

## **HV at a University Hospital after Transfusions of Platelets Pathogen Inactivated with the INTERCEPT™ Technology**

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**Background.** Inactivation of pathogens and leukocytes in platelet components using amotosalen and UVA light (INTERCEPT) is in routine use in many European blood centres. Our centre has since 2006 been using this technique for buffy coat PLT and since the spring of 2007 for apheresis PLT as well. We have previously reported our HV data concerning paediatric patients. Now we report the first whole year (2008) of 100% pathogen inactivated PLT.

**Methods.** Apheresis or buffy-coat (BC) PLT were leukoreduced, suspended in ~35% plasma and 65% Intersol™, treated with the INTERCEPT system and stored for up to 7 days. INTERCEPT treatment replaced bacterial screening and gamma irradiation. The majority of the apheresis PLT was double dose PLT. Transfusion (txn) reactions were reported according to SOP. Only the results from transfusions at the University hospital in Uppsala were considered due to the ability to read the patients charts

**Results.** 1012 apheresis PLT were transfused and 2250 BC-PLT, making a total of 3262 PLT transfusions. 12 transfusion reactions were reported in 7 patients. One patient was involved in 5 episodes of transfusion reactions. That specific patient had HLA antibodies and HLA matched PLT were used when available, however that was not always the case. The most common reaction was chills. None of the reactions was severe.

**Conclusions.** Our over-all adverse event rate for PLT txn was before the introduction of Intercept 1.1%. Our first experience with Intercept treated BC-PLT showed a txn reaction rate of 0.5%. This new HV data from our first whole year of 100% Intercept treated PLT indicates a txn reaction rate of 0.37% and still no adverse events among paediatric patients.