IMPORTANCE OF AN EXTENDED SCREENING PANEL IN FELINE BLOOD DONORS

INTRODUCTION
Routine clinical practice in feline blood donors includes ruling out the presence of retrovirus by detection of Feline Leukaemia Virus (FeLV) antigens and Feline Immunodeficiency Virus (FIV) antibodies. However, the American College of Veterinary Internal Medicine (ACVIM), in the Consensus Statement on blood donor infectious disease screening for minimising risks of infectious iatrogenic complications at the 2015 ACVIM Forum, listed the following core pathogens for worldwide screening of candidate feline blood donors: FeLV (rapid FeLV antigen test and FeLV provirus PCR); FIV (Rapid anti-FIV antibody test); Mycoplasma spp. (blood PCR); and Bartonella spp. (Anti-Bartonella antibodies and/or blood PCR). The objective of this study was to determine the prevalence of these agents in healthy indoor FeLV and FIV SNAP-negative cats, eligible to become blood donors.

METHODS
During 2019, according to our blood bank protocol, 1122 client-owned healthy indoor cats, previously tested negative with rapid test for FeLV and FIV (SNAP FIV/FeLV, IDEXX®), were selected to be potential blood donors in Spain and Portugal. After the first donation, additional analyses were regularly performed, while the units waited to be released. The following tests were also performed: FeLV provirus PCR (159/1122), Leishmania spp. PCR (157/1122); Mycoplasma spp. PCR (1122/1122) and Bartonella spp. PCR (1122/1122).

RESULTS

![FIV-FeLV NEGATIVE DONORS](chart)

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Positive</th>
<th>Percentage</th>
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<tr>
<td>FeLV PROVIRUS</td>
<td>6</td>
<td>3.8%</td>
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<tr>
<td>LEISHMANIA spp.</td>
<td>0</td>
<td>0%</td>
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96.5% NEGATIVE (n=1092)

- MYCOPLASMA haemofelis (n=12) 1.1%
- MYCOPLASMA haemominutum (n=20) 1.8%
- BARTONELLA spp. (n=2) 0.2%

CONCLUSION
Our results confirmed the presence of other pathogens in client-owned healthy indoor, FeLV and FIV SNAP-negative cats. Testing healthy cats, eligible to become blood donors, for infectious diseases other than FIV and FeLV is highly recommended, as it may reduce the risk of other important transfusion-transmitted infections.