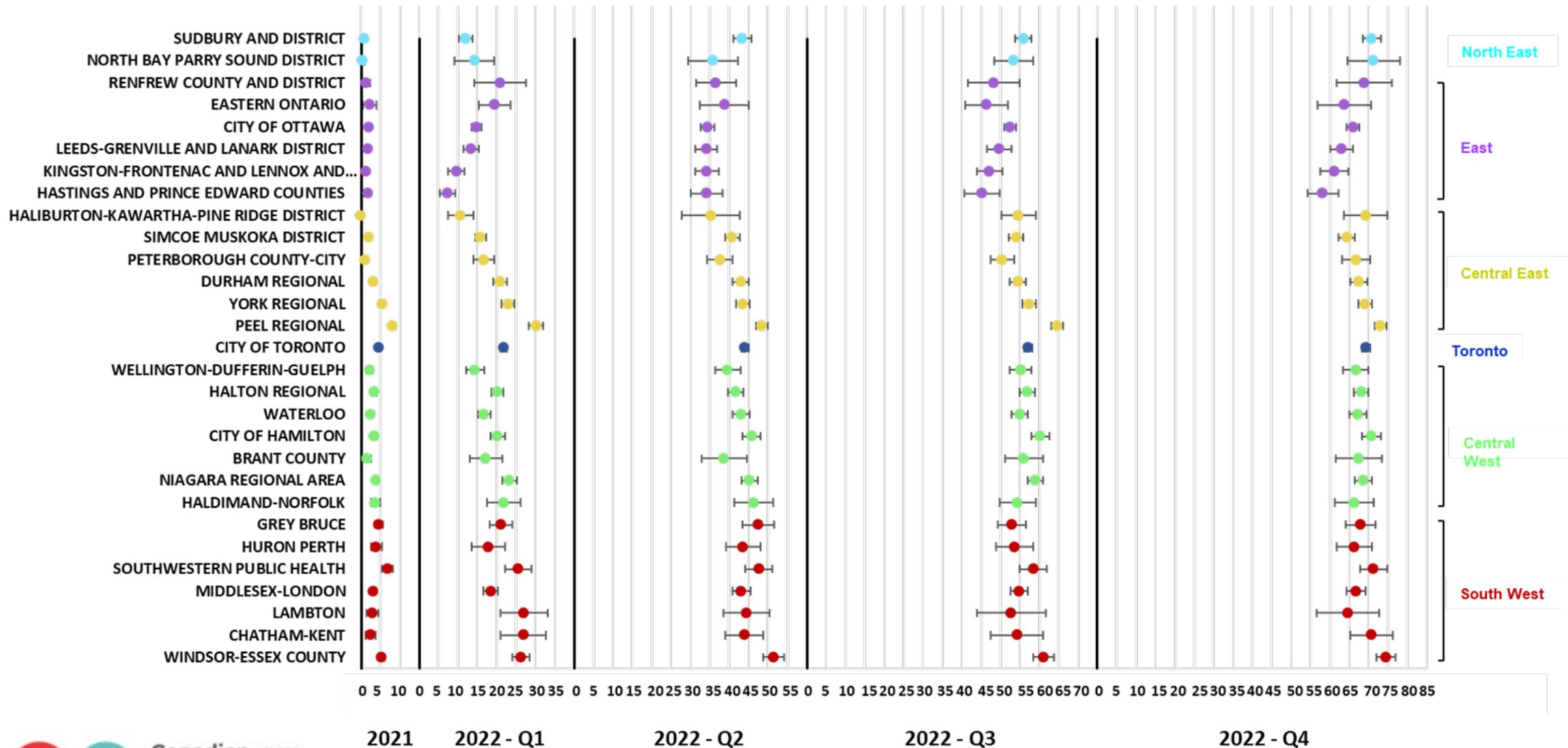
Ontario donors living in more materially deprived neighbourhoods had higher percentages of infection antibodies, January 2021 – May 2023

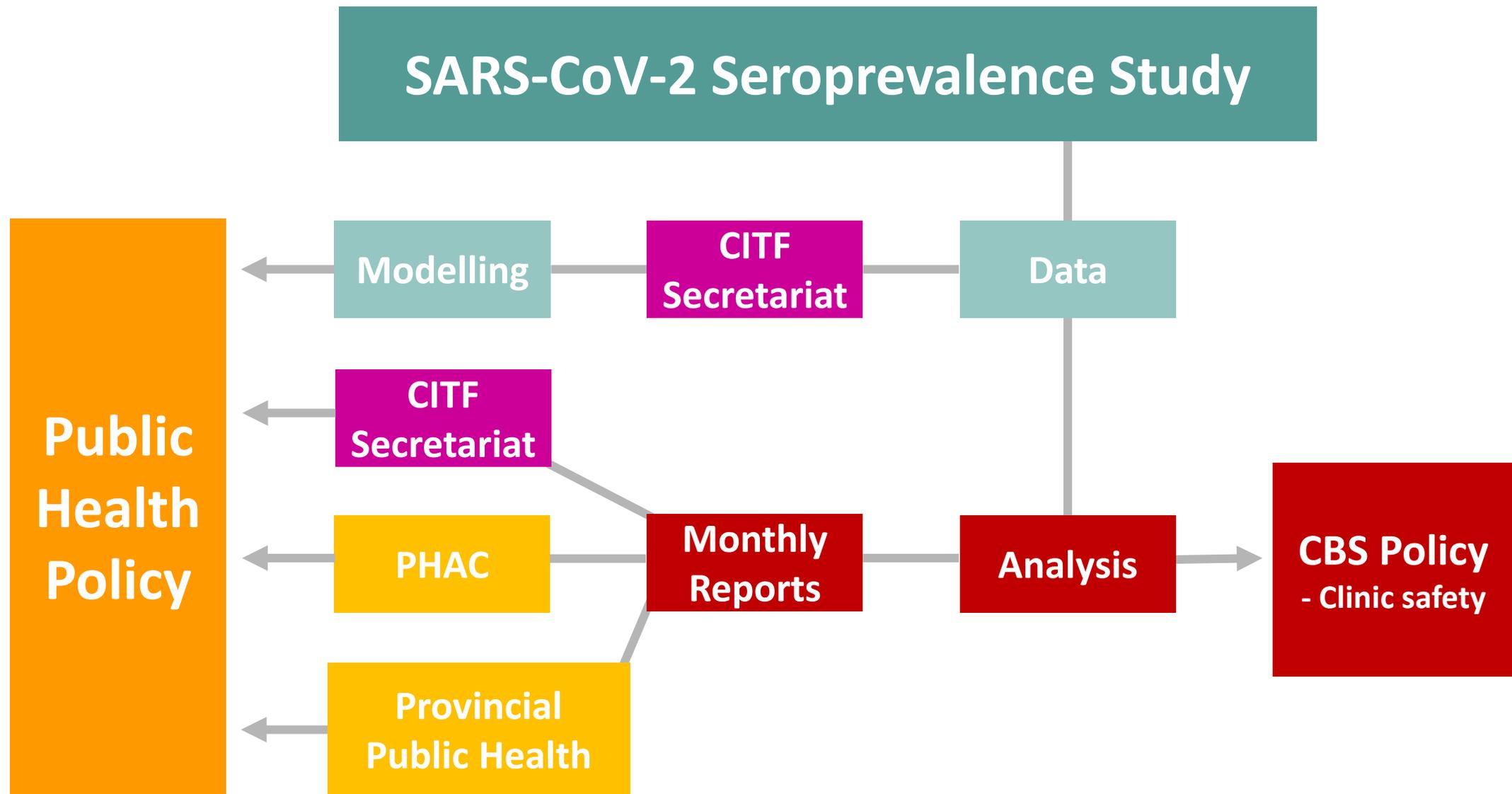


Ontario donors living in less socially deprived neighbourhoods had higher percentages of infection antibodies, January 2021 – May 2023



Infection seroprevalence varies by Ontario public health unit over 2021 and 2022





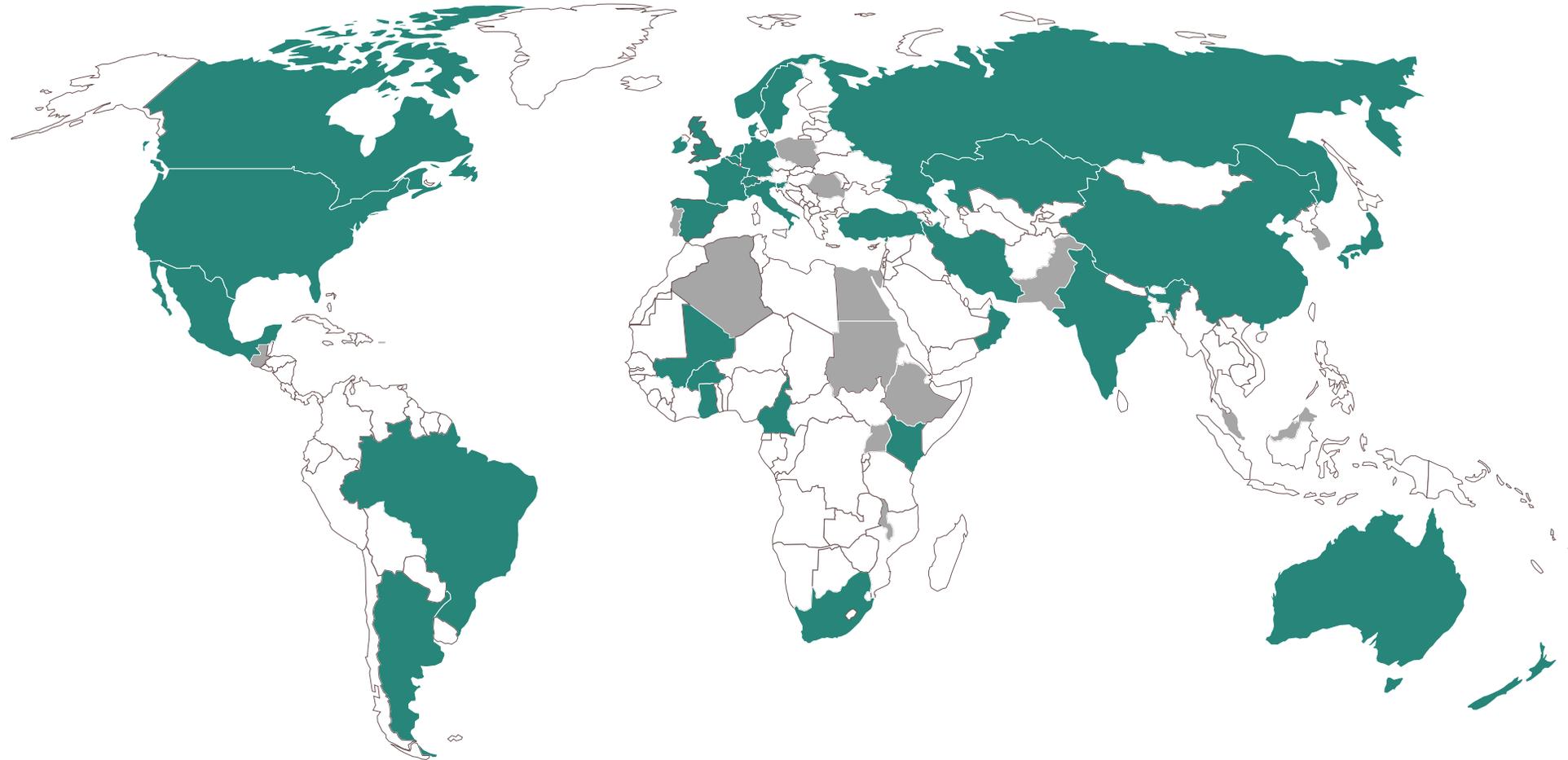


What is our Future Role in Public Health Research/Surveillance?

In your opinion, what future public health role could Canadian Blood Services fulfill?

- Providing data and research on the CBS website
- As an interactive partner with public health to inform interventions
- Providing blood samples for surveillance
- No future role – stick to providing blood products
- I have no opinion

32 of 48 countries (73%) surveyed blood operators were conducting seroprevalence study to inform public health



■ Seroprevalence studies ■ No seroprevalence studies

Our journey to understand enhanced public health potential: Timeline summary of selected events

Leading 'donors for public health' sessions at Canadian scientific conferences



Canadian Immunization Research Network
prevalence of vaccine preventable infections



Publications of expanding public health role



Seroprevalence Data Sharing (CITF Secretariat/McGill University),
Data linkage plans (ICES/ON & BC-CDC)



CONSULTATION
Provincial Public Health,
PHAC, NML, Statistic Canada

MEETINGS with PHAC,
NML, HQ, Statistics Canada

Project work with Public Health Colleagues –
SARS-CoV-2, viral hepatitis, tick-borne infections



Article

Hepatitis B Blood Donor Screening Data: An Under-Recognized Resource for Canadian Public Health Surveillance

Sheila F. O'Brien^{1,2,*} , Cassandra N. Reedman^{1,3} , Carla Osiowy^{4,5,6}, Shelly Bolotin^{7,8,9,10}, Qi-Long Yi^{1,2}, Lillian Lourenço³, Antoine Lewin^{11,12}, Mawuena Binka^{13,14}, Niamh Caffrey¹  and Steven J. Drews^{15,16} 



Public Health
Agency of Canada

Agence de la santé
publique du Canada



BC Centre for Disease Control
Provincial Health Services Authority

Public
Health
Ontario



HÉMA-QUÉBEC



Canadian
Blood
Services

BLOOD
PLASMA
STEM CELLS
ORGANS
& TISSUES

Since raising awareness of our interest in public health participation, the Public Health Agency of Canada are using our **hepatitis C** and **hepatitis B** data for national estimates



National Hepatitis C estimates: Incidence, prevalence, undiagnosed proportion and treatment, Canada, 2019

Nashira Popovic^{1*}, Anson Williams¹, Simone Périnet¹, Laurence Campeau¹, Qiying Yang¹, Fan Zhang¹, Ping Yan¹, Jordan Feld², Naveed Janjua³, Marina Klein⁴, Mel Kraiden³, William Wong⁵, Joseph Cox¹

Public Health Research Toolkit

Transfusion-Transmitted Infectious Diseases Working Party Surveillance, Risk Assessment & Policy Subgroup (SRAP), 2022



isbtweb.org/isbt-working-parties/transfusion-transmitted-infectious-diseases/public-health-research-toolkit.html

Aims to assist blood centers and researchers interested in expanding their services in public health programs

Donor Public Health References

O'Brien SF 2023 Viruses Hepatitis B blood donor screening data: An under-recognized resource for public health surveillance doi: 10.3390/v15020409

O'Brien SF 2023 CMAJ An expanded role for blood donor emerging pathogen surveillance doi:10.1503/cmaj.147635-1

O'Brien SF 2022 Transfusion How do we decide how representative our donors are for public health surveillance? doi: 10.1111/trf.17140

Lewin A 2022 Vox Sanguinis Research partnerships between blood services and public health doi:10.1111/vox.13374

O'Brien SF 2022 CCDR Canadian blood suppliers: An expanding role in public health surveillance? doi: 10.14745/ccdr.v48i04a02

Pedersen OB 2012 Vox Sanguinis The Danish Blood Donor Study: A large prospective cohort and biobank for medical research. doi: 10.1111/j.1423-0410.2011.01553.x



International Society
of Blood Transfusion

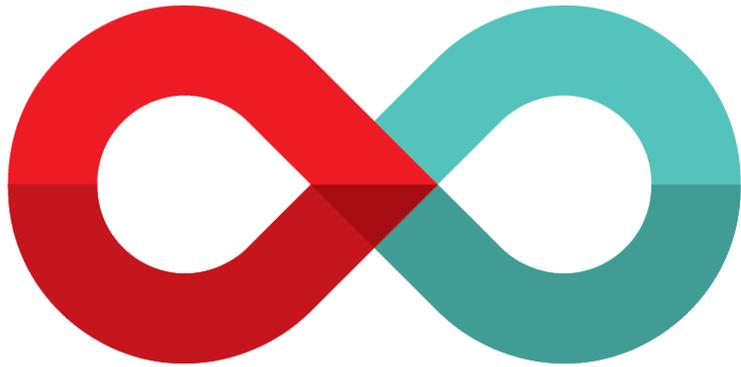
Summary

- Blood donors are a healthy subset of the adult population
- Most Ontario donors (about 80%) have hybrid immunity
- Ongoing collection of seroprevalence data will facilitate comprehensive modelling of immunity
- Blood donor sero-surveillance over three years of the pandemic demonstrates the value that donors can bring to public health surveillance
- Canadian Blood Services is developing a post-pandemic role in public health research and surveillance



Thank You!

- Steven Drews (Assoc Director, Microbiology) and Chantale Pambrun (Sr. Medical Director, Innovation and Portfolio Management) and the SARS-CoV-2 Project Team
- Our SARS-CoV-2 laboratory staff led by Valerie Conrod and Craig Jenkins
- Our blood donors



Canadian Blood Services

BLOOD
PLASMA
STEM CELLS
ORGANS
& TISSUES