

**Detection of Bacterial Contamination in
Pooled Whole Blood Derived Platelets**

**With the
BacTALERT Automated Culture System**

Mark E. Brecher





**Pre-pooled
random platelets**



FDA thinking had required

- 1. CCI studies**
- 2. Release control bacterial detection step**

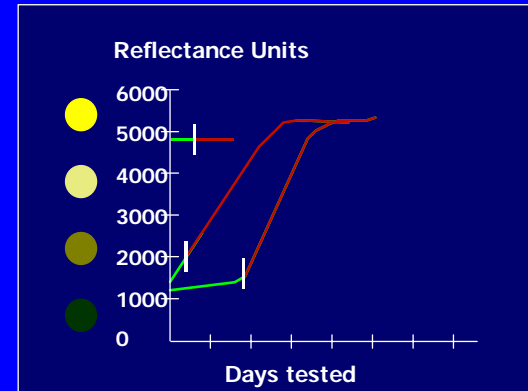
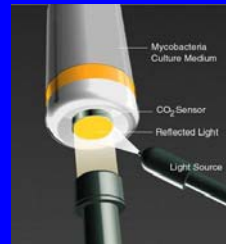
FDA's current thinking regarding pre-storage pooling of WBPCs (aka random platelets) is that such systems can be cleared if culture monitoring QC is performed by tests with analytical sensitivity similar to that cleared for single units



organon *teknika*



BacT/ALERT Microbial Detection System



TRANSFUSION COMPLICATIONS

Evaluation of an automated culture system for detecting bacterial contamination of platelets by an automated system with 15 contaminating organisms

M.E. Brocher, N.N. Hay, S.J. Rothberg, and L.C. Swanson

BACKGROUND: Approximately 100000 platelet transfusions are administered annually in the United States. The majority of these transfusions are prepared from a plasma-derived platelet concentrate. Platelet concentrates are susceptible to bacterial contamination. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

STUDY DESIGN AND METHODS: Platelet concentrates were prepared from whole blood using apheresis. Platelet concentrates were stored at 20°C for 5 days. Platelet concentrates were cultured in the BacT/ALERT 3D system. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

RESULTS: The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

CONCLUSION: The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

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TRANSFUSION COMPLICATIONS

Evaluation of a new generation of culture bottle using an automated bacterial culture system for detecting nine common contaminating organisms found in platelet components

M.E. Brocher, D.G. Heath, S.N. Hay, S.J. Rothberg, and L.C. Swanson

BACKGROUND: An automated bacterial culture system (BacT/ALERT 3D, Datascope) has been previously evaluated with a variety of bacterial pathogens. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

STUDY DESIGN AND METHODS: Platelet concentrates were prepared from whole blood using apheresis. Platelet concentrates were stored at 20°C for 5 days. Platelet concentrates were cultured in the BacT/ALERT 3D system. The majority of bacterial contamination is caused by contamination of the platelet concentrate during the apheresis process.

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TRANSFUSION PRACTICE

Evaluation of a new generation of plastic culture bottles with an automated microbial detection system for nine common contaminating organisms found in PLT components

M.E. Brocher, S.N. Hay, and S.J. Rothberg

TRANSFUSION COMPLICATIONS

Validation of BacT/ALERT plastic culture bottles for use in testing of whole-blood-derived leukoreduced platelet-rich-plasma-derived platelets

M.E. Brocher, S.N. Hay, and S.J. Rothberg

BACKGROUND: A plastic culture bottle (PCB) is routinely performed on all PLT products in Belgium (Banks), the Netherlands, and Hong Kong and for the majority of PLT products in Northern Ireland, Sweden, Denmark, and Norway. Limited testing is being implemented in Scotland, the Republic of Ireland, Germany, Canada, China, Brazil, England, and the US. Within the US, bacterial detection of PCBs has been required by the American Association of Blood Banks since March 2004 and recommended by the College of American Pathologists since December 2002.

STUDY DESIGN AND METHODS: Isolates of bacterial species: *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus saprophyticus*, *Staphylococcus vitreus*, and *Propionibacterium acnes* were inoculated into Day 5 platelets at concentrations of 10 and 100 CFU/mL. Samples were then incubated with current and new generation aerobic and anaerobic bottles.

RESULTS: All organisms, except *S. aureus*, were detected in a mean time of 2 to 254 (10 CFU/mL) to 1 to 18 (100 CFU/mL) hours. *S. aureus* was detected in a mean time of 88 (10 CFU/mL) to 88 (100 CFU/mL) hours. The 3-hour incubation time for *S. aureus* was a mean 1.6 hours for the current generation system. The new plastic bottle had a mean 1.6-hour incubation time for *S. aureus*.

CONCLUSIONS: The new plastic bottle had a mean 1.6-hour incubation time for *S. aureus*.

BACKGROUND: Bacterial detection of platelet (PLT)-rich plasma (PRP)-derived PLTs presents unique challenges for countries that do not allow pooling before storage. This study validated the BacT/ALERT for use in testing pooled PRP-derived PLTs with the contaminating organisms.

STUDY DESIGN AND METHODS: Isolates of bacterial species: *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus saprophyticus*, *Staphylococcus vitreus*, and *Propionibacterium acnes* were inoculated into two PRP-derived PLT pools (total, 10 and 100 colony-forming units [CFU/mL], total recovered concentrations, 5 and 50 CFU/mL). Four milliliters of each positive PLT inoculation sample was inoculated into both plastic aerobic and anaerobic bottles and 5 mL was placed into blood agar.

RESULTS: All organisms (including *S. aureus*) were detected in 6 to 20.0 and 7.8 to 20.0 hours (10 and 100 CFU/mL, respectively) and the mean time to detection was 15.0 and 15.1 hours (10 and 100 CFU/mL, respectively). *S. aureus* was detected with the anaerobic bottles in a mean of 74.9 and 64.3 hours (10 and 100 CFU/mL, respectively) with *S. aureus* E. coli *K. pneumoniae*, *S. marcescens*, and *S. vitreus* detection with the anaerobic bottles was faster or equivalent to the detection with the aerobic bottles. This was most notable with *S. vitreus* where the anaerobic bottle was reactive on average 21.0 and 10.8 hours (10 and 100 CFU/mL, respectively) faster than the aerobic bottle.

CONCLUSIONS: This study validated the use of the BacT/ALERT system for the detection of bacteria in PRP-derived PLTs in a pooled format. Overall, the use of the BacT/ALERT system allowed the detection of pooled PRP-derived PLTs inoculated with the bacteria at 10 and 100 CFU/mL per mL in 7.8 to 20.0 hours (including *S. aureus*).

ABBREVIATION: PRP = platelet rich plasma.

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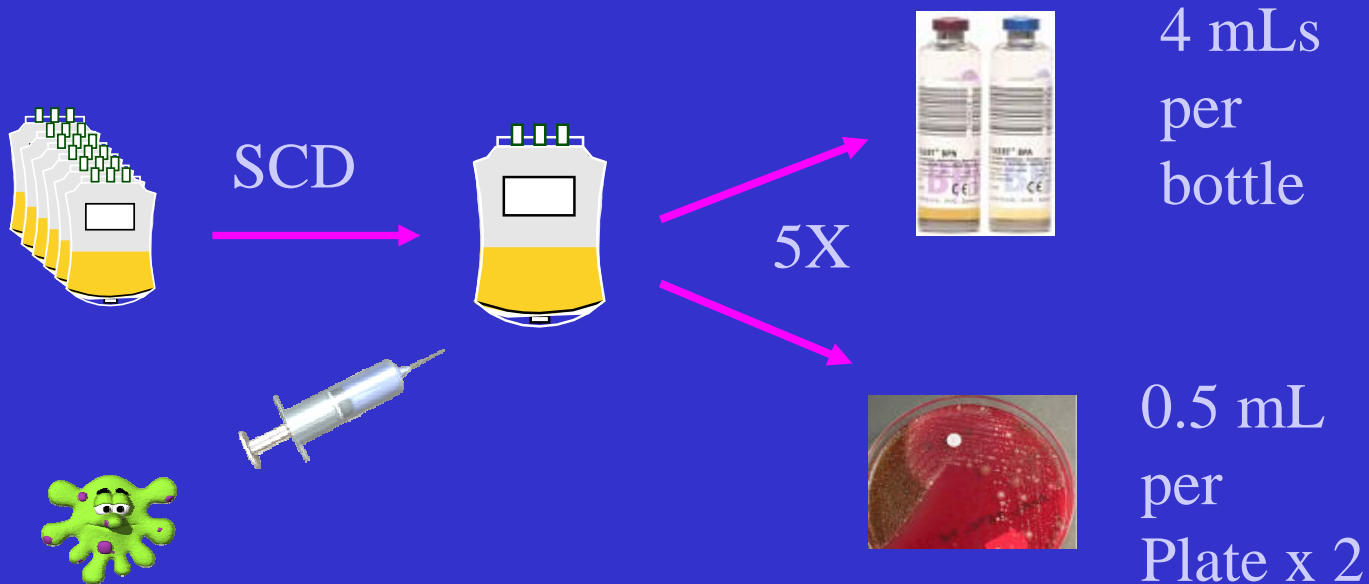
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Pooled Leukoreduced PRP Platelets 10 and 100 CFU/mL





Pooled Leukoreduced PRP Platelets

Organism	Inocul CFU/mL	Actual CFU/mL
<i>B. cereus</i>	4	5
<i>E. cloacae</i>	20	17
<i>E. coli</i>	13	6
<i>K. pneumo</i>	12	2
<i>P. acnes</i>	10	<2
<i>S. aureus</i>	12	4
<i>S. epiderm.</i>	5	3
<i>S. marces.</i>	20	2
<i>S. viridans</i>	4	3
Mean Total	11	5

TRANSFUSION COMPLICATIONS

Validation of BacT/ALERT plastic culture bottles for use in testing of whole-blood-derived leukoreduced platelet-rich-plasma-derived platelets

M.E. Brecher, S.N. Hay, and S.J. Rothenberg

BACKGROUND: Bacterial detection of platelet (PLT)-rich plasma (PRP)-derived PLTs presents unique challenges for countries that do not allow pooling before storage. This study validated the BacT/ALERT for use in testing pooled PRP-derived PLTs with rare contaminating organisms.

STUDY DESIGN AND METHODS: Isolates of *Bacillus cereus*, *Enterobacter cloacae*, *Escherichia coli*, *Neisseria pneumoniae*, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus marcescens*, *Streptococcus viridans*, and *Propionibacterium acnes* were inoculated into two PRP-derived PLT pools (large, 10 and 100 colony-forming units [CFUs]/mL; actual recovered concentrations, 5 and 50 CFUs/mL). Four milliliters of each postcarrier inoculation sample was inoculated into both plastic aerobic and anaerobic bottles and 0.5 mL was plated onto blood agar.

RESULTS: All organisms (excluding *P. acnes*) were detected in 6.2 to 22.0 and 7.6 to 23.8 hours (10 and 100 CFUs/mL, respectively) and the mean time to detection was 15.0 and 15.1 hours (10 and 100 CFUs/mL, respectively). *P. acnes* was detected with the anaerobic bottles in a mean of 74.0 and 68.9 hours (10 and 100 CFUs/mL, respectively). With *E. cloacae*, *E. coli*, *K. pneumoniae*, *S. marcescens*, and *S. viridans* detection with the anaerobic bottles was faster or equivalent to the detection with the aerobic bottles. This was most notable with *S. viridans* where the anaerobic bottle was reactive on average 21.6 and 10.8 hours (10 and 100 CFUs/mL, respectively) faster than the aerobic bottle.

CONCLUSIONS: This study validates the use of the BacT/ALERT system for the detection of bacteria in PRP-derived PLTs in a pooled format. Overall, the use of the BacT/ALERT system allowed the detection of pooled PRP-derived PLTs inoculated with rare bacteria at 10 and 100 CFUs per mL in 7.6 to 22.0 hours (excluding *P. acnes*).

At present, bacterial detection of platelets (PLTs) is routinely performed on all PLT products in Belgium (Brussels), the Netherlands, Sweden, and Hong Kong and for the majority of PLT products in Northern Ireland, Sweden, Denmark, and Norway.¹ Limited testing is being implemented in Scotland, the Republic of Ireland, Germany, Canada, China, Brazil, England, and the US.² Within the US, bacterial detection of PLTs has been required by the American Association of Blood Banks since March 2004 and recommended by the College of American Pathologists since December 2002.^{3,4}

Bacterial detection of PLT-rich-plasma (PRP)-derived PLTs has presented some unique challenges for countries that do not allow the prestorage pooling of PLT concentrates. Culturing of each PLT concentrate is frequently not thought to be practical owing to volume loss and expense; therefore, the use of detection strategies such as Gram stain and multitagging strips have been employed.^{5,6} Nevertheless, these detection schemes are not as sensitive as culture methods.⁷

Multiple studies have validated automated bacterial culture systems such as the BacT/ALERT microbial detection system (Becton Dickinson, Durham, NC) with a variety of bacterial contaminants in single-donor apheresis PLTs and with pooled buffy-coat PLTs.⁸⁻¹² The Food and Drug

ABBREVIATION: PRP = platelet rich plasma.

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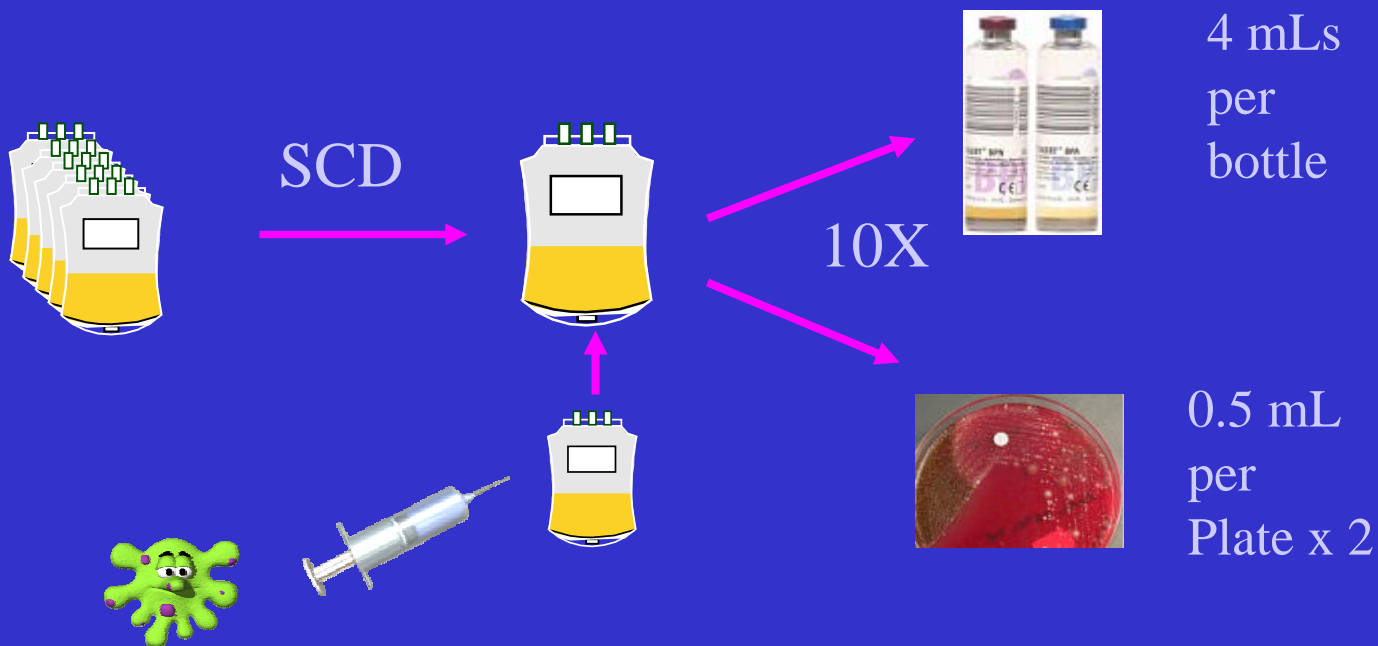
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Standard anaerobic bottles - Hours

Organism	Mean	SD	Min	Max
<i>B. cereus</i>	3	0.6	8.2	9.7
<i>E. cloacae</i>	10.7	0.1	10.6	10.9
<i>E. coli</i>	10.6	0.1	10.5	10.6
<i>K. pneumo</i>	11.8	0.1	11.6	11.9
<i>P. acnes</i>	74.9	1.1	74.4	76.8
<i>S. aureus</i>	12.7	0.3	12.4	13.1
<i>S. epiderm.</i>	20.2	0.7	20.6	22.4
<i>S. marces.</i>	12.0	0.1	11.8	12.0
<i>S. viridans</i>	21.4	0.6	20.7	22.0
Mean Total	19.5	19.9	N/A	N/A



Pooled Leukoreduced PRP Platelets 10 and 100 CFU/mL





Pooled Leukoreduced PRP Platelets 100 CFU/mL (1+5)

Organism	Single Inocul CFU/mL	Single Actual	# plates	Aerobic bottles - Hours				Anaerobic bottles - Hours			
				Mean	SD	Min	Max	Mean	SD	Min	Max
<i>B. cereus</i>	30.0	41	20	8.6	0.1	8.5	8.7	9.6	0.3	9.1	10
<i>Clos perf</i>	1.9	<2	2					10.9	0.4	10.3	11.9
<i>E. Cloacae</i>	238	405	14	11.9	0.2	11.6	12.1	10.5	0.2	10.4	10.9
<i>E. coli</i>	135	190	20	10.6	0.2	10.3	10.8	10.0	0.2	9.8	10.5
<i>K. pneumo</i>	171	30	13	11.4	0.2	10.9	11.8	11.2	0.2	10.9	11.6
<i>P. acnes</i>	61.1	60	20					74.9	26.8	64.8	151.2
<i>S. aureus</i>	170	49	19	11.9	0.2	11.7	12.2	12.6	0.2	12.3	13
<i>S. epiderm.</i>	78.6	38	20	16.6	0.2	16.3	16.8	19.6	0.6	18.7	20.5
<i>S. marces.</i>	81.4	25	8	12.7	0.2	12.5	12.9	12.7	0.1	12.7	13
<i>S. viridans</i>	240	75	15	30	1.7	27	32.3	19.7	0.3	19.1	20.3
Mean Total	120.7	91.5	15.1	14.2	0.4	13.6	14.7	19.2	2.9	17.8	27.3





Pooled Leukoreduced PRP Platelets 10 CFU/mL (1+5)

Organism	Single Inocul CFU/mL	Single Actual	# plates	Aerobic bottles - Hours				Anaerobic bottles - Hours			
				Mean	SD	Min	Max	Mean	SD	Min	Max
<i>B. cereus</i>	3	<2	7	9.5	0.2	9.1	9.8	11.4	0.7	10.3	12.3
<i>Clos perf</i> *	0.2	<2	1					13.3	2.9	10.6	16.4
<i>E. Cloacae</i>	24	13	20	12.8	0.2	12.6	13.1	11.6	0.2	11.4	11.9
<i>E. Coli</i>	13.5	9	7	11.8	0.2	11.5	12.0	11.1	0.2	10.80	11.4
<i>K. Pneu</i> *	17	3	0	12.3	0.2	12.0	12.7	12.2	0.2	12.0	12.5
<i>P. Acnes</i>	6.1	6	2					74.4	1.6	72	76.8
<i>S. Aureus</i>	17	8	4	13.2	0.1	13	13.3	13.9	0.3	13.3	14.3
<i>S. epiderm.</i>	7.9	2	8	18.0	0.3	17.5	18.5	22.1	0.7	21.1	22.8
<i>S. marces</i> *	8.1	<2	1	14.9	0.8	14.2	16	16.9	4.1	14.5	23
<i>S. virid</i> *	24	<2	1	48.4	6.8	37.6	55.2	23.7	1.5	21.3	25.4
Mean Total	12.1	4.9	5.1	17.6	1.1	15.9	18.8	21.1	1.2	19.7	22.7



Pooled Leukoreduced PRP Platelets composite (1+5)

Organism	Single Inocul CFU/mL	Single Actual	# plates	Aerobic bottles - Hours				Anaerobic bottles - Hours			
				Mean	SD	Min	Max	Mean	SD	Min	Max
<i>B. cereus</i>	3	<2	7	9.5	0.2	9.1	9.8	11.4	0.7	10.3	12.3
<i>Clos perf</i>	1.9	<2	2					10.9	0.4	10.3	11.9
<i>E. Cloacae</i>	24	13	20	12.8	0.2	12.6	13.1	11.6	0.2	11.4	11.9
<i>E. Coli</i>	13.5	9	7	11.8	0.2	11.5	12.0	11.1	0.2	10.80	11.4
<i>K. pneumo</i>	171	30	13	11.4	0.2	10.9	11.8	11.2	0.2	10.9	11.6
<i>P. Acnes</i>	6.1	6	2					74.4	1.6	72	76.8
<i>S. Aureus</i>	17	8	4	13.2	0.1	13	13.3	13.9	0.3	13.3	14.3
<i>S. epiderm.</i>	7.9	2	8	18.0	0.3	17.5	18.5	22.1	0.7	21.1	22.8
<i>S. marces.</i>	81.4	25	8	12.7	0.2	12.5	12.9	12.7	0.1	12.7	13
<i>S. viridans</i>	240	75	15	30	1.7	27	32.3	19.7	0.3	19.1	20.3
Mean Total	56.6	16.8	8.6	14.9	0.4	14.3	15.5	19.9	0.5	19.2	20.6

All bottles reactive (anaerobic bottles only for strict anaerobies)





Pooled Leukoreduced PRP Platelets composite (1+5)

Organism	Single Inocul CFU/mL	Single Actual	# plates	Aerobic bottles - Hours				Anaerobic bottles - Hours			
				Mean	SD	Min	Max	Mean	SD	Min	Max
<i>B. cereus</i>	3	<2	7	9.5	0.2	9.1	9.8	11.4	0.7	10.3	12.3
<i>Clos perf</i>	1.9	<2	2					10.9	0.4	10.3	11.9
<i>E. Cloacae</i>	24	13	20	12.8	0.2	12.6	13.1	11.6	0.2	11.4	11.9
<i>E. Coli</i>	13.5	9	7	11.8	0.2	11.5	12.0	11.1	0.2	10.80	11.4
<i>K. pneum*</i>	17	3	0	12.3	0.2	12.0	12.7	12.2	0.2	12.0	12.5
<i>P. Acnes</i>	6.1	6	2					74.4	1.6	72	76.8
<i>S. Aureus</i>	17	8	4	13.2	0.1	13	13.3	13.9	0.3	13.3	14.3
<i>S. epiderm.</i>	7.9	2	8	18.0	0.3	17.5	18.5	22.1	0.7	21.1	22.8
<i>S. marces.</i>	81.4	25	8	12.7	0.2	12.5	12.9	12.7	0.1	12.7	13
<i>S. virid*</i>	24	<2	1	48.4	6.8	37.6	55.2	23.7	1.5	21.3	25.4
Mean Total	19.6	7.2	5.9	17.3	1.0	15.7	18.4	20.4	0.6	19.5	21.2

2 bottle set reactive (excepting strict anaerobes)

Bottle Set	Klebs. Pneumoniae 3 CFU/m: <u>(0/20 plates)</u>		Serratia. Marcescens <2 CFU/mL <u>(1/20 plates)</u>		Strep. Viridans <2 CFU/mL <u>(1/20 plates)</u>	
	BPA	BPN	BPA	BPN	BPA	BPN
1	R		R	R	R	R
2	R			R	R	R
3	R	R	R		R	R
4	R	R	R		R	R
5	R	R		R	R	R
6	R	R		R	R	R
7	R	R	R		R	R
8	R	R			R	
9	R	R				R
10	R	R			R	R



Conclusion

BacTAlert reliably detects a contamination
Level of 10 CFU/mL in a single unit after
Pooling/dilution with 5 other units.

Such detection may facilitate FDA approval of
pre-pooled whole blood derived platelets.



