3. investigations (installation of approved laboratories).

The blood establishment, to carry out the microbiological investigations correctly the AR (procedures in hospital, in infectious diseases department Limoges hospital and the working party on TTB)

This form of declaration includes 2 parts:

1. the first, completed at the health care establishment, contains information on the steps of the AR.
2. the second part filled in by the blood establishment, contains information in connection with the recipient.

To improve the exploitation of the information received from the haemovigilance correspondents (HvC) and to draw it relevant conclusions, the working party in charge of TTBI of the Afssaps:

ELABORATED TOOL of help to the declaration, allowing to collect on the same document all the relative information of the AR.

This form of declaration includes 2 parts:

- the first, completed at the health care establishment, contains information in connection with the recipient;
- the second part filled in by the blood establishment, includes on one hand information on the steps of preparation (methods of collection, type and references of the material, conservation and transport conditions) of the suspected LBP, and on the other hand, all information concerning the donor (age, date of the donation, type of collection, known or new donor, biological constants available at the time of donation, possible problems encountered).

EMITTED ADVICES to avoid the risk of false positive cultures (retrograde contamination of the LBP), to investigate correctly the AR (procedures in hospital, in the blood establishment), to carry out the microbiological investigations (installation of approved laboratories).

ADMISSIBILITY OF THE SAMPLE

The transfusion bag should be sent closed

- Transfusion bag with the pipe hermetically closed (Closed clamp: stopper + knod(s))
- Conservation and routing conditions
- Disconnection condition (to avoid blood backward flow) > Effects on the microbiological analyze

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WORKED OUT A GRID to help the Haemovigilance correspondent (HvC) to score the imputability of the AR to the transfusion.

IN PRACTICE, when a TTBI is suspected, the HvC of the blood establishment is quickly notified of this AR by the hospital HvC.

This last information of the producer of LBP makes it possible to take all the necessary measures as possibly blocking LBP’s issued from the same donation. In parallel, the AR is reported on line to the whole haemovigilance network (local, regional and national level) via the french on live reporting system, e-FIT.

In certain cases, the opinion of the working party on TTBI may be requested by email and an in-depth survey perhaps requested by the experts.

IN CONCLUSION

This system allows a great reactivity, in order to quickly inform the various actors of the network with an simultaneously preventive and declaratory aim.