

識別番号		年 月 日	登録番号		年 月 日	
報告区分	研究報告					
一般的名称	胎盤加水分解物		研究報告又は外国における措置の公表状況		(厚生労働省処理欄)	
販売名(企業名)	ラエンネック (日本生物製剤)					
研究報告又は外国での措置の概要	問題点(医師および薬剤師向け情報：凝固因子およびプリオンに関する情報)					
	<p>2005年1月10日、ZLB Behring はポールエーリッヒ研究所に、後に変異型クロイツフェルト・ヤコブ病を発症したフランス人女性ドナーの血漿は 1996年に中間製品において使用されていたことを通知した。中間製品は Haemate HS/P 1000(バッチ番号 5676641)の製造に用いられた。Haemate は血友病 A および後天性第 VIII 因子欠損に関連した出血の予防および治療などに用いられる。当該バッチは 1997年に Centeon によってドイツ市場に出回った。しかしポール・エールリッヒ研究所はフランスの血液ドナーセンターでの適切的に認識され始めたドナー選択における不適合が確認された後バッチを回収した。続いて Centeon はこれらバッチの自主回収を行った。ドイツにおいて販売された 1494 個のうち 1269 個は既に使用されているようであり、225 個が返品された。このバッチの使用による患者の vCJD 感染リスクは極めて低いと考える。加えて、血漿由来製品による vCJD の感染確定例または疑い例は発生していない。ポールエーリッヒ研究所が実施したこのバッチについてのリスク計算などについて記載されている。</p>					
報告企業の意見	特に、当社の製品であるラエンネックとの関連が認められない為、問題なしと思われます。	処置と今後の対応	現状維持とします。		使用上の注意記載状況等 記載なし。	
					その他の参考事項	



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**Information for
Physicians and Pharmacists**Paul-Ehrlich-Institut
Federal Agency for Sera and Vaccines

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Information on Coagulation Factors and Prions

(pdf-version for download; new Browser)

On 10th January 2005, ZLB Behring informed the Paul-Ehrlich-Institut in Langen, Germany that the plasma of a French woman donor, who later developed vCJD, was used in an intermediate product in 1996. The intermediate product was used to manufacture Haemate HS/P 1000 (Batch No 5676641). Haemate is used in the prophylaxis and therapy of bleeding relating to Haemophilia A and acquired factor VIII deficiency, in the therapy of patients with antibodies against factor VIII, and the prophylaxis and therapy of bleeding relating to Willebrand syndrome.

The batch referenced was introduced into the German market by the then license holder, Centeon, in 1997. However, the PEI had withdrawn the batch release in November 1997 after detecting non-conformities in the donor selection in the French blood donor centre that had become known in retrospect. Following this, Centeon recalled the batches at its own responsibility. 1269 of 1494 packages marketed in Germany had apparently already been consumed, 225 were sent back.

The risk of infection of patients with vCJD by using the batch in question is to be considered as extremely low. In addition, no confirmed or suspected case of transmission of vCJD by plasma derivatives has occurred. The Paul-Ehrlich-Institut has carried out a risk calculation for the batch concerned on the basis of the following parameters:

- the amount of the donor's plasma used
- the size of the plasma pool in which the plasma donation was used
- the amount of plasma processed for a single dose (package)
- an assumed pathogen concentration based on data from animal experiments
- the experimentally examined capacity of the purification steps to remove prions during the manufacturing procedure of factor VIII products

According to this calculation, the possibly remaining residual amount of infectivity in a single dose of the Haemate HS/P 1000 batch in question is considered as very low (4.1×10^{-4} IU₅₀/ package to 4.1×10^{-5} IU₅₀/ package).

In other words, one out of 2,500 to 25,000 packages could contain one theoretical infective unit of prions. Since these considerations indicate that only every 2,500th to 25,000th package may be contaminated, there is a high probability that none – or at least only a small percentage – of the 1269 packages contain residual amounts of infected material. Therefore, the risk is still small even for patients who received several packages from this batch.

At a European level, extensive discussions have been underway concerning the safety of plasma-derived products for several years. A position paper of the Committee for Medicinal Products for Human Use (CHMP (formerly CPMP)) at the European Agency for the Evaluation of Medicinal Products (EMA) dated June 2004 states that in using French plasma, too, the safety margin regarding prion infection is sufficient. These evaluations are being continuously adapted to the state of the art

(<http://www.emea.eu.int/pdfs/human/press/pos/287902rev1.pdf>).

If you need additional information, please contact Dr. Susanne Stöcker
Phone: +49 6103 / 77 1030 or Fax: +49 6103 / 77 1262 or E-Mail: 'pressestelle'

医薬品
 医薬部外品 研究報告 調査報告書
 化粧品

識別番号・報告回数		報告日		第一報入手日 2005年4月18日	新医薬品等の区分 該当なし	厚生労働省処理欄
一般的名称	①ポリエチレングリコール処理抗破傷風人免疫グロブリン ②乾燥抗破傷風人免疫グロブリン		研究報告の 公表状況	Transfusion 45(4)500-503, 2005	公表国 アメリカ	
販売名 (企業名)	①テタノブリン-IH (ベネシス) ②テタノブリン (ベネシス)					
研究報告の概要	1986年から1990年の間に米国メリーランド州ボルチモアのFACTS (Frequency of Agents Communicable by Transfusion study) に登録された患者406人の血清について、手術前及び手術6箇月後のHHV-8抗体がlytic-antigen免疫蛍光法で測定された。手術前にHHV-8抗体陽性率は11.3%であった。輸血時にHHV-8抗体陰性であった患者284人のうち2人が陽転化した。これらの患者は血液製剤を受けており、輸血を受けなかったHHV-8抗体陰性の患者に陽転化は見られなかった。もし陽転化の輸血が原因であるとする、輸血による製剤当りのHHV-8伝播リスクは0.082%となる。米国における血液製剤を介したHHV-8伝播を示唆する最初の報告である。					使用上の注意記載状況・ その他参考事項等
	報告企業の意見 輸血により、HHV-8が伝播したとの報告である。 血漿分画製剤からのHHV-8伝播の事例は報告はされていない。万一原料血漿にHHV-8が混入したとしても、BHVをモデルウイルスとしたウイルスバリデーション試験成績から、本剤の製造工程において十分に不活化・除去されると考えている。					今後の対応 本報告は本剤の安全性に影響を与えないと考えるので、特段の措置はとらない。

代表としてテタノブリン-IHの記載を示す。

2. 重要な基本的注意
 (1) 本剤の原材料となる血液については、HBs抗原、抗HCV抗体、抗HIV-1抗体、抗HIV-2抗体陰性で、かつALT(GPT)値でスクリーニングを実施している。更に、プールした試験血漿については、HIV-1、HBV及びHCVについて核酸増幅検査(NAT)を実施し、適合した血漿を本剤の製造に使用しているが、当該NATの検出限界以下のウイルスが混入している可能性が常に存在する。本剤は、以上の検査に適合した高力価の破傷風抗毒素を含有する血漿を原料として、Cohnの低温エタノール分画で得た画分からポリエチレングリコール4000処理、DEAEゼファデックス処理等により抗破傷風人免疫グロブリンを濃縮・精製した製剤であり、ウイルス不活化・除去を目的として、製造工程において60℃、10時間の液状加熱処理及び濾過膜処理(ナノフィルトレーション)を施しているが、投与に際しては、次の点に十分注意すること。

TRANSFUSION COMPLICATIONS

Possible transmission of human herpesvirus-8 by blood transfusion in a historical United States cohort

Sheila C. Dollard, Kenrad E. Nelson, Paul M. Ness, Veronica Stambolis, Matthew J. Kuehnert, Philip E. Pellett, and Michael J. Cannon

BACKGROUND: Transmission of human herpesvirus-8 (HHV-8) by blood transfusion in the United States appears plausible but has not been demonstrated. The objective of this study was to evaluate evidence of HHV-8 transmission via blood transfusion.

STUDY DESIGN AND METHODS: Serum specimens were collected before and 6 months after surgery from 406 patients who enrolled in the Frequency of Agents Communicable by Transfusion study (FACTS) in Baltimore, Maryland, from 1986 to 1990. The change in HHV-8 serostatus was measured by a lytic-antigen immunofluorescence assay.

RESULTS: Of the 284 patients who were initially HHV-8-seronegative and who received transfusions, 2 seroconverted, 1 with a postsurgery antibody titer of 1:160 and the other with a titer of 1:1280. These patients received 12 and 13 units of blood, respectively. None of the HHV-8-seronegative patients who did not receive transfusions seroconverted. If seroconversion was caused by transfused blood, the transmission risk per transfused component was 0.082 percent.

CONCLUSIONS: This is the first report suggesting transmission of HHV-8 via blood components in the United States. Because linked donor specimens were not available, other routes of transmission cannot be excluded; however, the evidence is consistent with infection being caused by transfusion. Future studies should include contemporary US populations with linked donor specimens and populations at higher risk for HHV-8 infection.

Human herpesvirus-8 (HHV-8), also known as Kaposi's sarcoma (KS)-associated herpesvirus, is the cause of KS and is associated with primary effusion lymphoma and multicentric Castleman's disease.¹ Evidence that HHV-8 could potentially be transmitted by blood transfusion was first reported by Blackburn and colleagues² who isolated infectious HHV-8 from five of seven donations from one blood donor. Subsequent studies found an association between injection drug use and HHV-8 infection, suggesting that blood-borne transmission of HHV-8 can occur through needle sharing,³⁻⁷ although others did not find this association.^{8,9} HHV-8 transmission has also been traced to the transplant of infected organs.¹⁰

Limited studies in the United States and Jamaica suggest that donated HHV-8-seropositive blood seldom contains infectious virus: none of 32 recipients of blood components from HHV-8-seropositive donors developed antibodies against HHV-8,^{11,12} and none of 33 HHV-8-seropositive blood donors had HHV-8 DNA in their peripheral blood mononuclear cells.¹³ In contrast, studies in Uganda and Tanzania, where HHV-8 and KS are more common, found HHV-8 DNA in blood donors¹⁴ and found

ABBREVIATIONS: EBV = Epstein-Barr virus; FACTS = Frequency of Agents Communicable by Transfusion study; HHV-8 = human herpesvirus-8; IFA = immunofluorescence assay; KS = Kaposi's sarcoma.

From the National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; the Bloomberg School of Public Health and School of Medicine, Johns Hopkins University, Baltimore, Maryland; the Lerner Research Institute, Cleveland Clinic Foundation, Cleveland, Ohio; and the Rollins School of Public Health, Emory University, Atlanta, Georgia.

Address reprint requests to: Sheila Dollard, PhD, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop G-18, Atlanta, GA 30333; e-mail: sgd5@cdc.gov.

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that HHV-8 seropositivity in children correlated with the number of blood transfusions they had received.¹⁵

To further investigate possible transfusion-related transmission of HHV-8, we tested for HHV-8 antibodies in serum samples from a historical cohort of 406 US cardiac surgery patients, many of whom received multiple blood transfusions.

MATERIALS AND METHODS

Study design and population

We randomly selected 406 cardiac surgery patients (primarily receiving coronary artery bypass) who enrolled in the Frequency of Agents Communicated by Transfusion study (FACTS) in Baltimore, Maryland, from 1986 to 1990.¹⁶ For quality control (QC), specimens were collected from patients independently by trained staff dedicated to the study. The median age of these patients was 65 years, 66 percent were men, 90 percent were white, and 81 percent received blood transfusions during surgery (mean, 8.6 units). Two serum specimens were obtained from each patient, one before surgery and another 6 months after surgery. Genetic testing to confirm that pre- and postsurgery specimen pairs were from the same patient was not available, but rigorous QC in the collection and labeling procedure made specimen mislabeling unlikely.

Serologic analysis

HHV-8 immunoglobulin G antibody was measured, with an immunofluorescence assay (IFA) based on lytically induced BCBL cells that harbor HHV-8, as described,¹³ except a higher serum dilution was used as the assay cut-off in our study. Specimens were screened at a 1:40 serum dilution, and reactive serum samples were confirmed at 1:80 and 1:160 serum dilutions, with reactivity at 1:80 considered positive. All serum samples were randomized and blinded to the person reading the slides. We determined endpoint titers for all serum samples from patients with discordant pre- and postsurgery results at 1:80 dilution (Fig. 1). To further ensure specificity, seroconverters were defined as those with a negative (not equivocal) presurgery IFA result at a 1:40 dilution and with a positive postsurgery result at a 1:80 dilution.

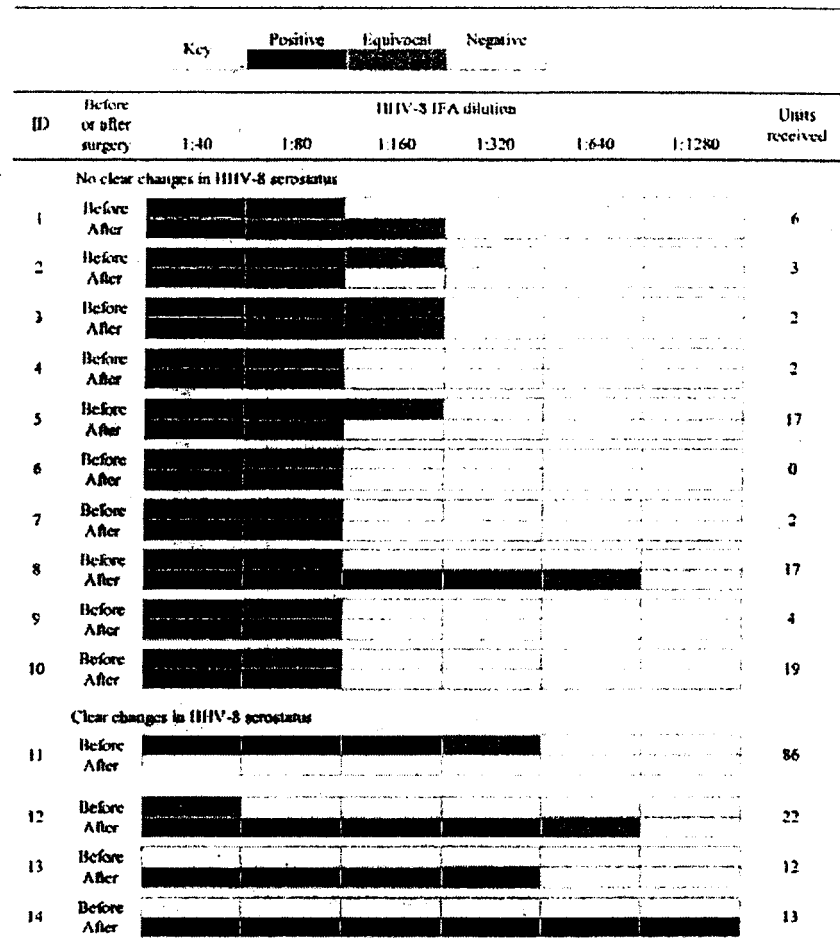


Fig. 1. FACTS patients (n = 14) with discordant HHV-8 IFA results on pre- and postsurgery serum samples at 1:80 serum dilution, showing endpoint antibody titer and number of blood products received.

In addition, to rule out cross-reactivity with the closely related Epstein-Barr virus (EBV), we measured EBV antibodies by enzyme-linked immunosorbent assay (ELISA, DiaSorin, Stillwater, MN) before and after surgery in the 14 patients in Fig. 1 who showed a change in HHV-8 antibody reactivity.

RESULTS

Overall, HHV-8 seropositivity among patients before surgery was 11.3 percent. Concordance of HHV-8 antibody status in patients before and after surgery was 96.6 percent: 351 patients (86.5%) were negative at both visits, and 41 (10.1%) were positive at both visits. Most HHV-8-seropositive patients (72%) had antibody titers of 1:160 or greater. Fourteen patients (3.4%) had discordant HHV-8 results between their paired pre- and postsurgery

TABLE 1. Demographics, surgery, and transfusion characteristics of FACTS HHV-8 seroconverters and all FACTS patients

Patients	Age (years)	Race	Sex	Surgery date	Surgery type*	Number of units transfused by type					Total
						Whole blood	Cryo-precipitate	RBCs	PLTs	FFP	
FACTS seroconverters											
Patient 13	67	White	Male	Feb. 1988	CAB	0	0	4	8	0	12
Patient 14	69	White	Male	Jan. 1988	CAB	0	0	5	8	0	13
All FACTS patients											
Median	64					0	0	2	0	0	3
10%-90% range	46-75					0-0	0-1	0-6	0-8	0-2	0-17

* CAB = coronary artery bypass.

serum samples at the assay cutoff of 1:80 (Fig. 1); most of these (Patients 1-10) were equivocal results paired with relatively weak positive results that likely represented fluctuation of antibody levels over time around the detection limit of the assay.

Four patients (Patients 11-14) showed a clear change in HHV-8 serostatus (Fig. 1), and two of them (Patients 13 and 14) met the case definition for seroconverter, with postsurgery antibody titers of 1:160 and 1:1280. Patient 12 had a high postsurgery HHV-8 antibody titer and may have been a seroconverter, but was excluded because of an equivocal presurgery IFA at 1:40 dilution. The fourth patient (Patient 11) showed evidence of seroreversion with an antibody titer of 1:160 before surgery and negative HHV-8 serology results after surgery. This patient received an unusually large number of transfusions (86 units, nearly all likely to be seronegative with a seroprevalence of 2.4% in 1000 US blood donors with this assay¹³), which may have been a factor in the change in his measurable antibody to HHV-8. All patients tested were seropositive for EBV before and after surgery. EBV ELISA optical densities (which approximate antibody titer) for Patients 11 to 14 before and after surgery, respectively, were 2.2/2.3; 3.0/2.9; 2.9/1.2; and 0.8/0.9.

The two unambiguous seroconverters (Patients 13 and 14) received 12 and 13 units of blood, respectively, including red blood cells (RBCs) and platelets (PLTs; Table 1). Rates of seroconversion were 2 per 142 person-years of follow-up (284 individuals \times 0.5 years) for the transfused group compared to 0 per 37.5 person-years of follow-up (75 individuals \times 0.5 years) for the nontransfused group ($p = 0.63$).

DISCUSSION

We identified two patients with possible transmission of HHV-8 by blood transfusion as evidenced by seroconversion. Neither of the two HHV-8 seroconversions could be explained by cross-reactivity with antibodies to EBV, a closely related virus. To our knowledge, this is the first

report suggesting a link between HHV-8 infection and blood transfusion in the United States.

Because linked donor specimens were not available, it is possible that seroconversion was due to other sources of infection. Detailed clinical information was not available for the two seroconverters; however, the most likely source other than transfusion would be frequent sexual exposure to persons at high risk of HHV-8 shedding, such as HIV-infected individuals or men who have sex with men. Because older and less healthy individuals, such as FACTS patients, are less likely to engage in high-risk sexual behavior, transfusion transmission is a more plausible explanation for seroconversion.

If we assume that the two seroconverters were infected via transfused blood, the transmission risk per transfused patient was 2 in 284 or 0.7 percent (95% confidence interval [CI], 0.0%-1.7%). If we also assume that each received only 1 unit of infected blood, then we would estimate the risk of HHV-8 infection per transfused unit to be 2 in 2440 or 0.082 percent (95% CI, 0.0%-0.20%). This rate is approximately one-fifth that of hepatitis C virus (HCV) transmission before the implementation of screening with surrogate markers and anti-HCV tests.¹⁷

There are several reasons why previous studies^{11,12} of the possible transmission of HHV-8 via transfusion may not have identified HHV-8 seroconverters. First, assays used previously have been shown to be less sensitive than our lytic IFA.^{13,18,19} In two multicenter studies of HHV-8 serologic assays,^{13,19} the lytic IFA was identified as the most sensitive assay, with moderate specificity in the first study at 1:10 serum dilution and high specificity in the second study at 1:40 serum dilution. With further assay validation, our laboratory increased specificity of the lytic IFA with a very small loss in sensitivity by setting the assay cutoff at 1:80 dilution (manuscript in preparation). Second, the types of blood components mainly transfused in the two previous studies (e.g., plasma, cryoprecipitate) would be less likely to harbor viable HHV-8 (which is primarily cell-associated) than cellular components such as RBCs and PLTs, which patients in the FACTS cohort received. And

third, given our estimated rate of seroconversion (0.7%) and the small number of recipients in two previous studies (32 total), sampling probabilities could explain the absence of transfusion-related transmission.

In conclusion, our results suggest that transmission of HHV-8 via blood transfusion occurred among FACTS patients. Any current HHV-8 transfusion-related transmission risk in the United States is most likely less than our estimated risk of 0.082 percent per unit, because blood safety practices have changed significantly since FACTS was conducted. Donor deferral criteria are more stringent, donations are tested for HIV and HCV (which share some risk factors with HHV-8), and cellular blood components are routinely leukoreduced (HHV-8 is primarily cell-associated). HHV-8 infection does not appear to pose serious consequences for immunocompetent individuals, who rarely develop KS unless they become immunosuppressed. Many people who receive blood transfusions, however, including organ transplant recipients, are immunosuppressed and thus are at risk for developing HHV-8-related complications. An intervention to screen blood for HHV-8 should consider the risks of HHV-8 transmission and the feasibility of screening, but it should also consider the impact of screening on the availability of blood components. Future studies should use linked donor-recipient specimens and include contemporary US populations and non-US populations with higher rates of HHV-8 infection. Finally, if future studies demonstrate HHV-8 transfusion transmission, HHV-8 assays suitable for use in high-volume blood donor screening programs need to be developed.

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医薬品
医薬部外品 研究報告 調査報告書
化粧品

識別番号・報告回数		報告日	第一報入手日 2005.4.1	新医薬品等の区分 該当なし	機構処理欄
一般的名称	人赤血球濃厚液	研究報告の公表状況	ProMED 20050402-0020, 2005 Apr 1. 情報源：O Folha online, 2005 Apr 1. EPTV Central, 2005 Mar 31.	公表国 ブラジル	
販売名(企業名)	赤血球 M・A・P「日赤」(日本赤十字社) 照射赤血球 M・A・P「日赤」(日本赤十字社)				
研究報告の概要	<p>○サンタ・カタリナ州の保健局長官が 3 月 31 日に確認したところによると、原虫クルーズトリパノソーマ（シャーガス病の病因）に感染したオオサシガメが BR-101 高速道路沿いにあるキオスク店で発見された。感染者の 91%が、同店で作られたサトウキビジュースの摂取により感染したことが確認された。この昆虫は、2005 年 3 月 30 日にキオスクの従業員が発見したが、商品のタオルに隠れていた。</p> <p>オオサシガメのほかに、キオスク周辺で捕獲されたオポッサムの親 1 匹と子 4 匹からもクルーズトリパノソーマが検出された。このオポッサムは、キオスクの裏のサトウキビ保管庫にしかけた 40 個のトラップの一つで捕獲された。州疫学サーベイランス部によると、感染動物の捜索は半径 4km まで拡大する予定である。</p> <p>全ての患者は、2005 年 2 月 13 日にサトウキビジュースを摂取した。感染経路は確定されていないが、サトウキビがオポッサムにより汚染されたか、オオサシガメがジュース製造時に混入した可能性がある。3 月 31 日の疫学サーベイランス部発表によると、シャーガス病患者 24 名が確認された。9 日間で患者数が 30 名に達した。このうち 4 名は慢性のキャリアで、すでに症状が進行している。患者のうち 2 名は供血のために検査を行っており、2 名は臓器移植を受けていた。</p> <p>○ANVISA (国立衛生サーベイランス部)はサンタ・カタリナ州でのシャーガス病流行に対し、2005 年 2 月 1 日から 3 月 23 日の間に BR-101 高速道路の Picarras と Italjai の間のキオスクでサトウキビジュースを摂取した者からの供血を禁じた。</p>				使用上の注意記載状況・ その他参考事項等
	報告企業の意見	今後の対応	<p>ブラジルのサンタ・カタリナ州でサトウキビジュースの摂取が原因と見られるトリパノソーマ症の集団感染が発生し、ブラジル当局により供血制限が行われたとの報告である。</p> <p>日本赤十字社は、輸血感染症対策として問診時に海外渡航歴の有無を確認し、帰国後 4 週間は献血不適としている。また、シャーガス病の既往がある場合には献血不適としている。今後も引き続き情報の収集に努める。</p>		

ProMED情報(詳細)



記事番号	20050402-0020
重要度	C
タイトル	PROTrypanosomiasis, foodborne - Brazil (Santa Catarina)(05)
感染症名	トリパノソーマ症
主症状	
日付	2005/04/01
流行国	ブラジル
和訳概要	<p>トリパノソーマ症,食品由来 - Brazil(Santa Catarina) (05) [1]情報源: O Folha online [翻訳編集:ポルトガル人モデレーターMPP] キオスクの従業員がSanta Catarinaでシャーガス病の媒介動物に暴露 Santa Catarinaの保健局長官が3月31日に確認したところによると、原虫クルーズトリパノソーマ_Trypanosoma cruzi(シャーガス病の病因)に感染したbarbeiro [オオサシガメ]がFlorianopolisから113km離れたNavegantesにあるキオスクBarracao da Penha 2店で発見された。感染者の91%が、同店で作られたサトウキビジュースの摂取により感染したことが確認された。検査は Santa Catarina連邦大学の微生物寄生虫学部により行われ、この昆虫の原虫の存在が証明された。この昆虫は、BR-101高速道路111km地点沿いにある同店内で、2005年3月30日にキオスクの従業員が発見したが、キオスクの商品であるタオルに隠れていた。</p> <p>オオサシガメのほかに、[キオスク]周辺で捕獲された親のオポッサム1匹と子オポッサム4匹からもクルーズトリパノソーマが検出された。このオポッサムは、キオスクの裏のサトウキビ保管庫にしかけた40個のトラップの一つで捕獲された。州疫学サーベイランス部によると、感染動物の検索は半径4kmまで拡大する予定である。</p> <p>全ての患者は、2005年2月13日にサトウキビジュースを摂取した。サーベイランス部は現在、同病が確認されたが、Navegantesのキオスクと接触がなかったJoinville (首都からの180kms)在住の2人を調査している。感染経路は確定していない。サトウキビがオポッサムにより汚染されたか、オオサシガメがジュース製造時に混入した可能性がある。3月31日の疫学サーベイランス部発表によると、シャーガス病患者24名が確認された。9日間で患者数が30名に達した。このうち4名が慢性のキャリアで、すでに症状が進行している。そのうち2名は献血のために検査を行っており、2名は臓器移植を受けていた。</p> [2]情報源: EPTV Central, 2005/3/31 ANVISA (国立衛生サーベイランス部)はSantaCatarinaでのシャーガス病流行に対し、献血での供血に対しスクリーニングを追加することを発表した。 2005年2月1日から3月23日の間にBR-101ハイウェイのPicarrasとItajaiの間のキオスクでサトウキビジュースを摂取した者からの供血を禁じた。

情報詳細【和文】

トリパノソーマ症,食品由来 - Brazil(Santa Catarina) (05)
[1]情報源: O Folha online [翻訳編集:ポルトガル人モデレーターMPP]
キオスクの従業員がSanta Catarinaでシャーガス病の媒介動物に暴露
Santa Catarinaの保健局長官が3月31日に確認したところによると、原虫クルーズトリパノソーマ_Trypanosoma cruzi(シャーガス病の病因)に感染したbarbeiro [オオサシガメ]がFlorianopolisから113km離れたNavegantesにあるキオスクBarracao da Penha 2店で発見された。感染者の91%が、同店で作られたサトウキビジュースの摂取により感染したことが確認された。検査は Santa Catarina連邦大学の微生物寄生虫学部により行われ、この昆虫の原虫の存在が証明された。この昆虫は、BR-101高速道路111km地点沿いにある同店内で、2005年3月30日にキオスクの従業員が発見したが、キオスクの商品であるタオルに隠れていた。

オオサシガメのほかに、[キオスク]周辺で捕獲された親のオポッサム1匹と子オポッサム4匹からもクルーズ

トリパノソーマが検出された。このオポッサムは、キオスクの裏のサトウキビ保管庫にしかけた40個のトラップの一つで捕獲された。州疫学サーベイランス部によると、感染動物の検索は半径4kmまで拡大する予定である。

全ての患者は、2005年2月13日にサトウキビジュースを摂取した。サーベイランス部は現在、同病が確認されたが、Navegantesのキオスクと接触がなかったJoinville (首都からの180kms)在住の2人を調査している。感染経路は確定していない。サトウキビがオポッサムにより汚染されたか、オオサシガメがジュース製造時に混入した可能性がある。3月31日の疫学サーベイランス部発表によると、シャーガス病患者24名が確認された。9日間で患者数が30名に達した。このうち4名が慢性のキャリアで、すでに症状が進行している。そのうち2名は献血のために検査を行っており、2名は臓器移植を受けていた。

[2]情報源: EPTV Central, 2005/3/31

ANVISA (国立衛生サーベイランス部)はSantaCatarinaでのシャーガス病流行に対し、献血での供血に対しスクリーニングを追加することを発表した。

2005年2月1日から3月23日の間にBR-101ハイウェイのPicarrasとItajaiの間のキオスクでサトウキビジュースを摂取した者からの供血を禁じた。

情報詳細【英文】

Return-Path: <mlist@promed.isid.harvard.edu>

Received: from qvg1.forth.go.jp (promed.isid.harvard.edu [134.174.190.40])

by qmail1.forth.go.jp (Post.Office MTA v3.6.2 release 110

ID# 1002-391U1000L100S0V36J) with ESMTP id jp;

Sat, 2 Apr 2005 08:05:44 +0900

Received: from promed.isid.harvard.edu(134.174.190.40) by qvg1.forth.go.jp via csmmap id fe90ec34_a353_11d9_8d1d_00304827aeac_23538;

Sat, 02 Apr 2005 08:48:35 +0000 (UTC)

Received: from localhost (daemon@localhost)

by promed.harvard.edu (8.9.3+Sun/8.9.3) with SMTP id SAA22209;

Fri, 1 Apr 2005 18:08:38 -0500 (EST)

Received: by promed.harvard.edu (bulk_mailer v1.13); Fri, 1 Apr 2005 18:02:48 -0500

Received: (from majordom@localhost)

by promed.harvard.edu (8.9.3+Sun/8.9.3) id SAA13999;

Fri, 1 Apr 2005 18:02:41 -0500 (EST)

Date: Fri, 1 Apr 2005 18:02:41 -0500 (EST)

Message-Id: <200504012302.SAA13999@promed.harvard.edu>

To: promed-ahead-edr@promedmail.org

From: ProMED-mail <promed@promed.isid.harvard.edu>

Subject: PRO/AH/EDR> Trypanosomiasis, foodborne - Brazil (Santa Catarina)(05)

X-ProMED-Id: 20050401.0940

Sender: owner-promed-ahead-edr@promed.isid.harvard.edu

Reply-To: promedNOREPLY@promed.isid.harvard.edu

Precedence: bulk

TRYPANOSOMIASIS, FOODBORNE - BRAZIL (SANTA CATARINA) (05)

A ProMED-mail post

<<http://www.promedmail.org>>

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International Society for Infectious Diseases

<<http://www.isid.org>>

[This thread name has been changed to "Trypanosomiasis, foodborne - Brazil (Santa Catarina)" from "Trypanosomiasis, foodborne - South America" because no cases have been reported from outside Brazil and the outbreak has been located to Santa Catarina. - Mods. EP/MPP]

[1]

Date: 1 Apr 2005

From: ProMED-mail <promed@promedmail.org>

Source: O Folha online [trans. from Portuguese Mod.MPP; edited]

<<http://www1.folha.uol.com.br/folha/cotidiano/ult95u107470.shtml?>>
 Employees of kiosk encounter the vector of Chagas Disease in Santa Catarina

The Secretary of Health of Santa Catarina confirmed this Thursday [31 Mar 2005] that a barbeiro [triatomid bug] was found in the kiosk Barracao da Penha 2, in Navegantes (113 km from Florianopolis), which was infected with the protozoan *Trypanosoma cruzi* (the cause of Chagas disease). According to the agency, 91 percent of the infections [cases of Chagas disease] that were confirmed occurred through the ingestion of cane juice from this establishment. The test, conducted by the Department of Microbiology and Parasitology of the Federal University of Santa Catarina, proved the presence of the protozoan in this insect. The insect was found by employees of the establishment, which is located on the margins of the BR-101 highway at km 111, this past Wednesday [30 Mar 2005]. It was hidden in a towel — a product that is also sold in this kiosk.

In addition to the barbeiro [triatomid bug], an adult opossum and four young that were captured near to the local [the kiosk] were also positive [for *Trypanosoma cruzi*]. The animals were trapped in one of the 40 traps behind the kiosk, an area where part of the sugar cane was stored. According to the Director of the State Epidemiologic Surveillance Unit, Luis Antonio Silva, the search for infected animals is continuing and will be extended for a radius of 4 kilometers.

"The situation is being clarified, providing a sense of security as to which persons have been exposed to the source of infection" he said. According to Silva, all of the sick individuals had ingested the sugar cane juice on 13 Feb 2005. The surveillance unit is still investigating 2 residents of Joinville (180 kms from the capital), who were confirmed with the disease, but did not have contact with the kiosk at Navegantes.

In addition, the form of transmission was not pointed out. One hypothesis is that the sugar cane had been infected by the opossum or the barbeiro [triatomid bug] in the storage area or that the insect was crushed during the preparation of the drink.

The Epidemiologic Surveillance unit revealed this past Thu [31 Mar 2005] that only 24 cases [of Chagas disease] were confirmed. There have been 9 days during which the number [of cases] has reached 30 [but confirmation is still pending]. According to Silva, 4 of the cases were chronic carriers of Chagas disease (they were already in an advanced state of the disease). Of these, 2 had undergone testing to donate blood, and the other 2 were organ recipients.

Another 2 cases will return for analysis, and therefore cannot be linked to the outbreak [as yet]. According to the Secretary of Health of Santa Catarina, Luiz Eduardo Cherem, there cannot have been a mistake. "I do not want to say that this was an error. Perhaps as a result of the overwhelming number of examinations performed there has been some confusion." According to him, although the transmission was accidental, all of the State agents involved in capture of the mosquito responsible for dengue fever will also be trained to capture the vector for Chagas disease. This will be the responsibility of the municipal surveillance units. The ANVISA (National Agency for Sanitary Surveillance) divulged this past Thursday [31 Mar 2005] the launching of a line of credit for the vendors of sugar cane juice who want to make improvements in their establishments.
 [Byline: Thiago Reis]

[2]

Date: 1 Apr 2005

From: ProMED-mail <promed@promedmail.org>

Source: EPTV Central 31 Mar 2005 [Trans. and summarized from Portuguese by

Mod.MPP]

<<http://eptv.globo.com/noticias/>>

ANVISA (the National Sanitary Surveillance Unit), in response to the outbreak of Chagas Disease in Santa Catarina, has announced an additional screening step for blood donations. All persons who drank sugar cane juice from the kiosks along highway BR-101, between Picarras and Itajai, during the period 1 Feb 2005 through 23 Mar 2005 are to be considered inappropriate for blood donation. Questioning about this exposure history is to be added to the pre-existing questioning on health status and medication use. One person to date has been blocked from donating blood.

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<promed@promedmail.org>

[The fact that the infections have been pinned down to exposure on a single day will be comforting to people living in or passing through Santa Catarina State. Precise information on exposure can now be given. The outbreak has disclosed an unknown potential for transmission of *Trypanosoma cruzi* to many people in a very short time. - Mod.EP]

[see also:

- Trypanosomiasis - Brazil (Amapa) 20050331.0929
- Trypanosomiasis, foodborne - Brazil (Santa Catarina) (04) 20050330.0917
- Trypanosomiasis, foodborne - Brazil (Santa Catarina) (03) 20050327.0884
- Trypanosomiasis, foodborne - Brazil (Santa Catarina) (02) 20050325.0870
- Trypanosomiasis, foodborne - Brazil (Santa Catarina) 20050324.0847

Trypanosomiasis - Brazil: RFI 19980306.0426
1997

Chagas disease - Latin America 19970114.0066
Chagas disease vector (05) 19970118.0105
1996

Trypanosomes, New World, Symposium - Guyana 1996 19960830.1493]

.....mpp/ep/pg/mpp

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