

Transfusion Today

World Blood
Donor Day

Membership
Renewal

COVID-19

Healthy Donor
Effect

ISBT

In Focus

DONOR HEALTH





Eva-Maria Merz
Sanquin
The Netherlands



Katja van den Hurk
Sanquin
The Netherlands



Editorial

I am very excited to be at ISBT and would like to thank Judith for all her help and support during our 'handover'. However, my first editorial comes at a strange and difficult time for all of us, amidst a global pandemic. COVID-19 has impacted on all aspects of our lives and has presented an enormous challenge to the concept of 'a world of safe and sufficient blood'.

This edition's in-focus section is on donors and donation, and June 14th sees the on-line launch of World Blood Donor Day (WBDD) 2020. The campaign theme is "Safe blood saves lives" the aim is to focus on the contribution that each donor can make to improve health for others in the community. The WBDD launch celebrations planned for Rome this year have been postponed until June 2021, but we can all be part of this campaign by encouraging those able to donate in these extraordinary times to do so.

ISBT is supporting the transfusion community with COVID-19 related resources on dedicated web pages. Blood services are rapidly adapting practice for routine donation and developing protocols for the collection of COVID-19 convalescent plasma, and institutions from around the world have shared protocols and information. Links are available to watch educational ISBT webinars on COVID-19 related topics. Also, peer reviewed Vox Sanguinis and ISBT Science Series COVID-19 papers are being published on-line in record time so that new information is available as soon as possible.

In March 2020, the ISBT Board took the difficult decision to postpone the ISBT congress from June to December. Whilst hugely disappointing, the safety of delegates was paramount and there was also a recognition that transfusion professionals would need to prioritise providing essential services at home. The reorganisation has been quite a challenge not only for ISBT, but for exhibitors, speakers, the local organising committee, working party members and all of you planning to attend; I'd like to thank you all for your patience and support. We are now looking forward to getting together in person for an exciting meeting in Barcelona in December, including additional sessions based on late breaking abstracts with submissions opening in October.

Meanwhile, in other late breaking news! We will be having a 'Summer Highlights of ISBT' session, on-line in July, with speakers from recent ISBT meetings and also COVID-19 updates - more information to follow soon.

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President Martin L. Olsson **Secretary General** Gwen Clarke **Executive Director** Jenny White
Design drukkerij Teewes **Photography** Transfusion Today **Advertising** communication@isbtweb.org

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T + 31 20 7601 760, communication@isbtweb.org.

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The healthy donor effect and the COVID-19 pandemic

Do crisis-related donor motivations influence selection bias?

In 1976, The "Healthy Worker Effect" (HWE) was introduced as a type of bias in occupational epidemiology, characterized by lower mortality and morbidity rates in occupational cohorts compared to the general population.(1) "It comprises individuals necessarily healthy enough to be employable" was the explanation for this phenomenon. Decades later, in 2011, the "Healthy Donor Effect" (HDE), was described as comparable to the HWE in studies among donors, and studies comparing donors to non-donors.(2)

The HDE implies that donors are a selected, 'healthier' sample of the general population because of blood bank selection procedures and donor self-selection. Research into health effects of blood donation is complicated by this HDE, because they cannot easily be distinguished from health differences due to donor selection. Even when comparing donors with more versus less-frequent donations, or with longer versus shorter donor careers, the risk of a HDE remains. We have shown that health differences between these groups of donors may actually pre-exist and determine whether a donor stops or keeps on donating.(3)

But how similar to the HWE is this HDE, actually? On the one hand, donors are screened at every donation, while employees usually are not screened at work or before being employed. Furthermore, of the age-eligible population, around 70% of the Dutch are employed, while only around 3% are active as blood or plasma donors. On the other hand, donors might have common beliefs, values and health characteristics, comparable to similarities among employees working within one company. Therefore, an important question is: what has driven these individuals to become a donor, and what drives certain donors to continue donating, sometimes even over decades? Answers to these questions are important for better understanding the HDE.

While writing this article, we are in the midst of the COVID-19 pandemic. In the Netherlands, and other countries, numbers of donations have been increasing during this crisis, as have new donor registrations. Hence, the question "What motivates donors?" is even more pressing now than before. Humans can be exceptional, especially in times of crisis and extreme situations. During extraordinary life events (e.g., terrorist attacks, or natural disasters) large numbers of people present to donate blood because they want to help and contribute their share to society. (4) Currently, media coverage of Sanquin testing donors for SARS-CoV-2 antibodies might attract donors seeking confirmation that they had COVID-19 (despite the results not being reported to individual donors). Moreover, Sanquin has called recovered confirmed COVID-19 patients to donate their plasma for patient treatment in trials.

In conclusion, we need to be aware of different motives of (new) blood donors (e.g., altruism, test-seeking, directed patient help) to get an understanding of selection effects that might occur. This is particularly important to examine during times of crisis, when donor motivations may develop and change. We will closely monitor donor motivations during and after the COVID-19 pandemic to assess if and how donor health is impacted, and what implications this has on the Healthy Donor Effect.

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So-Yong Kwon
Korean Red Cross Blood
Services, Republic of Korea



Yu-Soek Jung
Korean Red Cross Blood
Services, Republic of Korea

Aging population and blood donation

The Korean Red Cross Blood Services (KRCBS) is the major blood service in Korea, responsible for about 93% of the national blood supply. Annually more than 2.6 million non-remunerated voluntary blood donations are collected and 6.3 million units of blood and blood components are issued for transfusion and fractionation. To meet the national blood demand, it is essential to attract new donors and retain repeat donors.

Korea is one of the world's fastest aging societies. Last year, the number of people aged 65 or older surpassed 8 million with the overall population growth rate being one of the lowest. The proportion of elderly people relative to the population exceeded 14 percent in 2017, making Korea an "aged society" according to the UN standards. Given the increasing trend of the elderly, Korea is expected to become a "super-aged society" in 2026. This change in population demographics will result in major increase in demand for blood products even if patient blood management is enforced. On the other hand, the low birth rate will result in a decrease in eligible blood donors leading to an exacerbation of the demand and supply imbalance - quite a conundrum for blood services.

In Korea, people aged 16 to 69 are eligible for blood donation. One major characteristic of our donor demographics is that more than 65 percent of our blood donors are in their teens and 20s, hence aging of the population has serious consequences on our donor pool. The number of eligible donors is decreasing continuously. The national blood donation rate decreased from 6.0% in 2015 to 5.4% in 2019, a decrease of about 292 thousand donations during the past five years. During this period, the decrease in donations made by young donors aged 16 to 29 was most striking. It declined by about 12 percent leading to a decrease of about 556 thousand donations.

To diversify our donor pool and to encourage participation of donors aged 30 or above, the Korean Red Cross Blood Services (KRCBS) collaborates closely with the Ministry of Health and Welfare and other government ministries to promote the importance of giving blood at a national level. KRCBS also collaborates with regional/local government organizations to raise awareness about the importance of blood, donation at a regional/local level. KRCBS also partners with private enterprises to engage them in blood donation at a corporate level. To expand the promotional activities to different age groups, KRCBS also diversified its means to reach out to these groups like using the YouTube channel, TV advertisements or other social media to encourage participation. Through these various promotional activities, KRCBS expects to improve blood donation awareness in all age groups. Despite these efforts, the donor base will continue to decrease and it will be more difficult to recruit new donors. National authorities and blood services may need to reconsider donor eligibility criteria to meet the national blood supply in the midst of demographic change towards a super-aging society.



Henrik Ullum
Copenhagen University
Hospital
Denmark



Maria Didriksen
Copenhagen University
Hospital
Denmark

The healthy donor effect – an important issue in donor health research

The healthy donor effect is important to be aware of when considering donor health.

The healthy donor effect reflects the selection process by which a healthier blood donor is selected from a larger background population. Because blood donors are required to be generally healthy, they go through to this selection process several times during their donor career. The first time is when an individual enters the donor population. Following this, donors are subjected to selection each time they decide to show for donation and at these occasions once more when they are found clinically eligible to donate. Thus, the selection process happens both explicitly when a health professional assesses the health of the donor and implicitly when the donor themselves makes the decision to donate. The decision to donate is made due to the circumstances of life that the individual donor experiences in that moment, likely including mental and physical health status. The repeated selection process also creates a potential internal healthy donor effect between active and inactive or lapsed donors.

There is plenty of evidence illustrating the healthy donor effect. Studies have shown that compared to the general population blood donors live longer, have a better self-rated general health, a better self-perceived health-related quality of life (both mentally and physically), they visit their general practitioner less, are treated less by specialists, they are more physically active, smoke less, and eat more fruit and vegetables. Additionally, it has been found that lapsed donors are healthier than individuals who were never donors. As indicated in the beginning, the healthy donor effect does not only entail a difference in health status between donors and non-donors, but also donors in-between. This is because of the repeated selection process that they are subjected to. As evidence of this, studies show that donors who have donated more times over the course of a lifetime are more likely to rate their overall health as good, and that active donors are healthier on several parameters compared with lapsed donors.

It is important to state that researchers should keep in mind that the healthy donor effect may pose a methodological issue in studies of donor health, as it can bias findings resulting in an overestimation of positive health outcomes associated with blood donations, while negative health outcomes associated with donations might be underestimated. Several observational studies have attempted to quantify the healthy donor effect in order to reduce such bias by statistically adjusting for the effect, however, it is extremely difficult to decipher all the factors causing this effect and it is therefore likely that the results are affected by residual confounding.



Lise Sofie H. Nissen-Meyer
Oslo University Hospital
Noorwegen

Imported infectious diseases and donor retention strategy in Oslo, Norway

A sustainable number of healthy donors is needed to maintain blood supplies. Through the recent years, the donation section in our blood centre has focused on two main goals:

- recruitment of new donors
- retention of established donors; in particular, preventing donor deferrals through improved information to donors.

We have the last few years experienced that the late summer and fall have been particularly challenging due to the increasing spread of West Nile Virus (WNV) and other vector-borne viruses in southern Europe, where many Norwegians spend their vacation. While we keep updated using the reports from ECDC, the National Health Authorities are issuing their warnings quite late, sometimes leaving us in frustrating situations where the quarantine rules for blood donors have been changed from the time they were called in, to their appointment with us. In addition, the individual evaluation of donors following travel often becomes time-consuming and demands extensive geographic skills. During the spring of 2018 we therefore started to spread the message "Donate before you go on vacation" to our donors. Upon donation, we asked whether they were going to southern Europe and when, and if possible, we scheduled a new appointment just before going. At the same time we introduced 4 weeks seasonal quarantine for donors who had visited southern Europe between June 1st and November 30th. Donors were also informed using both conventional and social media (SoMe). At the end of the 2018 season, the worst WNV-season Europe had seen (<https://www.ecdc.europa.eu/sites/default/files/documents/>

west-nile-fever-annual-epidemiological-report-2018.pdf), we had less deferrals than the year before and no shortage of blood products. As spring 2019 approached, we were ready to launch new web pages which were also accessible through a smartphone-App (Sunsoft), where we keep all blood donor information updated. Through SoMe, conventional media and active information in the blood centres, the app was downloaded 4000 times during summer months and the web pages were frequently visited. Travel quarantines are among the most popular sites. Also at the end of the 2019 season we had a low number of unnecessary deferrals and a more than sufficient blood supply. The website/app informs donors to self-defer with extra security margins, this is time-saving both for the donors and for our personnel. However, if uninformed donors show up in the blood centre, we perform detailed risk evaluation of their travel routes to fulfil our main goal - avoid deferral if possible.

The blood donors are used to strict rules for donation. Together with the improved information access, we believe this explains their good compliance to these changes. A sufficient number of donors is also vital. Based on this experience, we had plans to apply the same procedures this year.

During writing of this piece, the Corona-pandemic is developing and we are facing new blood bank challenges. Although not being considered a transfusion-transmitted virus, SARS-CoV-2 may pose a transient, but significant threat to donor health. The next couple of months may demonstrate the effect of a major crisis on blood donor behaviour.



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From the President



Dear ISBT members,

This year, ISBT held its first digital General Assembly on June 9, 2020, the same day planned for our normal face-to-face business meeting. The reason for this change is not only that ISBT is a modern society. It is of course one of many consequences of our painful but necessary decision to postpone our 36th International Congress in Barcelona to December, which in turn is due to the horrible Covid-19 pandemic. It has indeed been a bizarre year so far and nothing has been the same. Despite all of this, blood donors and transfusion professionals around the world have fought side by side to keep patients safe during the most trying time in a very long while.

ISBT has also changed its ways of working. Our staff has had to work from home but remain creative, supporting and effective. Meanwhile, we as a Society responded rapidly to the flood of new information. Webinars were initiated by Working Party members, a resource page with useful documents was collated, trial groups exchange experiences on a weekly basis and our contacts with WHO have been more intense than ever. Many have involved themselves in attempts to produce new types of components for therapeutic trials. All of this shows the strength in our international presence. The help we give each other travels as fast as the virus. Based on our collegiality and friendship, we instinctively put collaboration before competition. Thereby, experience is growing fast and support from your favourite expert is just a Skype/Zoom/Teams meeting away.

In June, I hand over the ISBT Presidency over to Erica Wood after two intense but very memorable years. It has been as much work and as many meetings as I thought. But more than that, I am very proud to have served ISBT and privileged to have had your support. Many times have I talked and written about that special ISBT family feeling and I have felt its power particularly the past few years. We are like a large kindred dispersed throughout the world and it is always such a joy to meet up for another gathering in somebody's home town.

When I embarked on this journey, I pledged to focus on three particular areas. Looking back, I can proudly see that significant progress has been made in all of them: We have increased our global outreach, e.g. by introducing the ISBT Highlights meetings, upping the number of ISBT Academy events around the planet, and making formal agreements with other societies. We improved transparency and equality by introducing mandatory conflict-of-interest declarations for all key officers and kept a keen eye on gender issues for invited speakers at congresses, in committees etc. Finally, the work of our Young Professionals Council to help us rejuvenate ISBT's offering and attract the next generation of members has really borne fruit in a splendid way.

I will soon enter the illustrious group of Past Presidents but will continue to serve you in this new role another two years on the board under Erica's leadership. We just launched the new ISBT strategy and I wish her all the best with its implementation. Hopefully, we can all meet soon again to exchange ideas, kick-start the next collaborative project and take those precious photos for our ISBT family albums. I particularly appreciate your support for ISBT during this difficult time so please remember to renew your membership if you haven't done so already. Now, more than ever, we need to work together towards a world of safe and sufficient blood!

Yours truly,

Martin L Olsson
ISBT President

Welcome to our new members

March 2020 - May 2020

Africa

Kenya: Perpetual Wanjiku
Nigeria: Iyaji Aba, Onyekachi Ewa Ibe

Americas

Argentina: Ana Maria Arcuri
Brazil: Carine Arnoni, Carla Dinardo, Clarice Rocha, Maria Luiza Cortez
Canada: Nadine Shehata
Chile: Miguel Angel Munoz Acuna
Costa Rica: Ana Valerin
USA: Katherine Leviste, Dipali Desai, Shivangi Gupta, Paul Contestable, Napatong Anderson, Adam Weinstein, Lucs Vining-Recklitis, Diana Vivanco, Regina Sandoval, Laurie Gillard, Raisa Balbuena Merle

Eastern Mediterranean

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Iran: Massoumeh Shahbazi
Pakistan: Amir Hussain, Jamil Ahmad
Tunisia: Khoulood Touhiri

Europe

Albania: Merita Xhetani
Belgium: Anais Devey
Bosnia and Herzegovina: Jasmina Katardzic Hasic
Bulgaria: Elena Georgieva
Denmark: Ann-Britt, Sacha Birkelund, Khoa Manh
Estonia: Pille Muliin, Sirje Lootus, Ave Lellep

France: Willy Vaillant, Sylvie Gross, Laure Chauchat
Ireland: Fergus Guilfoyle
Italy: Theodora Davy
Latvia: Natalija Kanta, Irina Mikucka
Netherlands: Johanna Koelewijn, Anja Skaaning Larsen, Deirdre De Steno
Portugal: Ana Costa, Jorge Martinez Marcos, Miguel Oliveira
Spain: Jaume Carrio
Sweden: Ann Jonsson
Switzerland: Peter Ramge, Stefan Meyer
United Kingdom: Ryan Craig

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Thailand: Roongaroon Phuangtham

Western Pacific

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China: Chongzhi Guo, Binzhen Chen
Japan: Takaaki Hato, Shinichiro Fujiwara, Yukitoshi Kakinuma, Masanoro Matsumoto, Satoshi Yasumura
Malaysia: Jian Yuan Cheng
Philippines: Jennifer Manabat
Singapore: Nicholas Tan





Miquel Lozano
University Clinic Hospital
Barcelona
Spain

Miquel Lozano new editor-in-chief of Vox Sanguinis

*“If I have seen further,
it is by standing on the shoulders of Giants”.*

Isaac Newton
Letter to Robert Hook, February 1675

In June 2020, I will take office as editor-in-chief of Vox Sanguinis the official journal of the International Society of Blood Transfusion (ISBT). For me it is great honor and joy to have received the confidence of the Board of Directors of ISBT and have been appointed as editor-in-chief of Vox. But at the same time, it is a great responsibility that I will do my best to respond.

It is a great responsibility because Vox Sanguinis (“Voice of Blood” in Latin) is one of the leading journals in the field of Transfusion Medicine with almost 70 years of existence. It was founded in 1951 as the Bulletin of the Central Laboratory of the Netherlands Red Cross Blood Transfusion Service by J.J. van Loghem. In 1953 the name was changed to Vox Sanguinis, but it was not until 1956 that Vox became the official Journal of ISBT and started being published by Karger in Basel. Karger decided start anew so in 1956 the volume 1 was started, adding the note “New Series” to recognize this fact. Practice that continued until 1970, after which the “New Series” was considered unnecessary. As Leikola et al wrote in 2011, commemorating the 100 volumes of Vox, actually the number could as well be 106.

But it is also a great responsibility because of the big names of the Transfusion Medicine field that have been involved with Vox Sanguinis in the Editorial Board and as Editors-in-Chief. After van Loghem in 1960 it was decided that Vox will have two Editors-in-Chief, one for the western hemisphere (W. H. Crosby from Washington DC, USA) and another one for the eastern hemisphere (L.P. Holländer, from Basel,

Switzerland). In 1976 a third Editor-in-Chief position for Africa, Asia and Australia was created being appointed M.G. Davey. The number of Editors-in-Chief was again reduced to one in 1980 being appointed C.P. Engelfriet from the Netherlands that had been the Editor-in-Chief for Europe since 1977.

After C.P. Engelfriet, other big names of the Transfusion Medicine occupied the position of Editor-in-Chief of Vox Sanguinis such as Dame Marcela Contreras (1996-2003) from London, UK, Wolfgang R. Mayr (2003-2011) from Vienna, Austria and Dana V. Devine (2012-2020) from Vancouver, Canada. They have successfully led Vox through the challenging task of transforming the journal from a traditional way of managing manuscripts and publishing to the digital world. Their contributions were paramount to make Vox the journal that it is today. In this travel, the collaboration of the publisher (since 2000 Wiley-Blackwell) has obviously been key.

The change in the position of Editor-in-Chief, will imply also some changes in the Editorial Board of Vox Sanguinis that have been discussed in a recent meeting of the ISBT Standing Committee on Vox Sanguinis. Rebecca Cardigan from Cambridge, UK, requested to step down as Section Editor of Blood-Component Collection and Production several months ago. Denese C. Marks from Sidney, Australia with a long experience in the field will replace Rebecca Cardigan which will represent that she will have to quit her current position as Associate Editor of ISBT Science Series, movement kindly accepted by Pieter van der Meer, current Editor-in-Chief of Science Series. Also, the place of

International Forum Editor will become vacant with my move to Editor-in-Chief. Nancy M. Dunbar, from Lebanon, USA has kindly accepted to occupy the position. In the meeting of the Standing Committee on Vox, it was suggested that a Section Editor for Donors and Donation would be needed. It was decided that Katja van den Hurk, Amsterdam, the Netherlands will first occupy this new role of Vox.

The activities of scientific journals have been severely disrupted by the SARS-CoV-2 pandemic and the distribution of printed copies of many journals like Vox Sanguinis will be interrupted. However, the functioning of Vox Sanguinis continues, and the submission, review and digital publication of the contributions are maintained.

I do hope that will the assistance of the members of the Vox Sanguinis Editorial Board and the ISBT Standing Committee on Vox Sanguinis we will succeed in keeping, and if possible improving, the excellence and recognition of the Journal. Certainly, in this endeavor the support and collaboration of the entire ISBT community is essential and I thank you very much in advance for that.

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Miquel Lozano, MD, PhD is hematologist. He is Hemotherapy Section Head at the department of Hemotherapy and Hemostasis of the Clinic University Hospital, and Associate Professor of Medicine at the Faculty of Medicine and Health Sciences of the University of Barcelona, in Barcelona, Catalonia, Spain. He is currently president of the European Society for Hemapheresis and member of the World Apheresis Association Executive Board. Since 2013 he is the International Forum Editor of Vox Sanguinis.

In the past he has been the European Regional Director of the ISBT Board between 2014 and 2018 and chair of the AABB Press Editorial Board between 2008 and 2018. He has been scientific member of Biomedical Excellence for Safer Transfusion (BEST) Collaborative between 2002 and 2018 and currently is an honorary member of BEST.

He is the author or co-author of over 250 papers, monographs and book chapters dealing with topics related with Transfusion Medicine and Hemostasis. He is a frequent speaker in national and international meetings where he has delivered more than 120 presentations.

VoxSanguinis

The International Journal of Transfusion Medicine

World Blood Donor Day June 14, 2020

The host country for the global launch of World Blood Donor Day (WBDD) was to be Italy, with the focus of celebrations planned to take place in Rome; however, these plans have been put on hold until 2021 due to the global pandemic. The need to maintain a safe and sufficient blood supply has never been more challenging and the vital role of donors will continue to be celebrated with the launch of WBDD on-line. ISBT is proud to be one of the founding partners of WBDD.

The campaign theme for this year's World Blood Donor Day is "Safe blood saves lives" with the slogan "Give blood and make the world a healthier place". The idea is to focus on the contribution an individual donor can make to improve health for others in the community. Blood donations are needed all over the world to ensure individuals and communities have access to safe and quality-assured blood and blood products in both normal and emergency situations. Through the campaign, we call on more people all over the world to become life-savers by volunteering to donate blood regularly.

The objectives of this year's campaign are:

- to celebrate and thank individuals who donate blood and to encourage those who have not yet donated blood to start donating;
- to highlight the need for committed, year-round blood donation, to maintain adequate supplies and achieve universal and timely access to safe blood transfusion;
- to focus attention on the contribution donors make to the entire community as a critical factor in improving health;
- to demonstrate the need for universal access to safe blood transfusion and provide advocacy on its role in the provision of effective health care and in achieving the goal of universal health coverage;
- to mobilize support at national, regional and global levels among governments and development partners to invest in, strengthen and sustain national blood programmes.

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Jenny White

Q & A Jenny White

1. What started your interest in Blood Transfusion and how did it develop?

It all started when, before a planned degree course in genetics, I took a 'gap year' job at the National Blood Service (NBS) in Southampton, which I enjoyed so much that it turned unexpectedly into a career in blood transfusion instead I left the blood service in the early 80s with a passion for transfusion science, to work in hospital transfusion, latterly as a transfusion laboratory manager, before moving to UK NEQAS in the late 90s. At UK NEQAS I was able to broaden my horizons further, providing an External Quality Assessment (EQA) services to the UK and over 50 other countries, allowing me to become involved in many different aspects of transfusion medicine in the UK and overseas.

2. What have been the most rewarding times in your career?

Each stage has had different rewards, from the buzz of surviving a frantic night "on-call" knowing that you have helped to save a patient needing emergency transfusion support, to solving a complex antibody identification, to finishing a set of guidelines after a huge collaborative effort and knowing that they will be of everyday use, to helping laboratories improve after identifying issues with testing or quality systems through EQA.

I have always found trips to provide training in different parts of the world especially rewarding as they have allowed me an insight into how blood services are provided in very different settings, the problems faced and innovative ways of working to overcome them.

One recent source of pleasure, closer to home, was to be part of the group that advocated for the recognition of a Consultant Clinical Scientist role in transfusion, by examinations in Transfusion Science within the Royal College of Pathology. This removed the 'glass ceiling' for scientists choosing to specialise in Blood Transfusion in the UK.

3. Who have been the most influential people in your career?

I can honestly say that I've learnt something from everyone I've worked with over the years, both in the 'day jobs' and on varied assignments outside the UK for UK NEQAS, WHO and other organisations. Many years ago now, Judith, with the blessing of my very supportive Manager and Director at UK NEQAS at the time (Clare Milkins and Megan Rowley), encouraged me to stand for the BBTS Council giving me the chance to get involved in a professional society and with transfusion education. I am happy to say that my 'Immunohaematology heroes' when starting out, such as Geoff Daniels and Joyce Poole, have become colleagues and friends through working with UK NEQAS, BBTS and ISBT.

4. Why did you decide to apply for the post of Executive Director of the ISBT?

I had experienced the supportive and inclusive nature of the society in my interactions at congresses, as a delegate, on the Academy Standing Committee and as part of the Immunohaematology Working Party. I see the ISBT as a community where the experience of transfusion professionals from all around the world is valued, and saw the post of ED as an opportunity to use my own varied experience and my enthusiasm for an organization whose ethos I share.

5. What are your personal goals in relation to ISBT?

I believe that specialist education and training in transfusion medicine is vital to ensure safe outcomes for patients and donors, and would like to see ISBT in expanding the educational opportunities offered to members across professional groups and regions of the world.

I would also like to see the ISBT continuing to bring transfusion professionals from all backgrounds together, not only at congresses but in additional innovative ways, being mindful of the need to protect the environment and now in the time of a global pandemic too.

6. What energizes you most at work?

Being in an environment where everyone has a clear common purpose regardless of their part in the process, and all working together to achieve it. Also plenty of cups of tea!

7. What is the first thing you would like to discover in your new hometown Amsterdam?

Well, I've found a few good cosy bars and restaurants already, and am looking forward to exploring the music venues, museums and parks. Luckily, given my new location, I also enjoy cycling and am looking forward to mastering a Dutch bike to explore the city.

8. What do you do in your spare time?

I like to get together with friends and family, cooking, eating out (anything to do with food!), music of all genres and travelling. When I get the chance I enjoy horse riding and also ice skating, so I'm dreaming of the canals in Amsterdam freezing over one day.

9. Do you have a hidden talent? What is it?

Not sure I do, but if I must come up with one, it would have to be DIY – many years ago I rewired our first (derelict) house out of necessity, but not sure I could do it again now!

10. Finally, what do you wish to add, or what would you like to say to our Transfusion Today readers and ISBT members?

I know I have some 'big shoes to fill' following on from Judith, but I'm honored to have the opportunity to take up this position. I'll do everything I can to build on her fantastic work in taking the society forward, and to make sure that the ISBT achieves its goals as set out in the 2019-24 strategic plan.

Finally, I'd like to recognize all the amazing work ISBT members and their colleagues are doing in relation to COVID-19, by keeping essential transfusion services going against all the odds, and also researching potential therapies to give hope of treatment to those most seriously affected.



ISBT prizes and awards

ISBT Award Barcelona

The ISBT Award is granted to persons who have made a significant contribution to transfusion medicine and science, particularly in the educational aspect. The decision to grant the ISBT Award is the privilege of the ISBT Executive Committee, following nominations by the whole ISBT board. This year, three ISBT Awards will be given to the recipients below during the opening ceremony of the 36th International congress of the ISBT in Barcelona, Spain.



Dana Devine receives this award primarily for her service as the Editor-in-Chief of Vox Sanguinis from 2012-2020, and also for her contributions to the ISBT congresses and community over many years, including leading the scientific organizing committee for the Vancouver ISBT meeting. The Executive also recognised her leadership in research, her outstanding contribution as an educator and mentor, and her commitment to sharing knowledge that has impacted on best practice and development of blood systems worldwide.



Susan Stramer receives the award for her long-standing and active service to the ISBT Working Party on transfusion-transmitted infectious diseases (TTID), and her contribution to the ISBT Working Party on Global Blood Safety. The Executive also recognised her extensive research into virology and TTID, that has helped to inform national and international policy, practice and education to improve the safety of blood supplies around the world. In her leading position in the field during many years, she has served as a role model for a new generation of TTID scientists.



Judith Chapman receives the award for her exceptional service to ISBT, both as Executive Director and in other roles prior to her appointment as ED in 2009, including acting as Vice President from 2006-2008, founding the blood supply working party and being an active member of the platelet and granulocyte working parties. Judith has led and transformed the Society over the past 11 years, establishing the ISBT Office in Amsterdam, engaging the membership and expanding ISBT activities beyond the annual congress, not least the successful ISBT Academy, which has continued to improve ISBT's educational offering to its members. Judith has overseen governance of the society and formalised excellent working relationships with many global partners including other professional societies, NGOs and ISBT's corporate partners.

2019 Vox Sanguinis Best Paper Prize

The Vox Sanguinis Best Paper Prize is for the best original paper that has been published in ISBT's journal Vox Sanguinis in the previous calendar year. The editors of Vox Sanguinis compile a list of papers that qualify for this Prize, then the Jean Julliard Prize Committee review all of the manuscripts and award the prize.

The 2019 prize goes to Carl MacDonald as the corresponding author for the paper:

Extending the 30-minute rule for red cell units – investigation of the bacterial risk of 60-minute exposures to ambient temperature: Kate Aplin, Tyrone Pitt, Jennifer Allen, Anjana Roy, Katrina Tidey, Joanne Ball, Carl Peter McDonald. Vox Sanguinis (2019) 114, 189–197

Other papers shortlisted for the prize were:

Serologic assessments in acute transfusion reactions: practices and yields – Robert Cohen, Ana Lima, Alioska Escorcia, Farzana Tasmin, Yulia Lin, Lani Lieberman, Jacob Pendergrast, Jeannie Callum, Christine Cserti-Gazdewich. Vox Sanguinis (2019) 114, 749–761
Overcoming the deceptively low viability of CD45+ cells in thawed cord blood unit segments – Roya Pasha Mike Halpeny Nicolas Pineault. Vox Sanguinis (2019) 114, 876–883

Haemoglobin trajectories during pregnancy and associated outcomes using pooled maternity and hospitalization data from two tertiary hospitals - Deborah A. Randall, Jillian A. Patterson, Felicity Gallimore, Jonathan M. Morris, Judy M. Simpson, Therese M. McGee, Jane B. Ford for the Obstetric Transfusion Steering Group. Vox Sanguinis (2019) 114, 842–852

A comparison of haematopoietic stem cells from umbilical cord blood and peripheral blood for platelet production in a microfluidic device – Katrijn R. Six, Geraldine Sicot, Rosalie Devloo, Hendrik B. Feys, Dominique Baruch, Veerle Compernelle. Vox Sanguinis (2019) 114, 330–339

Congratulations to all.





Tyler Hutchinson
Young Professional Council
USA

A mentorship programme

As the worldwide voice of transfusion medicine, ISBT adopted an initiative to engage young professionals, leading to the establishment of the Young Professional Council. Now in its second year, the Young Professional Council has learned a great deal about the needs of ISBT members under the age of 35, primarily through conducting an annual survey. Results from the first survey, administered in 2019, showed that survey participants viewed a mentorship programme facilitated by ISBT as particularly important.

As a member of the Young Professional Council, the importance of a mentorship programme for young professionals working within transfusion medicine is not surprising. ISBT boasts a vibrant and intellectually hungry community of young professionals within its membership. This is evident at congresses where opportunities to gain knowledge from experienced ISBT members are frequently sought after, especially in situations where dialogues can happen like the Young Investigator Breakfast or the recently created "Speed Dating" event. A mentorship programme offers an ideal year-round complement to these events that only occur at ISBT congresses.

The Young Professional Council has been working with ISBT to solicit interested members from each Working Party to be prospective mentors. It is our hope that mentors lend their own perspective and knowledge to the programme participants, helping them to enrich their experience within ISBT and advance their knowledge within transfusion medicine. Eschewing a more formal structure, we are

hoping that an informal and more colloquial format will enable more direct communication between participants. This format should allow for more flexibility to better fit members' schedules, commitments and scope. This format also enables the mentee to engage with their mentor at whatever capacity they need, adjusting for their own personal goals and aspirations.

The ISBT Mentorship Programme is an initiative of the Young Professional Council, but we will need your help to make this initiative a success. Initial calls for mentors within the Working Parties have been answered and we are busy building the framework for a successful programme. Soon a call for participants will go out to ISBT members and, depending upon the response from prospective mentees, additional mentors may be needed. Please watch for future communications as ISBT implements the Mentorship Programme; mentors will be needed in varying capacities to answer questions ranging from policy to professional development.

Read more about the Program here:
<http://isbtweb.org/about-isbt/isbtyoungbloodmentorshipprogramme/>

At ISBT, we are dedicated to empowering the next generation of transfusion professionals. Our mission as an organization explicitly states that we will '[provide] opportunities for advancing knowledge and education' and a mentorship programme is an excellent way to do this!

#ISBTYoungBlood



Ananda Ghimire
Blood Transfusion Service in
Tribhuvan University Teaching
Hospital, Nepal

Managing a Bombay blood group case in Nepal - ISBT connections

This was a challenging scenario for managing a pregnancy with a rare blood group in a country like Nepal. Contacts used through ISBT helped us by guiding us and gave us the confidence to manage such rare blood group scenarios in resource constrained places.

A forty one year old pregnant woman at her 35th week of pregnancy with placenta previa (grade IV) was admitted in Tribhuvan University Teaching Hospital, Kathmandu, Nepal. This was her third pregnancy and she had conceived by in vitro fertilization (IVF) technique. She was found to have the Bombay (Oh) blood group and she was RhD-positive. She also had gestational diabetes with hypothyroidism. The obstetrician had requested 4 units of whole blood to be reserved for her, as during cesarean section surgery she was very likely to have acute bleeding episode. This was the first time this institute had encountered a patient with a rare blood group such as the this.

Most of the blood banks in Nepal perform ABO and RhD blood grouping only and we do not have anti-H to confirm the Bombay blood group. The incidence of the Bombay phenotype is not well known in Nepal but it is estimated to be 1 in 10,000 in India and around 1 in 1,000,000 in Europe.

The biggest challenge was to find an Oh blood group donor for the patient. When we could not find a blood donor for her locally, we opted for autologous blood donation. I consulted with the attending obstetrician and asked whether we could draw a unit of blood from the patient if her haematocrit, iron profile and other vitals were normal. Her haemoglobin was 128 g/L % and her iron profile (Serum Iron 106.0 µg/dl; TIBC 439.0 µg/dl; Ferritin 71.1 mg/dl) was normal.

On February 4th, 2020, one unit of whole blood (350mL) was collected from the patient in the Labour ward. Before performing the procedure her blood sugar was tested and her vitals, and the condition and movement of the fetus were monitored regularly during the whole donation process. Her post donation hemoglobin was 115 g/L (PCV 34.0).

Via the Messenger phone app, I contacted Dr Jill Storry, in Lund, Sweden (who I knew through ISBT) and asked for her suggestions. She had recently been to the 8th Annual Conference of the Indian Society of Transfusion Medicine, and had heard of the efforts of the transfusion medicine professionals in creating a digital community via

WhatsApp for cases like mine. She helped me connect with Dr Satyam Arora, Assistant Professor, from the Department of Transfusion Medicine in Noida, UP, India, who also suggested autologous transfusion, but offered to help find Bombay blood group donors or to try to coordinate sending a unit of Bombay blood to Nepal.

Only one autologous unit had been drawn and the doctors were insisting on another unit. After consulting with the experts, we decided to go for another unit from the patient and so the second unit was withdrawn on 9th of February. During the procedure, her vitals were normal and doctors were closely monitoring the fetus wellbeing by the USG.

Due to the policy of Government of Nepal, shipment of blood and blood products from one country to another was not possible; however one Bombay blood group donor came from Rajasthan, India to Kathmandu, Nepal and donated one unit of blood for the patient. The elective caesarian was performed on the second week of February. Only one unit was required during the surgery, the patient received one of her autologous units.

This was a challenging scenario for managing a pregnancy with a rare blood group in a country like Nepal. Contacts used through ISBT helped us by guiding us and gave us the confidence to manage such rare blood group scenarios in resource constrained places. Further, the use of messaging apps such as Messenger and WhatsApp allowed us to communicate rapidly with each other and get help in a timely manner. Organizations like ISBT help connecting people who need support with experts in the field.



The 36th International Congress of the ISBT, Barcelona, Spain

December 12-16, 2020

New date for Barcelona in December 2020

In March this year the ISBT Board took the difficult decision to postpone the 36th International congress of the ISBT in Barcelona, from June to December, due to the COVID-19 situation. The Board recognised that the congress is an important opportunity for ISBT members to share knowledge to enhance transfusion science, but the primary concern was, and still is, the safety of its members, congress delegates and exhibitors. We were fortunate to be able to secure new dates at the same venue on December 12 – 16, 2020 and will be monitoring the situation closely in the coming months. We are mindful of the responsibilities our members in providing essential transfusion services and research, and will inform you of any further changes as soon as possible.

Moving the conference dates has presented quite a logistical challenge for ISBT and MCI, but has also caused disruption for delegates, presenters and exhibitors - we thank you all for your understanding and cooperation with this. ISBT and the Spanish Society of Blood Transfusion and Cellular Therapy (SETS) local organising committee very much look forward to welcoming you all to Barcelona in December.

Late Breaking Abstracts

To ensure that the scientific content of the meeting is up to date and to give you the opportunity to present new work, we have decided to put out a call for 'late breaking abstracts' This allows for the submission of abstracts containing clinical or non-clinical data which were not available at the time of the original abstract submission deadline (February 11, 2020). We are looking for significant new work that would update knowledge or practice in any area, and also work related to Covid-19. Please note that this abstract submission is solely for abstracts. With late-breaking data and not for 'routine' abstracts.

Register and join us

Attending this congress in Barcelona will give you a great opportunity to network with other transfusion medicine specialist from around the world, to expand your knowledge and enjoy all benefits the congress has to offer. Register before 29/10/20 to save on the congress fee. Become an ISBT member and benefit from the reduced registration fee. Further information about ISBT membership and how to join can be found on www.isbtweb.org.

New Key dates

- Late breaking abstracts opening: October 5, 2020
- Deadline Early Registration Fee: October 5, 2020
- Deadline Late Registration Fee: December 3, 2020
- Onsite fee applies as of December 4, 2020

The Scientific Programme

The main programme starts on Sunday December 13, 2020 and runs until Wednesday December 16, 2020. It consists of a mixture of plenary sessions, academy sessions and scientific sessions.

The scientific program will offer meeting participants a wide range of interesting and novel parallel sessions both highly scientific and educational, and will include exciting sessions on current issues related to COVID-19 and other work submitted via 'late breaking abstracts'. In addition, the plenary sessions will be packed with novel aspects of transfusion medicine. We are convinced that the Barcelona scientific program will have something for everyone.

Academy (Education) sessions

There will be Academy (Education) sessions during the Barcelona scientific programme. These are great sessions to get acquainted with a topic you are not familiar with or for you to brush up your knowledge.



Other Activities

There will be a number of workshops either before or during the congress and a Young professionals' breakfast, and social events.

Exhibition

Alongside the scientific programme there will be an exhibition of suppliers of transfusion medicine equipment and reagents. You are invited to visit the exhibition, where our exhibitors as looking forward to welcoming you to discuss current and upcoming technologies and services.

Congress venue

CCIB is a leading European location for event organisation. The CCIB can be found within the city's new business and technology district. The Convention Centre was built by the famous Spanish architect José Luis Mateo and has been designed to allow light to play a central role within the space. The location is 20 km from the airport, 6 km from the city centre and 500 m from the beach.

CCIB, Plaça de Willy Brandt, 11-14,08019 Barcelona, Spain
Website: www.ccib.es



Academy events

“5 in 1 module” workshop on Building a successful research career in Haematology and Blood Transfusion Science in Nigeria organized by Haematology and Blood Transfusion Scientists Society of Nigeria (HBTSSN) March 19, 2020.

Major educational objectives of the workshop are as follows; to develop and enhance the participants' potential for research proposal writing, design experiments, be able to apply appropriate statistical tools, supervising research with integrity, managing research grants and scientific writing and publishing.

The recently concluded Blood Transfusion Medicine conference at Medlab Middle East 2020 had an expert led agenda that featured a host of renowned international blood specialists.

The conference discussed key technological breakthroughs in haematology and blood transfusion to improve patient outcomes. It identified the latest guidelines and regulatory updates in the field of blood transfusion to ensure the safe and effective collection, preparation and transfusion of blood products. Moreover, global and regional challenges associated with the recruitment and retention of blood donors were debated upon whilst reviewing new best practice to assess donor suitability.



The workshop participants at the end of the workshop (Nigeria).



Marcus Chilaka from the University of Bedfordshire, United Kingdom during his presentation (Nigeria).



Blood Transfusion Medicine conference at Medlab Middle East 2020

ISBT COVID-19 update

COVID-19 Resources

The ISBT Team has collated helpful guidance and information on the COVID-19 outbreak for the blood transfusion community. In these difficult times, sharing knowledge or experience is essential to help others in need. The resources consist of three pages.

The COVID-19 resources page includes, links to COVID-19 related publications and also guidance and regulatory documents per WHO region.

- isbtweb.org/covid-19resources/

On the COVID-19 convalescent plasma and COVID-19 blood supply document library pages, you will find policy documents supplied by institutions in different WHO regions, giving an insight into approaches to maintaining the blood supply and using convalescent plasma around the world during the pandemic. Also available is a document, compiled by the ISBT Global Blood Safety Working Party, highlighting points to consider in collecting and transfusing COVID-19 convalescent plasma. This useful document has also been translated into Spanish, Portuguese and French.

- isbtweb.org/covid-19resources/covid-19-convalescent-plasmadocument-library/

- isbtweb.org/covid-19resources/covid-19-blood-supply-document-library/

COVID-19 Webinar recordings

If you missed a webinar on COVID-19, you can watch them or download the presentation file from the ISBT Education COVID-19 outbreak section, which has open access. Here is the list of the recordings of the webinars that were already held.

Title	Speaker(s)	Date
Update on the COVID-19 Coronavirus Outbreak: Blood Collection and Safety Implications	Michael Busch, Louis M Katz & Hua Shan	March 4, 2020
Can we secure the blood supply in COVID-19? The Hong Kong experience	CK Lee	March 20, 2020
Blood supply during the outbreak of coronavirus: Experience from Guangzhou Blood Center	Yongshui Fu	
COVID-19 Webinar: How do we secure a safe blood supply during the current Corona Crisis?	Karin Magnussen, Cliff Numark, Vincenzo De Angelis, Flemming Bøgh-Sørensen	April 22, 2020
Singapore's experience on maintaining blood supply and keeping our donors and staff safe in the COVID-19 pandemic	Wooi Seong	April 24, 2020
Vaccine development for COVID-19	Hanneke Schuitemaker	May 27, 2020
COVID-19 webinar: SARS-CoV-2 Antibody Testing: Applications, Limitations and Implications for Blood Banks	Michael Busch, Christian Erikstrup, Hans Zaaijer	June 11, 2020

The International Society of Blood Transfusion invites papers written on COVID-19 and its impact on blood supply

The submitted manuscripts will be peer reviewed and published online within days of acceptance in ISBT Science Series. This will allow rapid dispersion of knowledge on the topic. The manuscripts need to be submitted through manuscript central: <https://mc.manuscriptcentral.com/isbt>

For questions, please contact the Editor-in-Chief Pieter van der Meer: p.vandermeer@sanquin.nl or the ISBT Science Officer Eszter Herczenik: science@isbtweb.org.



Zhang Xi
Shanghai Blood Center
China

Management blood supply during the COVID-19 pandemic

Since the beginning of 2020, we have experienced a COVID-19 pandemic. The outbreak of the pandemic has brought great challenges to blood collection, blood inventory management, and material management. In recent years, there are more than 500,000 units of blood and blood components for clinical use per year in Shanghai, most of which are from Shanghai Blood Center, the only blood establishment in the downtown area of the metropolis.

On January 20, an experts group from National Health Commission of China declared the epidemic situation of COVID-19 in Wuhan, which was rapidly becoming very severe resulting into Wuhan's being sealed on January 23. Fortunately, we have contingency plans for ensuring blood safety and availability in response to emergencies and do exercises regularly every year. It includes a set of strategies for recruitment and screening of blood donors, blood inventory management, personnel protection and material reserves, which is proved to be effective in this event.

1. We implemented an additional Donor History Questionnaire for COVID-19 just after that the epidemic situation was declared. On the basis of the additional DHQ, a prospective donor meeting any one of the following criteria is suggested to defer for at least 28 days (4 weeks): has resided or traveled in COVID-19 endemic areas such as Wuhan; has had fever or respiratory symptoms; has contacted with anyone who has fever or respiratory symptoms; has contacted with or had an epidemiological association with COVID-19 clustering occurrence or COVID-19 virus infection patient, and have contacted with wild animals. The donor defer strategy was adjusted according to the epidemic situation.

2. We established a system for post donation information. We inform every blood donor to notify blood center immediately if the donor has symptoms related to COVID-19 within 28 days (the incubation period of COVID-19 is 1-14 days) or the donor is required to be quarantined. If we get a report that a blood donor has suspected COVID-19 symptoms or is required to be quarantined, the relevant blood and blood components will be: quarantined if they are still in inventory; retrieved immediately and then quarantined if they are issued to hospitals but not transfused. After blood retrieved, we will follow up the donor, and if the donor's infection is ruled out, the blood can be released. At the same time, staff members who had contact with the donor should be reviewed and quarantined in necessary. If we get a report that a donor is confirmed to be infected with COVID-19, the relevant blood and blood components will be: discarded through confidential unit exclusion if they are still in inventory; retrieved immediately and then made confidential unit exclusion if they are issued to hospitals but not transfused. At the same time, staff members who had contact with the donor should be reviewed and quarantined in necessary. If the corresponding blood or blood components from a donor with a confirmed COVID-19 diagnosis have been transfused, we will notify relevant hospitals promptly.

3. In the event of a pandemic, several prevention and control measures are being implemented. These measures and fear of the pandemic keep people indoors, with fewer going out to donate blood. In order to recruit blood donors, we use the news media, official website, and social media such as SMS, WeChat, etc. to call upon the public to concern the importance of blood supply and safety, to tell people that many patients need blood to save their lives during the epidemic. At the same time, telephone recruitment was carried out, and some groups and previous blood donors were called to give blood. We take the following measures to prevent cross-contact in blood donation sites and reduce the worry of blood donors: making appointments at different times to avoid the gathering of people; measuring temperature and wearing of masks for all people at the blood donation sites; keeping distance between blood donors by more than 1 metre; having items contacted by blood donors disposable.



4. As the epidemic situation is difficult to be predicted, we assign special personnel to surveillance the inventory & blood collection and assess the requirement of blood supply from hospital and adjust the strategy for blood collection and supply day by day. After the outbreak, demand for blood and components decrease as elective surgeries and non-urgent clinical interventions are deferred, but at the same time the blood donations decreased more. We assign special personnel to communicate with the top 20 hospitals that have the most blood usage every day to assess the blood demand. We recommend health care professionals to carry out good patient blood management, to ensure that blood and components are only used when clinically appropriate.

5. We stopped using central air conditioner and adopted other electric heating equipment. Use chlorine (glutaraldehyde) disinfectant or 75% alcohol to sterilize the ground, equipment, and blood transport boxes twice a day, and disinfect elevators and public door handles once an hour.

6. We managed the important protective equipments by centralized deployment. We always have a minimum inventory requirement of one month for critical materials, and keep good communication with suppliers during the epidemic period to ensure the continuity of supply as much as possible.

7. During the epidemic, we divided the staff of each department into two groups. The two groups of personnel did not meet as much as possible to prevent the suspension of work if an employee is infected. Staff members should try to keep themselves near the work place to reduce unnecessary walking and contact. COVID-19 is a new discovered pathogen, and we will adjust the blood donor screening and protection measures according to the related research progress to ensure blood safety and availability, protecting patient safety in the COVID-19 epidemic.





Jennifer NS Leung
Hong Kong Red Cross Blood
Transfusion Service, HKSAR,
China



CK Lee
Hong Kong Red Cross Blood
Transfusion Service, HKSAR,
China

Impact of the COVID-19 – the first two months in a regional blood center

COVID-19 pandemic has put the globe into a tight tension with numerous measures and efforts put in to control outbreaks. To an operator of a regional blood service, COVID-19 carries significant impacts as it brings serious concerns for blood safety and blood supply on top of the risk to donors and staff. Hong Kong, being part of China, has gone through the period of SARS, avian influenza and swine flu H1N1 in the last two decades. Besides, the Blood Transfusion Service (BTS) also encountered the world first transfusion transmitted dengue fever and Japanese encephalitis. Therefore, the BTS has acquired experience and developed some measures against the emerging infection.

As the virus, SARS-CoV-2 which causes COVID-19 is relatively new, reference has to be taken to other coronaviruses. From previous experience in SARS and MERS, it is believed the risk of transfusion transmitted infection for COVID-19 is theoretical [1] though viraemia could be detected [2]. However, as SARS-CoV-2 is highly infectious, it is necessary to institute precautionary measures to mitigate the risk to blood, donor and staff safety. With no blood donation screening test available, the BTS has to rely on deferral policy to exclude at risk but asymptomatic prospective blood donors. At the beginning of year 2020, the deferral policy covered recent travel history to Wuhan and Hubei province where most cases were reported. However, the rapid evolution to many other parts of China, Italy, Korea, Iran and many countries around the world, the policy now becomes a universal exclusion of donors for those who have any travel history within 28 days.

Since cross border travel is fairly common among residents of Hong Kong, travel history deferral was expected to bring a significant impact to the blood supply. Even worse, there was complete suspension of mobile blood drives due to suspension of school and universities, switching to home office work, and public anxiety for perceived increased risk of acquiring COVID-19 from blood donation. All these resulted in significant drop in blood collection. Though the hospital authority has reorganized the hospital services to scale down many non-emergency activities, the reduction of blood supply was more than that of blood demand. There remains a demand for blood transfusion from groups of patients with blood diseases and those undergoing cancer treatment or with trauma. In less than 2 weeks' time, the blood collection and territory inventory became so low that formal appeal was made.

However, the appeal message had been adjusted to include measures to gain public and donors' confidence of safe blood donation during the pandemic. A number of stringent infectious control measures were implemented (Table 1). To echo on the importance of social distancing, donors were reminded to come in an orderly manner through prior appointment to keep their donation short, not to come in groups nor bring an accompanying person. The above had been repeatedly communicated with donors through traditional and social media.

Table 1: Enhanced infection control measures

Donors	Upon entrance to donation venue, wear face mask, has temperature checked and use alcohol hand rub; but not allow to enter if positive travel history, contact history with confirmed or suspected cases, with any symptoms During the stay, wear face mask and use alcohol hand rub as needed
Staff	Adherence to organizational infection control policy Always wear face mask and use alcohol hand rub as required
Environment and Equipment	Enhanced and regular disinfection for donor chair, equipment and high touch area Increase spacing Increase ventilation air change



With all efforts made and support from the public and donors, blood supply and inventory were restored (Fig 1). However, in the rapidly evolving COVID-19 pandemic, it is prudent to keep monitoring both local and global situations with revision of existing donor deferral policy, implementation of additional blood safety measures and experience sharing with other countries in order to handle the upcoming uncertainties.

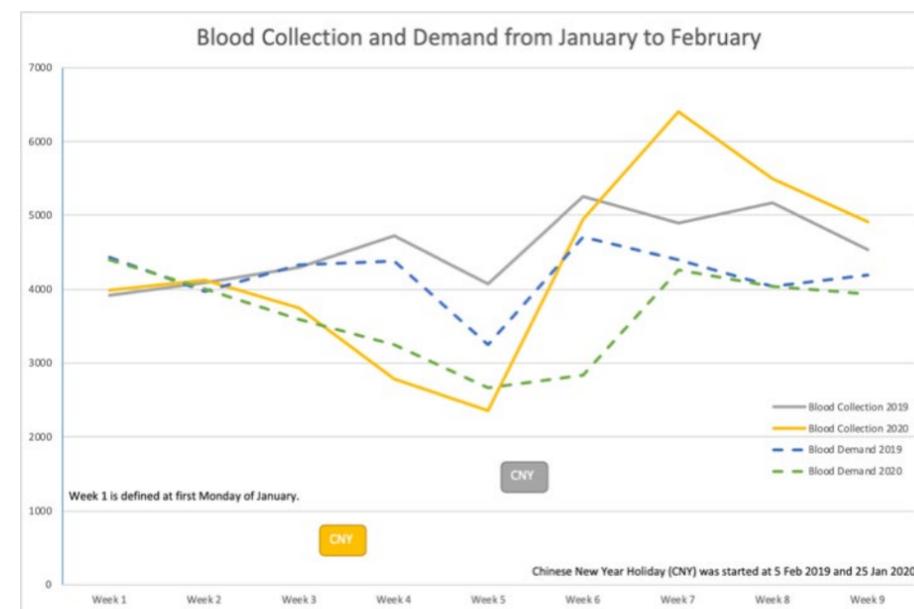


Figure 1: Blood collection and demand in January and February of 2019 and 2020

Reference

- 1 Chang L, Yan Y, Wang L: Coronavirus Disease 2019: Coronaviruses and Blood Safety. *Transfus Med Rev* 2020.
- 2 Guan WJ, Ni ZY, Hu Y, et al.: Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med* 2020.



Kam Wooi Seong
Blood Services Group, Health
Sciences Authority
Singapore

Flattening the steep learning curve of COVID-19 in Singapore

The global COVID-19 pandemic poses unprecedented challenges to the blood supply. At the time of writing, there are over 1.7 million confirmed COVID-19 cases with a death toll of more than 100 000 worldwide. Public fear and anxiety fuelled by uncertainties surrounding the disease transmission have resulted in a decline in donor attendance. Public health measures to contain and to prevent further spread of the disease have inadvertently caused varying degrees of disruption to the Blood Transfusion Services (BTS) activities, negatively impacting the blood supply.

Blood donation is essential. It is vital to continuously engage with the public and clearly communicate that blood donation is an essential activity. This should be in the general consciousness of the public so that blood donors will continue to donate blood.

Safe blood donation. BTS are responsible to ensure that blood donation is safe. Now more than ever, it is imperative to protect donors and BTS personnel. To achieve this, several measures can be considered: checking of donors' temperature and screening them for risk factors for COVID-19 before allowing them to enter blood donation premises; safe physical distancing via better planning and control of donor traffic and inviting donors to schedule their appointments¹; strict sanitation and disinfection of blood donation premises²; and, mask-wearing and wearing of other Personal Protective Equipment³. The measures instituted need to be effectively communicated to the public and blood donors to provide the necessary reassurance and to allay their anxiety and fear of becoming infected during blood donation. This also ensures public and stakeholder confidence in BTS³.

Safe blood supply. The risk of transfusion-transmission of SARS-CoV-2 remains theoretical with no reported cases of transfusion-transmitted COVID-19 hitherto. Recipients of blood components from donors diagnosed with COVID-19 post donation had not been reported to develop COVID-19 or test positive for SARS-CoV-2. Measures such as reinforcing self-deferral or instituting deferral criteria for donors who are unwell or with risk factors for exposure to COVID-19 cases (e.g. close contacts or travel history) and post-donation call back for COVID-19 are recommended⁴.

Singapore's measures to navigate the challenges of COVID-19 pandemic The Blood Services Group, Health Sciences Authority (HSA) is responsible for running the Singapore National Blood Programme, ensuring a safe and sufficient blood supply for the country. HSA works in partnership with Singapore Red Cross (SRC) to collect blood from donors on a voluntary, non-remunerated basis. Together, HSA and SRC implemented numerous measures in a step-wise manner to navigate the challenges of the COVID-19 pandemic.

- HSA began experiencing a drop in donor attendance at the beginning of the year, a common annual observation due to the Lunar New Year holiday. Following the news of COVID-19 outbreak, the drop in donor attendance became more pronounced and blood mobile organizers began cancelling mobile drives due to safety concerns.
- HSA decided early on to defer donors who had contracted COVID-19. Blood donors were also reminded about post-donation call back during the medical interview and upon completion of blood donation.
- To assure donors and minimise risks of COVID-19 to them, HSA implemented mandatory pre-screening very early on during the COVID-19 outbreak as an additional precautionary measure. This comprised of temperature taking, declaration that they did not have fever in the past 4 weeks or respiratory symptoms in the past 7 days, travel history and history of close contact with a confirmed or suspect COVID-19 case in the past 14 days.
- The pre-screening question on travel history was updated as and when necessary, aligned with the COVID-19 advisory form the Ministry of Health (MOH).
- HSA increased the cleaning frequency to ensure the cleanliness standards of the blood donation premises. Additionally, blood donation beds were wiped down after every blood donor.
- HSA and SRC conducted numerous media interviews to draw attention to the need for blood donors to donate blood in view of the low blood supply which also garnered widespread online media interest and coverage. At the same time, letters highlighting the additional precautionary measures taken were sent to all individual blood donors who donated in 2019 to engage them and to reassure them that blood donation was safe. In the same vein, these measures were also communicated to blood mobile organizers via email to prevent further mobile drive cancellations. These have helped to restore donor attendance and reinstated cancelled mobile drives.



- To reach a wider audience, the additional precautionary measures were announced in the HSA website with the underlying message that blood donation is important. Blood donation criteria related to COVID-19 alongside COVID-19 updates were carried out frequently via the HSA website.
- As a form of donor engagement and reinforcement, SMSes with a link to the HSA website, were sent to blood donors due for donation to inform them of the additional precautionary measures. Social media was also employed to enhance donor engagement.
- In order to bring down the blood utilization, HSA emphasized the importance of Patient Blood Management. We appealed to hospitals to postpone non-urgent elective surgeries with expected high blood utilization. Together, they resulted in a drop in blood utilization by about a quarter.
- In response to MOH's advisory on safe-distancing measures, HSA began putting up posters and notices to remind blood donors to observe safe distancing. Donation beds and chairs were also arranged in a manner to ensure physical separation between donors. Hand sanitizers were placed at all blood stations within blood donation premises.
- HSA then implemented stricter safe-distancing measures such as crowd control measures to limit the number of people and the time spent at a particular station. HSA also encouraged blood donors to schedule blood donation appointments to shorten their time spent at donation premises. To give assurance to our stakeholders, safe-distancing measures have also been implemented at the blood mobile drives which contribute to about a quarter of our blood donations.
- In the wake of heightened safe-distancing measures, mandatory work-from-home advisory and closure of non-essential services to prevent the escalation of COVID-19 transmissions in Singapore, HSA was faced with yet another challenge – a drop in blood donor attendance again. Favourably, blood services were listed as an essential service. HSA communicated this clearly in the HSA website, as well as to blood donors and blood mobile organisers, encouraging them to come forward to donate while at the same time stressing the importance of strict adherence to the safe-distancing measures. Many mobiles had to be cancelled during this period but HSA and SRC managed to secure schools as possible venues for holding mobiles. HSA & SRC have also stepped up the telerecruitment to improve donor attendance.

- Most recently, HSA has mandated all BTS personnel and encouraged all blood donors to wear face-masks.
- All the while, the Inventory Review Team closely monitors the blood collection and blood utilization as HSA continues to navigate the challenges to the blood supply posed by the COVID-19 pandemic. HSA has implemented work team segregation as well as staff temperature and health monitoring to ensure business continuity and if required, HSA will activate its contingency plans to secure the blood supply.

The COVID-19 pandemic has brought the transfusion medicine community together, allowing the learning and sharing of unique experiences from different BTS. Encouragingly, countries severely impacted by COVID-19 have managed to balance their blood supply and usage via pragmatic and prudent evidence-based measures². By assessing the risks and carefully considering the impacts of these measures, BTS can then adopt practicable measures and approaches within available resources to achieve this balance⁴. To this end, close monitoring of blood collection and blood utilization are key. A nationally coordinated blood inventory management program combined with appropriate blood use augmented by Patient Blood Management are proposed.

Moving forward

As the COVID-19 pandemic continues to evolve, so too must BTS in order to adapt to the changing donation landscape. BTS must be agile to react quickly in an appropriate and proportionate manner via heightened measures as blood donation activities become disrupted³. While efforts to flatten the curve are being taken, BTS must stay ahead of the curve. Proactive and strategic planning to overcome the challenges posed by the COVID-19 pandemic can ensure a sustainable blood supply. Lessons learned today will better prepare BTS for future challenges.

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Masahiro Satake
Japanese Red Cross
Japan

COVID-19 crisis and blood collection in Japan

The spread of COVID-19 in Japan was relatively slow until February, then showed a sharp increase from the middle of March, particularly in large cities such as Tokyo and Osaka. Most new infections were no longer traceable back to identified infection foci, while nosocomial infections also started accounting for a considerable proportion of new infections, particularly among fatal cases. The total number of infected individuals and deaths were 16,420 and 773, respectively, as of May 20th.

The Japanese Red Cross (JRC), which deals with whole blood services in Japan, first worried about possible rumors regarding blood safety, since in 2009 false information was published in a weekly magazine. That article reported physicians stating that donated blood in Japan would be seriously tainted by the H1N1 influenza virus. The JRC was forced to undertake additional work to counteract this claim. This year, fortunately, we have not received such distracting claims. However, providing explanations to the media about theoretical risks and the unavailability of nucleic acid testing for donated blood has been a substantial burden in the current situation in which PCR examinations of pharyngeal swabs are being widely performed.

Our greatest concern in this epidemic has been, as in other countries, regarding blood collection. Unexpectedly, blood donations started decreasing from the end of February, far before the epidemic became obvious. We have accepted a number of cancellations of blood collection sessions that had been planned at schools and major offices. Moreover, the fiscal year in Japan starts in April, when the number of blood collections normally reduces markedly. Despite continued efforts to form new contracts for sessions at other facilities, a serious inventory shortage from March through to April was readily predictable.

The JRC has come to recognize the power of the media to not only recruit blood donors, but also disturb the equilibrium of blood collections. We therefore usually encourage blood donations through small or local media, not nationwide mass media, to avoid both crowding of donation sites and subsequent shortfalls in donations. For the COVID-19 crisis, we thus started making requests via small media for donations. This was immediately taken up by nationwide media and caught the attention of an athlete who was well known in Japan for her prominent competitive achievements and her recent health issues requiring frequent blood transfusions. Thankfully, she made an appeal for blood donations through the mass media. Her appeal resulted in a huge number of donors visiting JRC donation sites, immediately filling the blood inventory. However, explaining to visitors about the importance of regular donations and asking them to postpone their contribution was a painstaking job.

We reaffirmed two issues from the current COVID-19 crisis. First, use of the mass media is a double-edged sword, with great potential to recruit donors but no ability to control the gathering of people, which could lead to excess donations at one time, product discard, and donation shortfalls after the initial enthusiasm wanes. We need to improve our strategies to work cooperatively with the media. Second, the importance of reservation-based donations by regular blood donors was re-emphasized. Although almost no problems have been encountered with platelet donations, the JRC still lags behind blood bank system in other countries in establishing a system for reservation-based donations of whole blood. Such a system, if completed, would enable us to allocate willing donors to consistent donations, avoid convergence of excess donations, and minimize the risk of COVID-19 transmission in crowds.



Shuoyan Ning
McMaster University
Canada

Hemovigilance and transfusion safety: what are we not looking at?

Blood transfusion is a life-saving treatment for patients but carries inherent risks. Harm can occur to transfusion recipients due to errors along the transfusion chain that influence product and/or practice quality. Hemovigilance systems, designed to monitor and optimize transfusion safety, center around donor surveillance, product quality monitoring, and adverse event tracking in recipients. However, there remain corners of transfusion safety – particularly at the hospital level – that are inconsistently captured by current hemovigilance systems and present risks to patients.

A key first step to transfusion safety is accurate patient registration. Registration provides a crucial linkage between the patient and their medical profile; this linkage brings to light evanescent antibodies, historical ABO typing and transfusion reactions, rare blood groups, and other exceptional product requirements such as irradiation and extended antigen matching. Failure to access this information or accessing the wrong patient's medical profile can have life-threatening consequences. Unfortunately, getting patient registration 'right' is not easy. Common challenges include both unusual and common names, name changes, language barriers, critical illness, identity fraud, and lack of training for registration staff. A review of 146 registration errors impacting the transfusion medicine service of an academic hospital in Canada from 2008-2017 showed that the most common types of errors were registration under the wrong name (26.0%), duplicate registration (24.0%), and registration under a different person's identifier (19.9%)¹. Other publications have also reported registration errors as a major cause of ABO discrepancies and wrong blood in tube². Beyond transfusion safety, mis-registration poses significant threats to overall patient safety and has been named the most important National Patient Safety Goal in 2018 by the US Joint Commission. Mis-registration is an error not routinely captured by all hemovigilance systems.

In contrast, adverse transfusion reactions are consistently captured by robust hemovigilance systems world-wide. Even mild reactions such as febrile non-hemolytic (FNHTRs) and minor allergic transfusion reactions (MARs) are important as they can lead to transfusion deferrals and delays; health care resources are also utilized for their investigation. Although their prevention is desired, a recent systematic review and meta-analysis of three randomized controlled trials reported that pre-medication with acetaminophen and antihistamines failed to prevent FNHTRs and MARs among transfused patients³. Yet, pre-medication use remains heterogeneous across published studies. While inappropriate pre-medication use may not be perceived as an error and is not monitored by hemovigilance systems, this clinical practice poses potential risks to patients and carries economic implications. Ultimately, there are many hospital-based practices that present threats to transfusion safety which are difficult for hemovigilance systems to capture. Patient mis-registration and pre-medication are two examples. Data availability and reliance on passive surveillance are just a few of the challenges. At the hospital level, audits, reviews, and engagement with key clinicians and hospital administrators can be a useful first step; at our center, we have eliminated routine pre-medication on all transfusion order sets. However, large multicenter studies and collaborations are needed to better understand the scope of these challenges, as well as to generate long-lasting monitoring frameworks and solutions.

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Thane Moze Darumalingam
National Blood Centre
Malaysia



Christina Lee Lai Ling
University Malaya Medical Centre
Malaysia

Seminar on universal access to quality and safe blood and blood components in Malaysia

Despite the many uncertainties this year following the COVID-19 outbreak, the Malaysian Blood Transfusion Society managed to still successfully and safely conduct the 9th National Transfusion Medicine Conference. Held between 7-8 March 2020 in the historic city of Malacca, the conference was able to attract over 350 local participants while the pre-conference seminar had over 150 participants. Due to travel restrictions, we unfortunately did not have as many foreign participants as anticipated. Nevertheless, we had a good mix of international speakers from Europe and Asia.

The Conference was preceded by a one and half day seminar on 'Universal Access to Quality and Safe Blood and Blood Components for Transfusion and Plasma Derived Medicinal Products'. This was held in conjunction with the launch of the WHO Action framework for blood products 2020-2023 about two weeks earlier. In line with its strategic goals of promoting and strengthening new and existing partnership, the seminar had the objectives of education and awareness creation together with sharing of experiences among blood services in this region towards a collective improvement in blood collection and delivery.

The International Society of Blood Transfusion acted as a co-sponsor for this seminar and the organisers and participants were grateful for their contribution. The turn up for this seminar was impressive despite the conference being held on a weekday and up of Kuala Lumpur, with a total of 161 registered participants. Nevertheless, with the ongoing COVID-19 outbreak, various preventive measures had been taken by the organizing committee including participant self-deferral questionnaire, restriction of shaking hands, pre-entrance temperature screening and availability of hand sanitizer and face mask at conference site.

Distinguished international and local speakers from the region, namely Dr Yuyun Soedarmono (World Health Organization), Dr Ni Ken Ritchie (Jakarta Red Cross), Dr Peter Flanagan (Wellington Blood Centre), Dr Ang Ai Leen (Health Science Authority, Singapore), Dr Wooi Seong Kam (Health Science Authority, Singapore), Dr Noryati Abu Amin (National Blood Centre, Kuala Lumpur), Dato Dr Yasmin Ayob (National Heart Institute, Kuala Lumpur) and Dr Idaleswati Nor Mohamed (National Blood Centre, Kuala Lumpur) had been invited to speak for the seminar. Certain invited speakers namely Dr Ubonwon Charoonruangrit (Thai Red Cross) and Dr Thida Aung (Ministry of Health and Sports, Myanmar) who could not turn up due to travel restrictions imposed by their institutions, had also delivered their lectures via pre-recorded power point videos.



Many relevant and interesting topics were presented throughout the seminar. The topics included an overview of the WHO Action Framework, financial models of blood services, regulations of blood services and plasma fractionation, policy and governance structure with examples from Thailand and Malaysia, pathway to quality accreditation of transfusion services, transfusion transmitted infection screening, haemovigilance and donor vigilance of Malaysia and Singapore, donor recruitment and retention, and models of plasma fractionation for Malaysia and Thailand. Participants across the country were able to ask questions to our speakers during the conference and also during the coffee breaks.

The subsequent 9th National Transfusion Medicine Conference (NTMC) itself recorded a total of 27 international and local speakers, 376 participants and 65 exhibitor representatives. The conference was preceded the evening earlier with the official opening ceremony as well as a tribute to Dr Cynthia Gladys Lopez. Dr Lopez was the pioneer of blood transfusion in Malaysia, having served as the first Director of the National Blood Service. She sadly passed away on July 30, 2018 at the age of 85 years. She will be deeply missed by the local and global transfusion fraternity.

The conference continued with presentations and discussions on various topics. Participants were enlightened by the sharing of knowledge by our distinguished international speakers namely Dr Peter Flanagan (Wellington Blood Centre), Dr Yuyun Soedarmono (WHO), Dr Ni Ken Ritchie (Jakarta Red Cross), Dr Khor Seik Soon (National Centre for Global Health and Medicine, Tokyo), Dr Hans Vrieling (Sanquin Blood Supply), Dr Nelson Tsuno (Japanese Red Cross), Ms Hatsue Tsuneyama (Japanese Red Cross), Michael Ng Weng Yik (Health Science Authority, Singapore), Dr Ang Ai Leen (Health Science Authority, Singapore), and Prof Dr. Enrico Lopriore (Leiden University Medical Center (LUMC), Netherlands). Dr Jerry Holmberg (Grifols) who was unable to join us due to travel restriction had also shared his comprehensive lectures virtually by pre-recorded power point slides. Local speakers included Dr Veera Sekaran Nadarajan (University Malaya Medical Centre) who shared his work and opinions on local blood group systems and allele matching for red cell transfusion. The list of local speakers were also extended to selected oral presenters from all around Malaysia who had all impressed us with their interesting work done at their respective blood centre or hospital blood bank. Our conference moderators also did their best by moderating the conference with humour and keeping the time in check.

As most who have attended conferences held in Malaysia would attest to, we take our food seriously. Throughout the conference, delicious Malacca Baba and Nyonya food was served. The conference Gala dinner was held on the first night of 9th NTMC with the theme of "Colours of Malaysia". All participants were invited to join the gala dinner wearing respective traditional costumes. International speakers were also invited to visit the Malacca old city centre, which is a UNESCO World Heritage site.

In conclusion, the 9th NTMC and pre-NTMC seminar recorded a success in organizing despite the COVID-19 outbreak. We, the organizing committee from Malaysia Blood Transfusion Society look forward to welcome everyone to the upcoming International Society of Blood Transfusion Congress in Kuala Lumpur in 2022!

Selamat Datang dan Terima Kasih! (Welcome and Thank you!)





By Naima Oumeziane
United Arab Emirates

Blood donation safety in the context of COVID-19 pandemic

For the past three months the world has been facing the COVID-19 pandemic, an infectious disease affecting the respiratory system, caused by the most recently emerging Coronavirus. COVID-19 is not known to be transmitted through blood donation or transfusion and there has been no evidence to the contrary for either this virus or the previous two known coronaviruses (SARS and MERS).

In order to slow the spread of the virus, the UAE has been implementing precautionary measures to protect its population. These have included the closure of public spaces, the banning of large gatherings of people and social distancing measures. However, these necessary steps have had the unfortunate effect of making people less likely to come out to the blood donation centers. They have also caused the cancellation of blood drives, which represent about two thirds of the blood supply nationally, resulting in lowering the blood inventories and causing challenges in filling the needs of patients.

Blood donation centers have been working closely with the health authorities to minimize risk for donors and staff by implementing as many safeguards as possible. These include: ensuring staff at donor centers adhere to strict measures of disinfection, enforcing immediate quarantine measures for any staff member exhibiting any symptoms of the illness; and requesting all staff who have recently travelled to self-quarantine for 14 days.

In addition, all staff members are required to wear masks and gloves at all times. Temperature testing is conducted for all those who enter the donor centers including staff members and prospective donors. The screening process is strictly applied with absolutely no exceptions. Environmental Infection controls have been reinforced, with all surfaces cleaned and disinfected after each donor is finished at a station, and all public and commonly used spaces cleaned more frequently. Rules of social distancing are also in use: in the waiting room seats are placed 1.5 meters apart and the same distance is applied to all donor stations and recovery beds.

It is very important that all these measures are communicated to the donors and the public in general in order to make them feel more secure in coming to donate. Education and spreading awareness is key in these times. Staff know what signs and symptoms of the disease to look out for. All efforts are made to combat misinformation to educate both staff and the general public on the possible risks and needed actions to avoid them. The spreading of un-checked facts is strictly prohibited by UAE law.

Along with the mentioned measures and in order to adapt to the situation, a donation appointment system has been implemented. Donors take appointment in advance and come to donate accordingly. Helping to avoid crowded waiting areas and to better implement social distancing measures. This has helped with making donations in the centers become the source of 90% of the blood supply and ensure availability of blood products to patients in need of transfusion. An outbreak as severe as this will have negative effects no matter how much preparation is done and precaution is taken, the best course of action is to implement as many safeguards as possible and to learn and adapt as the situation evolves. Donors and staff can rest assured that all precautions are taken to ensure their safety.

On behalf of the ISBT Board and Central Office, we would like to thank Judith Chapman for her dedication and effort in the role as Executive Director for the past eleven years. Thank you Judith, we wish you a happy retirement!



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