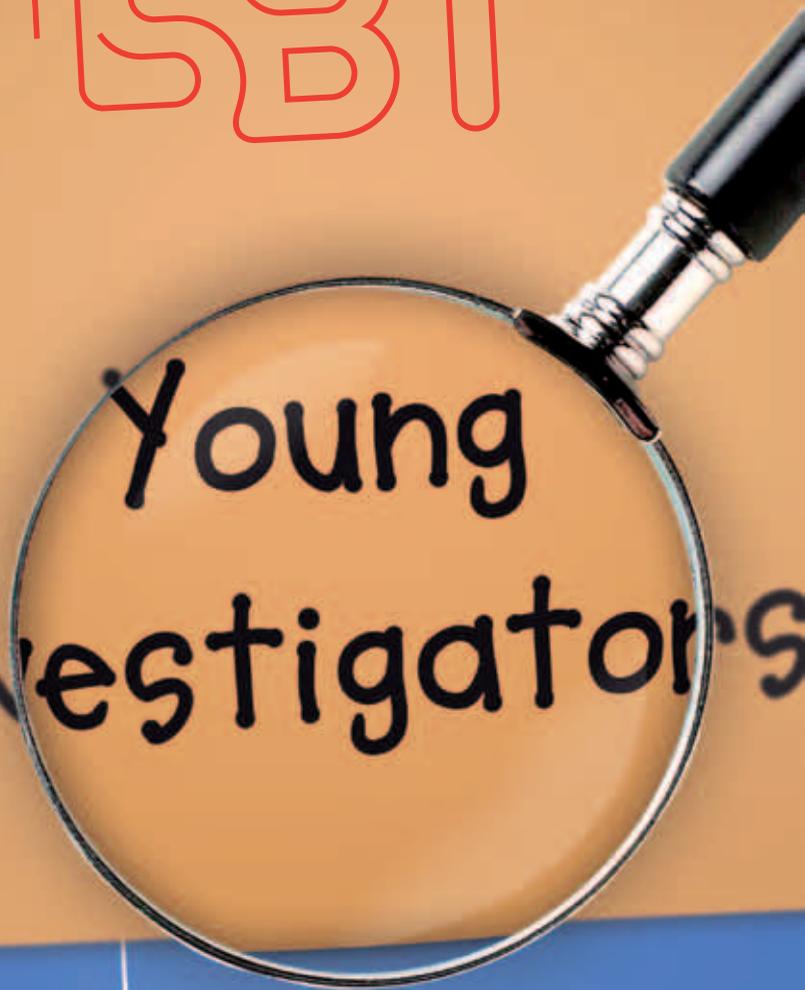


ISBT



Investigators

Invitation to renew ISBT
membership 2015/2016

London 2015

The Notify Library

Targeting University Students as
new Donor Recruitment Strategy

TRANSFUSION TODAY

Transfusion Today | Number 102, March 2015

ISBT



Roche Blood Safety Solutions

Count on us, because patients are counting on you.

Industry-leading reliability provides confidence.

As a world leader in blood screening, Roche has been committed to helping blood centers enhance workflow and minimize processing time. And now, we're taking it to a new level. With the launch of Roche Blood Safety Solutions, you can streamline operations with advanced serology* and NAT technologies.

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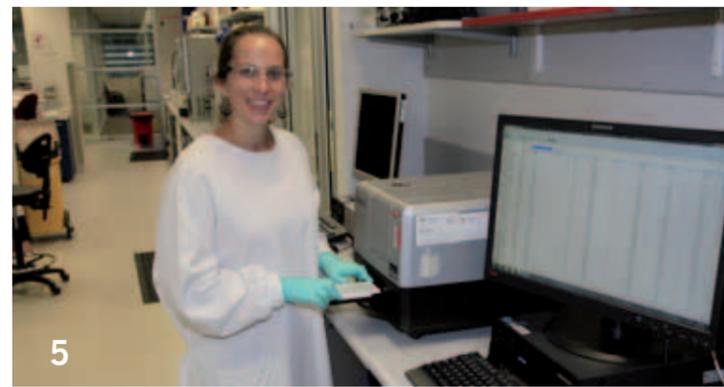
*The serology product range is not available for blood screening settings in Angola, Argentina, Bahamas, Bangladesh, Canada, Guyana, Iraq, Korea D.R., Latvia, Lesotho, Lithuania, Malaysia, Philippines, South Korea, Uganda, and the United States. For all other countries, please contact your local Roche representative to check availability.

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Life needs answers

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President Celso Bianco **Secretary General** Roger Dodd **Executive Director** Judith Chapman
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communication@isbtweb.org

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Platinum member Gold members



Judith Chapman

Editorial

My inspiration to take up a career in biomedical sciences and ultimately transfusion medicine came from visiting my local pathology laboratory to have blood taken for testing for glandular fever (GF). I was 16. In those days they took blood in the lab and I remember being taken in by everything from the equipment, fairly basic in those days to the smell (!) When I recovered from GF I wrote to the Director of Pathology to ask if I could work there in my summer holidays (for nothing) and he agreed. Three years later I started working in the blood transfusion laboratory as a lowly medical laboratory technician as we were called back in the 1960's. I was fortunate that the senior scientist recognised my enthusiasm for transfusion and with his encouragement I moved on to work in the transfusion laboratory at St Bartholomew's hospital in London under Professor Alan Waters. He encouraged me to write my first paper and numerous others and I am grateful for the interest he took in me and the support he gave me as a young investigator. Alan encouraged me to submit abstracts and attend ISBT congresses and this is from where my network of transfusion medicine professionals from around the world grew. Such a network is important for sharing information and the challenges and joys of investigative science. ISBT is a wonderful family to belong to and it was great to make so many good friends many of whom I am still in contact with today.

We need to encourage young investigators as they are the future of transfusion medicine and our Society. To this end in the focus section we have some inspirational stories from young investigators. We will host our fourth young investigators breakfast session in London and an evening networking event after the poster session on Monday. Visit www.isbtweb.org/london to find out more.

The ISBT Academy continues to support educational events and in the Academy section you will find reports of meetings conferences and workshops in Uganda, Pakistan, Morocco and Russia. Don't forget you can apply for support of an educational activity. Further details are available on the ISBT website.



Dianne van der Wal
ISBT Scientific Officer

This issue's Focus: Young Investigators

“I was just guessing at numbers and figures
Pulling the puzzles apart
Questions of science, science and progress”
(Coldplay)

Not too long ago, I was a Young Investigator myself and in my Ph.D. project I unravelled the signalling pathways in stored platelets for transfusion purposes. After two international post-docs, I tried really hard to get my own funding and these lyrics from Coldplay's 'The Scientist' come to mind when I look back. Going abroad is not only a great personal and cultural adventure; you will meet up great people and this experience will also provide new insights in yourself and your work. In this issue, Amr will discuss his experiences as an international Ph.D. candidate.

Being a scientist is all about passion for the field and having a valuable network. Science budgets are cut globally; therefore networking is probably the most important key to success. Academic positions are usually the obvious choice, however, Tyler will explain in an inspiring article how working in Industry will lead to the development of very valuable anti-cancer drugs.

Participating actively in the ISBT community will help you greatly and can move your career forward. At ISBT we appreciate that YI might need a little extra help. Young

Professors Axel and Mark will tell all about their career choices. If you have not read it yet, in a previous issue (no. 100 and 101) of our Magazine Transfusion Today, we published two very inspiring articles about career advice. Helen became a member of the many topic-specific ISBT Working Parties which provided the perfect platform for her to discuss her work with experts in the field. We also recently set up a LinkedIn Forum especially for the Young Investigators in Transfusion Medicine and since this is already becoming a very enthusiastic and lively community, we are now organising special get-togethers at our Congresses. Presenting your work (by posters or oral presentations) will not only make you visible in the scientific community, it will create unique and informal networking possibilities. Many Congresses will have specific YI Awards to promote YI to attend, which is another way of making the most out of your work. Usman will explain how ISBT's Harold Gunson Award benefited him so far.



Helen Faddy
Senior Research Fellow
Research and Development
Australian Red Cross Blood Service

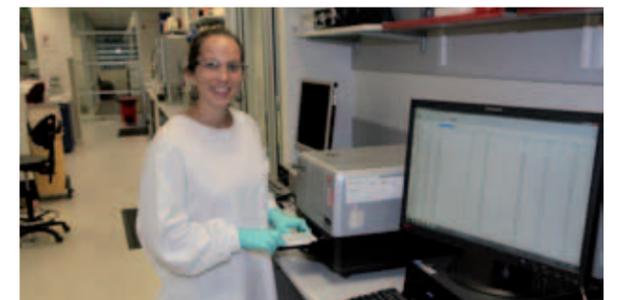
The unique blood supply challenges in Australia

I realised I had a passion for science and human health after finishing high school, so I decided to study biomedical science. I received my Ph.D. from the University of Queensland, Australia, in 2008, in the area of molecular and cellular biology. After this, I knew I wanted to work in a highly applied area of biomedical science that could contribute to improving human health. Through the networks I developed while undertaking my Ph.D., I was exposed to the great research undertaken at the Australian Red Cross Blood Service and knew that I wanted to work there. I took up a position in the Research and Development division and have been working there since I graduated. My job allows me to combine my interest in public health and disease with the practice of applied science to help improve blood transfusion safety in Australia.

My research focusses on monitoring and evaluating infectious risks that may affect the safety of the Australian Blood supply. Australia is unique for a number of reasons – not just because of our lovely sandy beaches and the Great Barrier Reef! We are a multicultural nation with a large number of visiting travellers. Our climate ranges from temperate (it even snows in some areas) to the tropics, and we are geographically isolated. We have unique fauna, resulting in large numbers of potential disease vectors, disease hosts and a number of endemic pathogens. These conditions result in a complex interplay, allowing for the emergence or re-emergence of a range of different pathogens, which may threaten blood safety. We are currently assessing the risks of such agents as Hepatitis E virus, Dengue viruses, West Nile virus and Chikungunya virus. Most of the work we do involves undertaking epidemiological investigations, coupled with donor demographic data and modelling approaches to provide an evidence-base for assessing these risks. This research will allow for the development of management strategies to protect Australia's blood supply from emerging threats. For instance, we recently used two endemic Australian Arboviruses as test cases to investigate the potential risk posed to Australia's blood supply after a period of increased rainfall.

During my time as an early career researcher at the Blood Service, I have helped develop new and original research directions and have built up and mentored a team of research scientists. I enjoy working with people and I try to collaborate widely, on many levels - within my organisation, the Australian scientific community and also internationally. I am currently supervising two PhD students, one Masters student, and two Honours students. I have found the transition from PhD student to supervisor quite challenging. I often find myself saying things and doing things that my supervisors used to do, including those things that used to frustrate me! I am very lucky to work and collaborate with such a diverse, intelligent and selfless group of people.

One of the high points of my career so far was being appointed as a member of the International Society for Blood Transfusion Working Party on Transfusion Transmitted Infectious Diseases. Having the opportunity to meet the people who have written the papers I have read many times over and over has been wonderful! Another highpoint has been being a temporary advisor to the World Health Organisation in relation to the control of Chagas disease in non-endemic countries.



Picture taken by Genghis Lopez

When I'm not at work, you'll find me visiting exotic places, mostly those that are warm, hard to get to and that are surrounded by water! I also enjoy yoga, hiking, walking my dog, and spending as much time with my friends and family as I can.



Axel Seltam
Head of R&D and Production
German Red Cross Blood Service
NSTOB Institute Springe Germany

Form alliances and join forces

The main drive of my dual career as medical doctor and researcher is the belief that high-quality patient care is based on scientific evidence and on a continuous effort to develop innovative technologies in diagnostics and therapy. During my career I was lucky enough to meet and work with charismatic mentors with great dedication and enthusiasm about medical science.



I started my scientific career with basic research and then step by step moved to applied and more clinically oriented projects. When I entered the field of transfusion medicine as a young medical doctor, the key aspects of my research at the university were molecular immunohematology and transplantation immunology. I conducted projects on molecular characterization of blood group systems, development of recombinant protein-based antibody detection systems, physiological function of blood group proteins, allo-reactivity of Natural Killer cells and development of technologies for tolerance induction in allogeneic cell therapy. When I became the director of the research and development of the German Red Cross Blood Service, I started to focus more on translational research such as the development of new blood products and the optimization of blood component processing. These activities included design and development of Good Manufacturing Practise (GMP)-compliant production processes as well as planning, organization and supervision of clinical phase I to phase III studies.

Teaching students and physicians should not only result in a transfer of knowledge but also aim at inspiring and motivating young colleagues to dedicate themselves to research. During my entire career I have been in charge coordinating the teaching activities and have been responsible for developing the teaching concepts of the institute. Transfusion medicine is an interdisciplinary profession with a clinical orientation which has continuously adopted new areas of business over the last years and has been subjected to an increasing number of regulations. Therefore, there is a strong need for further development of this profession. In particular, young investigators from the fields of biology, biotechnology, chemistry, bioinformatics and other related disciplines are highly welcome to provide their knowledge and expertise to this attractive and challenging research area.

Nowadays, young people who decide to go for an academic career in the field of transfusion medicine and blood banking should also try to gain knowledge in economy and management techniques in order to increase their professionalism in medical management. With my study in Health Business Administration at the Department of Health Management I further extended my knowledge in economics and health administration as theoretical fundament for leading positions in patient care, pharmacy and research.

The pace of operations and challenges in today's world make it necessary to form alliances and join forces. Complex scientific questions may only be solved by combining the expertise of different research fields. Thus, similar to other complex environments, teamwork and cooperation are key elements for being successful in the field of science.

According to my experience there are three character traits that are generally essential for young people to be prepared for a successful and also satisfying scientific career: 1) High degree of intrinsic motivation; 2) Willingness for continuous education; and 3) Ability to contribute to the successful functioning of a team. These features will help to keep pace with changing trends and to tolerate frustration caused by failures that regularly occur on the way to success.



Amr Jamal Halawani
PhD Researcher
School of Biomedical & Healthcare
Sciences, Plymouth University Peninsular Schools of Medicine and Dentistry

My international PhD

I graduated from the Umm Al-Qura University in Makkah, Saudi Arabia where I received a Bachelor's Degree in Laboratory Medicine. I started my career at the Jazan University in Saudi Arabia as a demonstrator of Transfusion Medicine at the Faculty of Applied Medical Sciences.

In 2008, I received a scholarship from the Jazan University to undertake graduate studies abroad the Kingdom of Saudi Arabia and I started my journey in the UK. I received a Pathway Certificate in English for Academic Purposes by the University of Bristol in the UK. Thereafter, I obtained a Master of Science in Transfusion and Transplantation Sciences at the same University in 2010. Following my Master's Degree, I intended to become involved in Transfusion Medicine research. Therefore, I started my Ph.D. in October 2011 under supervision of Prof. Neil Avent and Dr. Tracey Madgett at Plymouth University. My work focuses on Blood Group Genotyping (BGG). I started my research by looking at the basic techniques of genotyping such as allele specific PCR and multiplex PCR and then I worked on microarray techniques and finally I moved on to the more recent next-generation sequencing (NGS).

I contributed to different conferences such as the British Blood Transfusion Society (BBTS) Annual Conference and

International Society of Blood Transfusion Annual Congress in Seoul. I will start writing scientific papers soon to publish our work.

During my work on NGS for BGG, I was thinking out-side of the box. According to that, I came up with an idea in which I designed a panel to genotype the blood group systems and human platelet antigens, which was based on NGS. I performed that experiment as part of my Ph.D. projects. I also submitted an abstract for the BBTS and I won the Margaret Kenwright Young Scientist Award 2014 in the Annual Conference of that Society (held in September, Harrogate, UK). I was preparing myself for this award already before I even started with my Ph.D.! Therefore, I am very happy I achieved this, even happier than winning the award itself! Hopefully by the end of this year I will graduate.

The key of success is always to be really motivated, patient, having a plan in place and being ambitious for what you want to achieve in your career.

My future plans are to go back to Saudi Arabia after finishing my Ph.D. and starting research in the Transfusion Medicine field in Saudi Arabia and try to build up useful collaborations.



The last step on next generation sequencing which is loading to chip with the sequencing reaction and the photo shows that Ion Torrent Personal Genome Machine.



Mark R. Looney, M.D.
Associate Professor of Medicine
and Laboratory Medicine
University of California, San Francisco,
USA

Look for your pitch

I vividly remember when I was informed that I had won the 2010 Jean Julliard Prize. I was in Paris, France at a scientific meeting and during a fit of insomnia in the wee hours of the morning I checked my email and learned of this incredible honor. Winning prizes or awards often comes at the tail end of a successful academic career, so being awarded the Jean Julliard Prize at the beginning of my academic path is certainly one of the high points of my career.

I was awarded the Jean Julliard Prize for my work on “The Immunobiology of Transfusion-Related Acute Lung Injury”. I was inspired to study “Transfusion-Related Acute Lung Injury (TRALI)” from a clinical experience during my Pulmonary/Critical Care fellowship training at the University of California, San Francisco. I was rounding on a patient who was post-operative from spinal surgery and who had developed severe pulmonary edema and hypoxemia requiring mechanical ventilation. During the operation, she received several blood products that preceded a leukopenic reaction and the development of pulmonary edema. I recognized that an immunological event had occurred, and it inspired me to study TRALI in laboratory setting. Under the guidance of my mentor, Michael A. Matthay, MD, we developed the first mouse model of TRALI, which has proven indispensable in my studies. Currently, my laboratory is continuing to study TRALI by developing new models, imaging the dynamic interactions of immune cells in the lung microcirculation, and studying the contributions of platelets and neutrophil extracellular traps (NETs) to the pathogenesis of lung injury. As an offshoot of our studies of platelets in lung injury, we are also studying mechanisms of thrombopoiesis. Many of the mechanisms that are critical to the development of TRALI we have also found to be important in other models of acute lung injury, and it is my goal to see our work translated into the clinical care of patients with the acute respiratory distress syndrome (ARDS), which has no available pharmacotherapies.

The academic life is filled with highs and lows and my advice to young investigators is to keep an even keel, but to of course cherish and celebrate milestone accomplishments like important papers and grants. I find that the sport of baseball provides an endless number of analogies that relate to the

academic life. Even the best baseball players produce a hit only one-third of the time, and similarly even the best scientists would struggle to be as successful when competing for research grants. The key is to keep batting and to look for your pitch. When it comes to manuscripts, not every manuscript will be a home run because not every subject produces novel, surprising, and game-changing results. The key is to make solid contact and mix singles with some extra base hits. Ultimately, I cannot imagine a more rewarding career than caring for the sick and making discoveries at the bench. I will forever be indebted to the ISBT for the early recognition of my work, which has buoyed me during inevitable low points and inspired me to work hard at solving problems related to transfusion medicine.



Tyler Hutchinson
Senior Development Scientist
Immucor

By thirteen I knew I would pursue a career in genetics

My inspiration to become a researcher in blood group and hematological genetics stems from my own experience as a beta thalassemia carrier. This piqued my interest at a young age, and by thirteen I knew I would be pursuing a career in the field of genetics. From there I went on to earn my degree from one of the best undergraduate genetics programs in the country at Rutgers University. Located in Central New Jersey, the epicenter of the pharmaceutical and biotechnology corridor, it was at Rutgers that I began interning at a small biotechnology company named BioArray Solutions.



This is me performing genetic analysis (left screen) and biostatistics (right screen)

Throughout my senior year in college, I split my time between working on hematology at BioArray Solutions and my academic laboratory working on apoptosis regulation in cancer models. This afforded me the ability to contrast Academia and Industry concurrently, allowing me to see the benefits of both in helping me reach my goal of utilizing genetics to save lives. The decision to leave Academia for Industry was bipartite. For one, I was enjoying the excitement, teamwork and security of my new family at BioArray and subsequently Immucor. But ultimately, the declining trend in research funding that continues to devastate academic labs made it clear that opportunities in Academia were diminishing. If I really wanted to make a difference in the world, my most direct path was through Industry.

Advantages to Industry include well defined processes, greater support from colleagues, more secure financing for research, and direct implementation in the healthcare community. While the amount of research done in Industry is often on par with Academia, Industry scientists may notice that their studies oftentimes do not make it into scientific journals, even though they are regularly of the highest scientific rigor to meet safety and regulatory standards. This can sometimes be disparaging to new Industry scientists, but it is just one of the differences between Academia and Industry.

Although I have been fortunate with my educational and subsequent professional opportunities, I faced several obstacles along the way. Three things happened almost simultaneously that were really difficult for me. In the mounting pressure of our first regulatory filing in Europe I was in treatment for cancer, as was another colleague of mine. It was difficult for me to work on the most important project to date from my chemotherapy chair, but it was even more difficult when I recovered and my colleague did not. What followed was a momentary crisis of sorts, during which I questioned whether or not I should continue working to bring transfusion therapy into the genomics era or return to my earlier academic research in oncogenetics.

In retrospect, I believe deciding on Industry over Academia has been the right choice for me and my talents as a young investigator. In the short time I have been in the professional landscape I have seen many high points and accomplishments. This includes the clearance and approval of the HEA BeadChip Test in Europe and the U.S., the clearance of the HPA BeadChip Test in Europe and my M.S. in Biotechnology from Johns Hopkins University. Over the course of my career I have also been fortunate to cooperate directly with some of the most brilliant and respected minds of the industry. Through that cooperation I have learned immensely and that knowledge has translated directly into some of the most influential moments of my career. My personal accomplishments aside, my true satisfaction comes from the thousands of patients worldwide that have benefitted from the products I helped create and bring to market.

Overview of my career in Transfusion Medicine



Usman Waheed
Technical Expert
Safe Blood Transfusion Programme
& Islamabad Blood Transfusion
Authority, Ministry of National Health
Services, Regulation & Coordination,
Government of Pakistan

I graduated in 2007 at the Medical Sciences Laboratory from the National Institute of Health, which is affiliated with the University of Punjab in Islamabad, Pakistan. My first position was in the University and I was also awarded a merit scholarship. In 2009, I did my M.Sc. in Biochemistry from the Arid Agriculture University, Rawalpindi and then completed M.Phil. in Molecular Biology from the Quaid-e-Azam University, Islamabad. I also have a Diploma in Public Health (SDC, Pak), Certification in Epidemiology (LSHTM, Lon) and received a Fellowship in Transfusion Medicine (NBTS, Sri Lanka). In addition, I have received additional training, through the GIZ project, in Transfusion Medicine, Nucleic Acid Testing and Plasma Fractionation from the Czech Republic, Germany and the Netherlands. In 2013, I started my Ph.D. programme in Molecular Biology at the Quaid-i-Azam University, Islamabad where I investigate the molecular and genetic features of the HIV virus in disease pathogenesis.

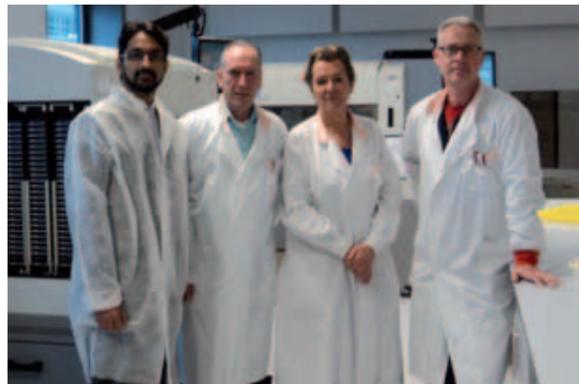
I joined the Blood Transfusion Services of the Pakistan Institute of Medical Sciences as a Medical Technologist in 2007 and was also a Visiting Lecturer at the College of Medical Technology, Islamabad. Later, I joined the National HIV/STI Referral Laboratory, National AIDS Control Programme, Ministry of Health. My research on the evaluation of HIV screening kits was considered a very important contribution and recommended a National Testing Strategy for Pakistan. At the National AIDS Control Programme, I was also responsible for training and education of health care and public health workers for HIV testing and counseling. I then joined GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) as a Technical Advisor to implement the nationally coordinated blood transfusion service in Pakistan through the Safe Blood Transfusion Programme. I contributed to the organizational development of the National and Provincial Blood Transfusion Programmes and was a core member of the team which developed the Blood Safety Acts and Functional Briefs for Regional Blood Centres and Hospital Blood Banks in Pakistan. I also have a rich experience in implementing the regulatory framework at the federal and provincial level.

Presently, I am working as a Technical Expert in the Safe Blood Transfusion Programme and the Islamabad Blood

Transfusion Authority, Ministry of National Health Services, Regulation & Coordination, Government of Pakistan. I was a member of the core team of experts which formulated the National Blood Policy and Strategic Framework (2015-20). My current assignments include conduction of field inspections in order to ensure compliance to blood safety Acts, strengthening of blood transfusion systems through capacity building of professionals (in public and private sector hospitals) and implementation of the regulatory framework.

I have a number of research publications which have been published in national and international journals. In addition, I authored four handbooks related to Laboratory Sciences including one on Disaster Management in Blood Transfusion Services. I am also the Editor of two peer-reviewed journals. Additionally, I gained a very rich experience over the last few years in organizing large national level seminars, workshops, consultations and have very good communication skills.

I am a member of many professional bodies and am an international expert working groups and have represented Pakistan in many scientific conferences at national and international level. I am serving on the Advisory Board of the American Society for Clinical Pathology, South Asian Association of Medical Laboratory Scientists and Asian Association of Transfusion Medicine. I am also part of the Organizing Committee Member for the 2015 Asian Association of Transfusion Medicine annual conference to be organized in Islamabad, Pakistan.



Celso Bianco

We cherish our Society because of the opportunities it provides for exchange of scientific information, clinical best practices and personal friendship. Our meetings are exciting, full of data derived from research and life experiences in Transfusion Medicine, Cellular Therapies and Transplantation offering opportunities for teaching and learning from the most innovative technical settings to less developed areas. Vox Sanguinis, the Science Series and Transfusion Today, together with our Working Parties synthesize knowledge; standardize approaches and consensus around nomenclature of blood groups, platelet and granulocyte antigens, quality programs, infectious diseases, and clinical and administrative issues. ISBT has been doing this since 1935, for about 80 years. How does it stay alive? What do we need to preserve and grow the organization? This was the subject of a strategic review in 2011 that generated a 2012-2015 Strategic Plan and a follow up review that will take place at the end of June in London, right before our upcoming congress in London. Age of our members is one of the major variables in this quest and is the theme of this issue of Transfusion Today. Young members and young investigators are the future of ISBT and this is their forum for expression of their thoughts, their needs, and their dreams, as they became part of a world that is quite different from that occupied by previous generations. Life runs faster, means of

communication have expanded dramatically while economies struggle and competition is wilder. The pressures generated by population growth altered the balance between pure scientific research and social services. Even translational research is fighting for funds.

ISBT must offer a supportive environment to young members and investigators. We must apply a good part of our resources to facilitate their access to membership, to our congresses and to ISBT Academy events. We must also facilitate their access to our ePortal and to our Working Parties. This is how we will fulfill our commitment "to promote and to maintain a high level of ethical, medical and scientific practice in blood transfusion medicine, science and related therapies throughout the world and to encourage and to support the development of good practices, particularly in the context of less well developed blood transfusion services."

Let us continue this conversation in London. It will be an energizing ISBT Congress!

Celso Bianco
ISBT President

Welcome to our new members

(November 2014 - January 2015)

Africa

- **NIGERIA:** OLAJUMOKE APEMIYE
- **RWANDA:** THEOPHILE DUSENGUMUREMYI

Europe

- **BELGIUM:** IVAN DE BOUYALSKY
- **IRELAND:** JOANNE DUFFY

Americas

- **COLOMBIA:** MARCELA GARCIA-CASTRO
- **UNITED STATES:** CHESTER ANDRZEJEWSKI, STEVEN SPITALNIK, RICHARD KAUFMAN, RACHEL BEDDARD, LYNNE UHL, ALAN GRAY, DONALD JOE CHAFFIN

South East Asia

- **INDIA:** Manju Tiwari, Sangeeta Gupta

Western Pacific

- **AUSTRALIA:** ANNE-MARIE WILKES, MERROLE COLE-SINCLAIR

LinkedIn

Connect with us on LinkedIn and stay up to date with ISBT activities including the latest ISBT news, interesting new research papers and discussions.

www.linkedin.com/company/international-society-of-blood-transfusion

Invitation to renew ISBT membership 2015/2016

We invite all members to renew their membership for the new membership year 2015-2016 (April 1, 2015 to March 31, 2016). By renewing your membership you will continue to have access to the full range of member focused benefits.

How to renew

Go to www.isbtweb.org and click on "Login" (top right). Use your current email address and password to login and pay your membership fee for 2015/2016 online.

Payment

Once you are logged in, click on the payments block and pay your membership fee. You can pay by:-

- 1) Credit card – You no longer need to complete 3D-secure
- 2) PayPal
- 3) Recurring direct debit – This is new this year and available to members resident in most European countries. By using direct debit you authorize ISBT to collect the payment of your annual ISBT membership fee at the start of every new membership year.
- 4) If you do not have a credit card or pay pal account you can email membership@isbtweb.org to arrange for bank transfer

Invoice

Once you are logged in your invoice is available on the Payments page.

Fees

The membership fees of ISBT are based on your age and country. Please read more about this at www.isbtweb.org. Go to About ISBT, Membership Information, Fees.

35 years and under?

People of 35 years and under can pay a discounted fee of € 55 per year. Please read more on this discounted membership at www.isbtweb.org under About ISBT, Membership Information, 35 years and under.

Are your details up-to-date?

To ensure that you continue to receive Vox Sanguinis and Transfusion Today and the monthly E-news, please check that

your membership details e.g. postal and email addresses are up-to-date and complete. Login on www.isbtweb.org and go to "Profile" in the top right hand corner, then click on "Edit Profile" to change or complete your details. Make sure to save the changes by clicking on "Update Profile".

Questions on membership

If you have any questions on our membership, for instance login, forgotten password or membership fee, please have a look at our Frequently Asked Questions at www.isbtweb.org. Go to About ISBT, Membership Information, FAQ. You can also contact the ISBT Membership Department by email: membership@isbtweb.org.

Benefits

Membership of ISBT gives you the opportunity to connect and participate in our growing transfusion medicine community

- Access to the ISBT Academy ePortal (including congress webcasts and presentations)
- Subscription for Vox Sanguinis (paper + online)*
- Receipt of Transfusion Today (paper + online)*
- Receipt of the monthly E-news
- Registration discount at ISBT congresses
- Online access to Working Party material

* Online access only for 35 years and under fee

You are requested to renew your membership by March 31, 2015.

If you have any other questions please contact the Membership Department (membership@isbtweb.org) who will be happy to assist you.

We are looking forward to seeing you in the new membership year!

ISBT LONDON 2015



Join us for the 25th Regional congress of the ISBT which is fast approaching. The congress offers you the opportunity to meet with colleagues working in transfusion medicine from around the world, attend the 2015 Serious Hazards of Transfusion (SHOT) symposium and the ISBT Academy (education) day as well as the main scientific sessions. You will hear state-of-the-art presentations from our invited speakers and learn about new research through oral or poster presentations. An exhibition running alongside the scientific programme will feature the latest technology available from the major transfusion medicine companies.

The social programme includes an opening ceremony featuring dance and music from across the UK, a welcome reception giving you the opportunity to network and meet up again with colleagues from around the world and a congress party with

a taste of Britain and dancing to a live band in the museum of Docklands in Canary Wharf.

The Young Investigators (YI) breakfast session will take place on Monday June 29, on the Sunborn yacht moored alongside the Excel conference centre and will give those under 35 the chance to share experiences with peers and expert mentors.

Various networking events will be held; drinks and snacks following the ISBT Immunohaematology working party meeting, a YI networking event in the Aloft hotel bar and a special breakfast networking event for transfusion practitioners to be held on Sunday June 28 in Excel.

The congress will take place at Excel London Royal Victoria Dock London E16. All congress details can be found on the website www.isbtweb.org/london

Time	Saturday June 27 SHOT symposium
09.00 – 10.00	Registration and coffee
10.00 – 10.15	Towards Haemovigilance in the UK
10.15 – 10.45	SHOT 2014 report – what's new
10.45 – 11.15	International Haemovigilance – what are the opportunities and threats
11.15 – 11.30	Introduction to the new ISBT immunohaematology Working Party
11.30 – 12.00	International Collaboration for Laboratory Practice
12.00 – 12.30	Haemovigilance, National Audit and EQA working together to improve transfusion practice
12.30 – 13.30	Lunch Break
13.30 – 14.00	Blood matters in Ebola
14.00 – 14.30	Donor vigilance – an international perspective
14.30 – 14.50	Coffee Break
14.50 – 15.10	Best practice shared
15.10 – 15.50	Interactive session: why don't you hear what I am saying
15.50 – 16.00	Summing up and close

Time	Sunday June 28
09.00 - 10.30	Foundations of Good Practice
10.30 - 11.00	Coffee Break
11.00 - 12.30	Getting the most out of Blood Components
12.30 - 13.30	Lunch Break
13.30 - 15.00	Emerging Threats to Blood Safety
15.00 - 15.30	Coffee Break
15.30 - 17.00	Facets of Cell Therapy
17.30 - 18.30	Opening Ceremony
18.30 - 21.00	Opening of the Trade Exhibition and Welcome Reception

Time	Monday June 29
07.00 - 08.00	Young Investigator's Breakfast Session
08.30 - 10.00	Plasma and Plasma Component: Adverse Reactions
10.00 - 10.30	Coffee Break
10.30 - 12.00	Plenary Session I: Good intentions and Adverse Outcomes
12.00 - 14.00	Lunch and Satellite Symposia
14.00 - 15.30	Blood Safety
15.30 - 16.00	Coffee Break
16.00 - 17.30	Paediatric Transfusion
17.30 - 18.30	Poster Session

Time	Tuesday June 30
08.30 - 10.00	Pulmonary adverse Effects
10.00 - 10.30	Coffee Break
10.30 - 12.00	Plenary Session II: Novel insights in Physiology and Transfusion
12.00 - 14.00	Lunch and Satellite Symposia
14.00 - 15.30	Blood Borne Viruses
15.30 - 16.00	Coffee Break
16.00 - 17.30	Pathogen Prevention
19.30 - 23.30	Congress Party (Museum of Docklands)

Time	Wednesday July 1
08.30 - 10.00	Viral Haemorrhagic
10.00 - 10.30	Coffee Break
10.30 - 12.00	Plenary Session III: Oxygen, Red cells and Transfusion
12.00 - 12.30	Closing Ceremony
12.30 - 13.30	Farewell Lunch (Registration Area)

www.isbtweb.org/london

Deirdre Fehily
Italian National Transplant
Centre (CNT), Italy

Barbee I Whitaker
Director, Research and Data
Analysis Director, AABB Center
for Patient Safety USA



Jo Wiersum
Sanquin Blood Supply
Dept. of Clinical Transfusion Research
Amsterdam, the Netherlands

The Notify Library: Educational database for professionals working with Medical Products of Human Origin

Medical Products of Human Origin (MPHO) include blood and other autologous or donated materials such as haematopoietic stem cells, gametes, corneas, and kidneys. Also, all materials processed into pharmaceuticals (e.g. immunoglobulins) or administered as cellular therapies (e.g. tumour vaccines), including regenerative medicine. When appropriately prescribed, processed, and administered, MPHOs can save lives. However, as they are comprised of biological substances, professionals supplying and using MPHOs must be aware of potential adverse events associated with such human-derived products. Rapid detection and timely reporting of adverse reactions, errors or failures may minimise potential adverse consequences, therefore it is important to take the appropriate preventive measures, and maximise our knowledge. Due to the rapid global expansion of MPHO types, however, and their clinical applications currently used educational materials including standard textbooks, might become out-dated.

Therefore, a database of adverse events and their consequences was created; this 'Notify Library' was developed to provide knowledge to ensure safety for patients receiving these MPHOs. This library was developed through a collaboration between the Italian National Transplantation Centre (CNT), the World Health Organisation (WHO) and partners in the EU-funded project "Substances of Human Origin Vigilance and Surveillance" (SOHO V&S). It is currently maintained by the CNT on behalf of the WHO. The Notify Library can be used by all health professionals, health authorities, and the general public as a resource for understanding of the possible adverse consequences of MPHOs.

What is the Notify Library?

The Notify Library comprises summaries of various case reports on adverse reactions, errors or incidents which have been documented in association with transplantation or application of MPHO (box). The reports have been analysed by international experts in each field to identify the key learning points for event detection (with relation to the MPHO). Some patient cases have been published in peer-reviewed scientific articles (and are referenced with links where possible); others have been provided by recognised vigilance organisations after case review by experts. E.g. If you have the question "what can go wrong following a bone marrow transplantation?" a search in the Notify Library will give you an excellent overview (see screenshot below). The initial focus of the Library was organs, tissues and cells, but this will be expanded in the future. Currently, preparations are set up for the inclusion of transfusion adverse events (haemovigilance) reporting.

The Notify Library is not a rapid alert system, however, nor does it capture each type of event in the traditional biovigilance systems. To search for an incidence of frequently reported complications, such as graft-versus-host disease following haematopoietic stem cell transplantation, the Notify Library is not the right place. Since the Library is intended to identify universal adverse events for each type of MPHO, from donor to clinical use.

How is the Notify Library kept up to date?

Expert contributors from biovigilance reporting systems worldwide submit current cases of previously unreported problems, or cases revealing new features or learning

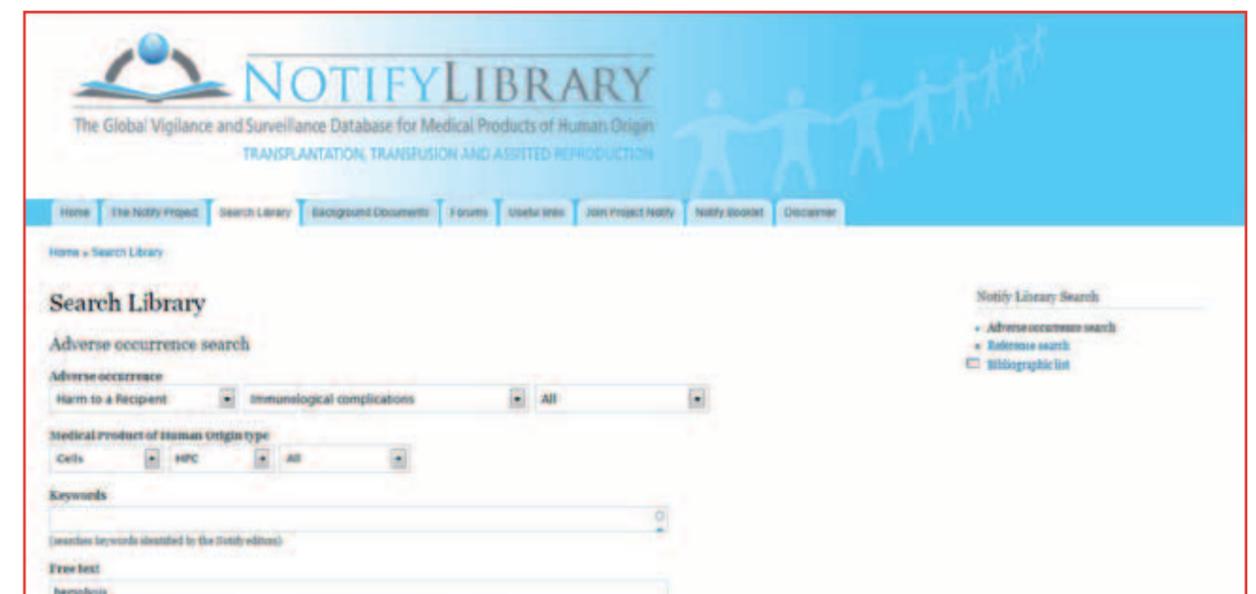
opportunities. Certain types of reaction or infectious agent transmissions may have become obsolete through common preventive measures, such as testing. However, as a teaching tool, the historic and cautionary value of case materials and publications will remain relevant.

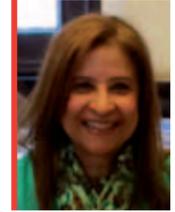
All cases are reviewed by various Editorial Boards from the different WHO regions. Through regular updates, the database has grown to cover the full spectrum of adverse events and types of MPHOs, providing a useful and current overview of the field.

ISBT, the Notify Library and Medical Products of Human Origin
ISBT has official working relations with the WHO and in 2013, they both participated in a think tank meeting to discuss the future Notify strategies and next steps, including that of incorporating blood/haemovigilance information into the library. Members of ISBT's working parties on cellular therapy and haemovigilance, will represent ISBT in taking forward this project.

Notify Library
www.notifylibrary.org

<p>Learning database Public information, see www.notifylibrary.org</p>	<p>Searchable Validated information Referenced</p>
<ul style="list-style-type: none"> • Tissues and cells • Gametes and embryos • Organs • Blood to be included soon • Other MPHOs – progressively 	<p>Covers:</p> <ul style="list-style-type: none"> • Infectious complications • Non-infectious adverse reactions • No-harm incidents, errors, near miss events





Faten Mofteh
President Egyptian
Society of blood services

11th Annual Meeting of the Arab Transfusion Medicine Forum

The Arab Transfusion Medicine Forum (ATMF), established in 2004, and initiated by Gamal Gabra (Egypt/UK) and assisted by Faten Mofteh (Egypt), Magdy ElKiaby (Egypt) and Salwa Hindawi (KSA). Initially referred to as the 'Arab Transfusion Medicine Course' (ATMC), in 2012, Reem Arradwan (Kuwait) suggested converting the ATMC into a society with international status and therefore the name was changed.

sessions covering various basic as well as specific issues. 36 lectures were presented by 26 speakers in total and moderated by 20 Chair-persons. The Faculty of speakers included renowned international experts in the field as well as young professionals from the region. ISBT hosted the 8th session on the 3rd day, which was entitled: 'cost effectiveness of logistics of risk management'. This session was presented by Paul Strengers, Diana Teo and Mickey Koh.

The ATMF recently held its 11th Annual Conference last November 26-29, 2014. The event took place in the beautiful Moroccan city of Agadir. The ATMF is regularly sponsored and partially supported scientifically and financially by the ISBT Academy.

A total of 125 participants attended the conference representing 26, mainly from the Arabic-speaking, countries (Algeria, Bahrain, Belgium, Egypt, Ethiopia, France, Germany, Japan, Jordan, KSA, Kuwait, Lebanon, Luxemburg, Mauritania, Morocco, the Netherlands, Oman, Sudan, Singapore, Spain, Switzerland, Tunisia, UAE, UK, USA and Yemen).

The event was entitled: 'Risk management, contingency planning, and managing blood services in difficult situations'. The conference included ten

The previous ten ATMF events took place in Egypt, Tunisia, KSA, UAE, Syria, Egypt, Algeria, Egypt, Qatar, and Kuwait respectively. These annual meetings are gaining in popularity due to their high scientific standards, opportunities for young researchers to present their work (either through oral or poster presentations), and regional networking opportunities.

Attendees raised the following recommendations:

- To encourage the research in the blood banking field between Arabic countries.
- To promote regional joint activities in haemovigilance and donor motivation.
- To support of politically unstable countries by neighbouring stable ones.

The organization of the whole event was superb and the meeting was much appreciated by all attendees. Gratitude goes to Abdel Jalil Ouanaïm and his team from Morocco, who did an enormous effort to organise such a great international event. The future of ATMF 12 was agreed upon and it is going to be held in Egypt (late November 2015) and its theme was suggested to be 'comprehensive patient care'.



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¹ Matteocci A. and Pierelli L.; *VoxSanguinis* (2014) 106, 197. ² Jungbauer C; *ISBT Science Series* (2011) 6, 399.

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Meghan Delaney, DO, MPH,
 Puget Sound Blood Centre, Seattle
 Children's Hospital, University of
 Washington, Seattle, WA

Blood Transfusion Therapy in Sub-Saharan Africa educational conference: Current Status and Future Directions

On November 5-7, the Blood Transfusion Therapy in Sub-Saharan Africa Current Status and Future Directions educational conference took place in Kampala, Uganda. The conference was organized by a planning committee that consisted of Meghan Delaney, Sunny Dzik, Linda Barnes, Henry Ddungu and Jason Barrett. The conference was funded by the International Society of Blood Transfusion (ISBT), AABB, Puget Sound Blood Centre, Fred Hutchinson Cancer Research Centre and the Massachusetts General Hospital. Additional support was provided by the Transfusion Evidence Library.

Conference details

The conference was attended by 50 participants, who were predominantly from Uganda. There were several participants from the other African nations Ghana and Kenya. Participants were from a variety of backgrounds, including: physicians with various training backgrounds (internal medicine, surgery, paediatrics, obstetrics & gynaecology), nurses, medical residents, laboratory technologists and blood centre staff members.

Day 1 consisted of lectures that focused on the history and status of blood transfusion, blood donation, collection, component production, compatibility testing and detection and diagnosis of transfusion-related adverse events in Sub-Saharan Africa. Two panel discussions were held that focused on next steps to advancement and positive patient identification, which included hands-on demonstration of patient identification methods. The day concluded with a lecture on transfusion of sickle cell disease.

Day 2 focused on transfusion of various patient groups in the African setting: cancer, trauma, paediatrics, and obstetrics. The day concluded with lectures about nursing and quality leadership in transfusion. To keep the focus on transfusion in the African setting, seven of the ten speakers were Africans; three were North-American.

Day 3 consisted of hands-on small group workshops in different local settings in which participants worked collaboratively to explore topics and learn from each other's perspectives.

Day 3 Workshops	Location
Blood collection, component preparation & testing	Ugandan National Blood Transfusion Service, Nakasero
Quality management	Ugandan National Blood Transfusion Service, Nakasero
Recognition of transfusion reactions	Uganda Cancer Institute
The hospital Transfusion Committee	Mulago Hospital

Looking forward

To provide sustainable access to the information presented, the committee will publish a manuscript about the proceedings of this meeting. The committee will also create audio-visual presentations of the speakers' lectures for distribution to supporting organizations. These will provide educational material for the other and future African transfusion medicine trainees, on a wider scale. The presentations will be made available on the ISBT Academy ePortal. Planning committee members, speakers and participants found several future focus areas:

1. Improve compatibility testing by facilitating access to pre-transfusion antibody screening. Dr. Delaney plans to work with UNBTS to develop reagent red cells.
2. Train future leaders in paediatric transfusion medicine.
3. Share transfusion metrics and quality documents for developing transfusion committees.
4. Improve inventory of all products at the hospital blood transfusion service laboratories, particularly those that are needed emergently, such as cryoprecipitate and whole blood.
5. Record and monitor hospital blood bank inventory to provide trending for appropriate inventory levels by suppliers.

The conference was considered to be an enormous success, with many participants commenting on the power of bringing together a multidisciplinary group to galvanize future improvements. As one participant put it:

"Dear all, I wish to extend my appreciation to all of you for the wonderful conference we had in Kampala. Thanks to all the presenters and the organizers. I surely benefited a lot. I hope to adjust my practice to fit into the good practices I learnt from that conference."

Ssedwabane Frank, Head Of Diagnostics, Bwindi Community Hospital, Uganda



Transfusion Medicine in Sub-Saharan Africa



Hasan Abbas Zaheer
President, Pakistan Society for Blood Transfusion

Workshop on Data and Information Management

The Pakistan Society for Blood Transfusion (PSBT) was established in 2012 to promote blood safety in Pakistan and to support the blood safety systems reforms being implemented by the government. PSBT and the Islamabad Blood Transfusion Authority (IBTA) together with the support of the ISBT Academy organized a 1-day training workshop on Data and Information Management in Blood Transfusion Services on December 23, 2014 in Islamabad, Pakistan. The specific objectives of the workshop were to:

- 1) Highlight the importance of Data and Information Management for BTS in Pakistan
- 2) Brief the participants on a comprehensive information management system in BTS (best practices and latest advances)
- 3) Highlight the significance of good evidence based data management practices
- 4) Review the current national status and identify gaps in data and information management
- 5) Develop an action plan to improve data and information management of BTS in Pakistan

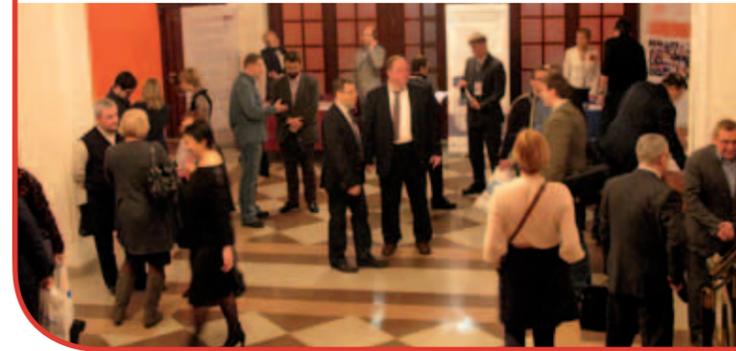
The participants were briefed on the harmonized computer based management information system, which is one of the key elements of the reform. It is the integral tool for monitoring and decision making at system level allowing for the national monitoring of blood safety indicators. During this workshop all participants were updated on the best practices and latest developments in data and information management. The current status and identified gaps in data and information management in Pakistan and formulation of an outline of an action plan to improve data and information management of BTS in Pakistan, were also reviewed.

Technical presentations were given by the representatives of the regulatory authorities from the Federal Capital and Azad Jammu & Kashmir as well as other experts who shared their regulation and best practice experiences with an emphasis on data management and documentation. In Pakistan,

systems reforms are being implemented in the blood transfusion system through the Safe Blood Transfusion Programme and include strengthening of regulatory aspects of BTS. Separate regulatory authorities exist in all of the different provinces. The Data Management workshop was important for the participants to understand the significance of the data and information systems in BTS, which is a key component of regulation.

The working group session identified priority actions and plan to implement these to improve data and information management for blood banks. The workshop was successful in enhancing awareness about good evidence based data management practices as evident from the evaluation of the event. The workshop was evaluated before the concluding session through an Evaluation Questionnaire which is an effective tool to assess the learning effectiveness and continue improving the instructor's teaching ability. The results will be used to further improve the capacity building programmes of the Authority.

The PSBT appreciates the support provided by the ISBT Academy for conducting this workshop. Also, in the past, the Academy has supported PSBT through conducting similar academic activities in Pakistan. The impact of these training sessions has been very encouraging and significant improvements are observed in the functioning of the various blood centres and their staff.



Sergey Sidorov
Executive Director
Russian Transfusionist Association

Russian Conference on Standards and individual approaches in clinical transfusion

The Russian National Pirogov Medical and Surgical Centre recently held the 17th conference on "Standards and individual approaches in clinical transfusion", which was attended by more than 150 experts from Russia, Kazakhstan, Ukraine and the UK.

Igor Vysochin (Sklifosovsky Institute) discussed their experience with cryopreserved red cells and platelets. He explained that this rather costly technology ensures an operational backup of blood cells for the emergency clinic and provides a quarantine storage of cells (donors are being retested). All processes are taking place in a "closed" system, which eliminates microbial contamination. Automatic cell processing eliminates the influence of human factors and enhances the quality of the product.

Brucellosis is one of the most common infections, especially dangerous zoonosis and up to 80% of all cases of Brucellosis are subclinical or asymptomatic. Accordingly, there is a high risk of recruiting Brucellosis-infected patients as blood donors. According to Vladimir Saryglar (Blood Bank of the Tyva Republic), in endemic regions, antibodies against Brucella are found in 1/10 donors and in middle endemic regions - in 1-2% of donors. Not all of these people are actually diseased, but they should be evaluated to confirm or exclude a Brucellosis infection.

One of the major highlights of the conference was the lecture of Geoff Daniels (UK): "The myths of blood groups". The author of one of the captivating main myths discussed was the son of Russian immigrants, Alexander Wiener. He believed that rabbit antibodies against Rhesus monkey red cells were the same as human anti-RhD. In 1963, it became clear that the antigens detected by the two previously mentioned

antibodies against humans and animals are genetically independent. The rabbit 'anti-Rh' was then called anti-LW in honour of Landsteiner & Wiener. RhD protein is encoded by the gene RHD and is located on chromosome 1. Whereas LW or ICAM-1 is encoded by ICAM1 and located on chromosome 19.

RhD and ICAM-1 (LW) belong to the same protein macro-complexes on the cell membrane. Rhesus monkeys do not have Rh antigens. Rh is still often referred to as "Rhesus system." The consequences of this Wiener myth can we still find back in our own national passports.

The main priority for the blood service in the UK is cost optimization of taxpayers' money. The former head of the service, Martin Gorham (DGP), told about the implementation of "Male plasma only". When female plasma was discontinued for transfusion purposes temporarily, a decrease was observed in mortality due to transfusion-related acute lung injury (TRALI).

Eugene Zhiburt (Pirogov Center) talked about evidence based transfusion and focused on the latest TRISS trial. Among septic shock patients, mortality at 90 days, ischemic events and use of life support were similar among patients assigned to blood transfusion at a higher haemoglobin threshold, when compared with those patients at a lower threshold; the latter group received fewer transfusions. From 2007 onwards, the Russian Transfusionist Association therefore advised a haemoglobin threshold concentration of 7g / dL, however, the clinical strategy remained unchanged

The next transfusion meeting in the Pirogov Centre will be held on December 16-18, 2015 and all Transfusion Medicine colleagues are welcome to attend.

Ashadul Islam
Secretary
AATM- Bangladesh Chapter

Voluntary Blood Donation Programme at Bangabandhu Sheikh Mujib Medical University



December is the victory month of Bangladesh since the country achieved independence in 1971. On this occasion, the Asian Association of Transfusion Medicine (AATM), the Bangladesh Chapter organized a Voluntary Blood Donation Program at the Bangabandhu Sheikh Mujib (BSMMU) Campus on December 31, 2014, which was jointly organized with the Transfusion Medicine Department of BSMMU, Shahbag, Dhaka, Bangladesh.

The programme started with a brief session in which Prof. Sharfuddin Ahmed, Dean of the Faculty of Preventive & Social Medicine, discussed about the coordination of global funds for AIDS, TB & Malaria. Dr. Jamal Uddin Kholifa, Director of Dept. Human Resource Management also presented. Treasurer of the Asian Association of Transfusion medicine (AATM), Prof. Nittayananda Shil and Ass/Prof. Atiar Rahman. Additionally, Dr. Sheikh Saiful Islam presented and Prof. M.D. Ashadul Islam, Secretary of AATM & Additional Registrar, discussed the coordinated blood donation programme. Moreover, Medical Officers, Medical Laboratory Technologists, Medical students, FCPS Transfusion Medicine students, donor recruiters, patients & patients' relatives, were also present in the programme.

Furthermore, there were 20 blood donors who donated blood and the general focus was on the awareness programmes for voluntary blood donation & organization of regular camps.



Neelam Marwaha,
President Indian Society of
Transfusion Medicine ISBT
Regional Director, South-East Asia

3rd National conference of Indian Society of Transfusion Medicine (TRANSMEDCON 2014)

The 3rd National conference of Indian Society of Transfusion Medicine was organized in Ahmedabad, India, November 14-16, 2014. Three pre-conference workshops were conducted on November 13 on the following topics:

- Basic immunohaematology.
- Preparation and interpretation of LJ Charts.
- Coagulation testing relevant to transfusion services.

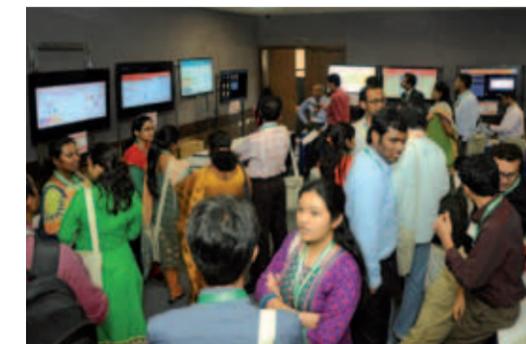
The workshop programme included lectures and live demonstrations. Hands-on experience was imparted wherever possible. Ninety-two participants had registered for the three workshops.

The theme of the conference was 'Universal access to safe blood through education, innovation technology and quality.' The conference was attended by a total of 653 delegates from all across the country. There were 54 invited talks from eminent guest faculty on a wide range of topics in transfusion medicine covering 'vein to vein', but keeping the focus on the main theme of the conference. The scientific sessions were organized into donor motivation and retention, blood collection, donor serology, immunohaematological problems in patients, transfusion transmissible infections, blood components, apheresis, clinical transfusion, transplantation and cellular therapies. Two panel discussions were held on challenging issues of national interest – one with the regulators to discuss amendments needed in the blood banking rules and the second with the accreditation assessors. An exciting and stimulating discussion took place during the panel discussion between the panelists and the audience. Two hundred and thirty scientific abstracts were submitted and out of these 34 were accepted for oral presentation. For the first time, the delegates were given the opportunity to present their scientific posters as 'e-posters'. Another innovative

highlight was the presentation of short videos by young specialists on special techniques or devices for enhancing transfusion safety.

The Indian Society of Transfusion Medicine (ISTM) continued with its association with the ISBT for the third year. The plenary session on the second day of the conference was supported by the ISBT Academy. The session was on "Blood safety challenges from transfusion transmissible infections." There were two reputed speakers – Dr. Peter Flanagan, immediate past President ISBT who gave a presentation on "Emerging viral threats in the region," Dr. Ravi Reddy, President elect, ISBT discussed at length "NAT testing algorithms." Both the presentations aroused tremendous interest amongst the delegates and the talks were followed by many questions and comments.

Students from the postgraduate stream of transfusion medicine participated in the quiz and the first three winning teams were awarded prizes and certificates. In addition to the scientific events the organizers had an enthralling cultural extravaganza of regional folk dances which was followed by a grand conference banquet.





Cheuk Kwong Lee
Consultant Hong Kong Red Cross
Blood Transfusion Service



Che Kit Lin
Chief Executive & Medical Director
Hong Kong Red Cross Blood
Transfusion Service

Targeting University Students as new Donor Recruitment Strategy

Over the years, blood demand in Hong Kong has increased significantly. However with the recent implementation of the new academic structure in which the last year of senior education shifted to higher education there has been a significant drop of 9.7% in blood collection at secondary schools. Therefore, we need to find new methods to recruit blood donors. Considering the number of potentially eligible donors in each university, we think that by creating and running a programme which focuses specifically on university students, there will be a high feasibility of recruiting a large number of new and healthy donors.

During the past years, the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS) has been organizing mobile blood drives in all local universities to recruit donors and collect blood. However, these results have been very disappointing. This was most likely because the drives could only be arranged for a one-week period at one location per university, for only 2-3 times a year. And without a regular physical presence, we think that it is not feasible to expect students to actively engage themselves in order to donate blood. We therefore decided to invite university management to initiate a new incentive programme to motivate their students to become blood donors. Our plan was to set up a fixed blood donor centre at a suitable location within the university campus to facilitate university students to give blood at their convenience without the need to wait for our mobile drives or travel to our blood donor centres. In addition, the programme will include educational elements to enhance their awareness of the importance of serving others in the local and wider community for humanitarian and healthcare related causes.

Luckily, we were very fortunate to receive many positive responses from two leading universities: University of Hong Kong and the Hong Kong Polytechnic University. Both universities strongly supported our initiatives and considered our proposed programme very innovative and appropriate for a partnership. They nominated a designated site within

the campus, where many students gather every day, for us to establish a blood donor centre and assisted us in promoting blood donation in this centre.

Both university campus centres were opened on the first day of the academic semester. With the support of the university management and student groups, a series of promotion and publicity actions were carried out. In addition to students, university staff and members of the public were also welcome to give blood at these centres. During the first months of service, 33% of the donations were from new donors and a high percentage of those donors were below 30 years of age.

The initial results of the new programme were encouraging. Both universities agreed to review the outcomes at the end of the first academic semester with the objective to continue the programme in the long term. The HKRCBTS strongly believes that this programme is strategically important for sustaining an adequate donor pool to meet the continuous demand for blood. As a next step and to enrich the programme, we plan to create education and/or service oriented activities to engage students even further. In the future, we hope that the programme can be extended to other universities.



A university student donor giving blood for the first time



César Cerdas-Quesada
Chief Immunohaematology
and Blood Bank, Hospital La
Catolica, San José, Costa Rica

Implementation of a Voluntary blood donation programme in San José, Costa Rica

In blood centres different strategies are used to attract voluntary donors who are donating on a regular basis. Since 2010, professionals at the Blood Bank of La Católica Hospital in San José have been working on implementation of a voluntary blood donation programme by the following actions:

1. External blood collection was organized in various universities and companies.
2. A total of 790 donors, donating at 15 mobile collection facilities from January 2012 to July 2013, were assessed post donation and the results were collected at the respective facilities. Huge variation was observed between the different facilities, infrastructures, locations and levels of comfort.
3. The risk of cardiovascular disease was also assessed by measuring the total cholesterol levels in the donated blood samples.

These surveys can therefore be a useful and reliable method to measure the degree of satisfaction in this campaign.

In total, the lipid profiles in 654 voluntary donors, who donated during 2010-2013, from both internal and external collections, were measured. The percentage of donors with high total cholesterol levels was low in all ages (values > 240 mg / dL), but it is alarming to note that in some cases the coronary risk factor was high.

With the help of such programs, more new donors were recruited and a greater number of donations and reduced time intervals between the donations of frequent donors were observed. Therefore, our blood collection centres plays a role in public health through their relationships with both donors and community.

4. Effective communication with the donors by both email and social networks was promoted. A survey was conducted to determine the percentage of (delayed) adverse events and its effect on blood donor return rates was measured. The results showed that almost 100% of blood was donated voluntarily and an increase in the percentage of repetitive donors was also found.



Margarita Leticia Medina Macias



Amalia Bravo Lindoro

National institute of paediatrics is the first accredited public blood bank in Mexico



In December 2014, the blood bank of the National Institute of Pediatrics (BBINP) in Mexico achieved accreditation by the Mexican Accreditation Entity (EMA). It is the first public blood bank in Mexico and Latin America to obtain this level of recognition, due to their competent staff and equipment (which are continuously calibrated, controlled and verified).

The blood bank staff has worked for five years to demonstrate efficiency and efficacy to release valid and clinically useful and reproducible results, which is defined as Technical Competence. In addition, the Official Mexican Standard (NOM-253-SSA1-2012) for the utility of human blood and its components with therapeutic aims was published and established as mandatory. This led to a quality management system that includes standard operation procedures and implementation of laboratory techniques with a greater sensitivity and specificity and provides results with reasonable delivery times, with traceability of all processes and laboratory procedures.

The path to obtain this accreditation was not an easy one, considering the obligations of Blood Banks to

ensure the clinical utility of the products and services through the whole transfusion chain, composed of various complex processes running from donor to patient. The BBINP had to standardize mechanisms to govern the quality of products and services according to the established requirements, documentation of all processes, evaluation of results, finally establishing a continuous improvement and compliance guarantee with clients.

To meet the NMX-EC-15189-IMNC-2008 (ISO 15189:2007) criteria, the BBINP had to cover the requirements that consists of the following management and technical requirements: staff, facilities, environmental conditions, pre-analytical laboratory equipment, facilities, environmental conditions, (pre and post) analytical quality procedures, reporting of results, validation and verification, internal quality controls, inter-laboratory programmes, external quality controls, performance monitoring, and continuous improvement.

The equipment verification process was more difficult to implement than expected: design qualification

(defining if the instrument functions), installation qualification (define if the instrument is properly installed), operation qualification (demonstrates that the equipment will work in according to its own specifications) and performance qualification (the instrument performs according to the specification for routine use). The verified platforms used were:

- Haematology (Haemoglobin, leukocytes, platelets): Celldyn Ruby™ and Abbott™
- Immunohaematology (blood group determination, Rh Factor, Rh phenotypes, Coombs test, cross test: Eritra™, Wadiana™ and Grifols™
- Serology (anti-HIV 1+2/p24 antibodies, anti-HCV, anti-CMV IgM antibodies, anti-Treponema palidum antibodies, anti-Trypanosoma cruzi antibodies, Hepatitis B surface antigens: Architech extra i2000SR™ and Abbott™
- Molecular biology (NAT-HIV; NAT-HCV; NAT-HBV): Cobas S201™, Roche™ and viral load HIV-1: AmPLIPREP/Taqman48™ from Roche™

Verification protocols at the CLSI (Clinical and Laboratory Standards Institute) will be used to evaluate linearity (EP6), detection limit, accuracy (EP15A2), sensitivity (EP12A2), validation of the automated systems used in immunohaematology (I/la33-A) and detection limit (MM3-A2). This achievement was not only made possible by establishing these validation norms and interpretation of patient results, a quality management system between laboratories was also developed. This system includes standards for analysis requests, identification and preparation of patient samples, transport, storage, processing.





Next Generation Software in Immunohematology

IH-Com is a centralized, integrated solution for full sample control in Immunohematology with the following features:

- Overall patient result validation
- Centralized QC management
- Integration of instruments and manual workplace
- Combination of results from ID-Cards and microplates possible
- Centralized, single HOST/LIS connection (one for all)

100% process control of patient samples, results and reagents

For more information: www.bio-rad.com/immunohematology

The Complete Solution for Safe Transfusion

BIO-RAD

2015

April 15 -16, 2015

Blood, Blood Components and Plasma - Quality and Safety
Heidelberg, Germany
http://www.gmp-compliance.org/eca_seminar_9093.html

April 29 - May 02

13th International Symposium on Myelodysplastic Syndromes (MDS 2015)
Washington, USA
<http://mds.kenes.com/>

May 13 - 16, 2015

10th International Society for Apheresis Congress (ISFA 2015)
Cancun, Mexico
<http://www.isfacongress.com/>

May 20 - 21, 2015

IPFA/PEI 22nd International Workshop on "Surveillance and Screening of Blood Borne Pathogens"
Prague, Czech Republic
<http://www.ipfa.nl/events/ipfa-pe-22nd-international-workshop-on-surveillance-and-screening-of-blood-borne-pathogens-prague-czech-republic>

May 28 - 29, 2015

cfDNA 2015
Copenhagen, Denmark
<http://www.cfdna2015.eu/>

June 11 - June 14

20th Congress of European Hematology Association
Vienna, Austria
<http://www.ehaweb.org/congress-and-events/20th-congress/key-information/>

June 20 - June 25

ISTH 2015
Toronto, Canada
<https://www.isth.org/page/2015Microsite/>

June 27 - July 1

25th Regional Congress of the ISBT
London, UK
www.isbtweb.org

ISBT LONDON 2015

June 27 - July 1, 2015

25th Regional Congress of the ISBT,
in conjunction with the 33rd Annual Conference
of the British Blood Transfusion Society
London, United Kingdom



International Society
of Blood Transfusion



British Blood
Transfusion Society