

TRANSFUSION TODAY



Club 25

Promoting a new generation
of healthy unpaid blood donors

Social marketing
and blood donation

Barcelona is Full Blooded

Argentina to launch
World Blood Donor Day 2011

Donor Vigilance

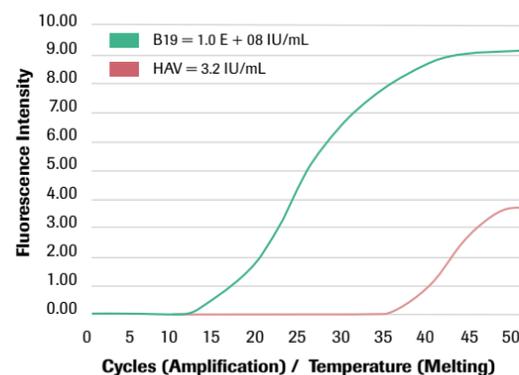


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*Test in development; CE Mark pending

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Judith Chapman

Editorial

June 14 is World Blood Donor Day (WBDD) and presents an opportunity for the expression of gratitude to existing blood donors and creating awareness in order to guarantee the blood supply by attracting new blood donors.

The global theme for WBDD 2010 is Young Donors, with the slogan "New blood for the world." It is hoped that a new generation of idealistic and motivated voluntary unpaid blood donors will form a pool that provides the safest blood possible for use wherever and whenever it is needed to save life. Recruiting and retaining young donors not only improves the long-term safety and sufficiency of a country's blood supply, but also promotes safe and healthy lifestyles in them. Young people unable to donate for any reason can volunteer their service as advocates.

The focus of this issue published in June when WBDD is celebrated is donors and donation. The focus section covers all aspects of this topic. There is an article from the International Red Cross and Red Crescent Societies on Club 25, a very successful initiative which encourages young people to donate and develop healthy lifestyles, other articles include social marketing, plasma and apheresis donors and donor vigilance.

The issue includes the second article related to our new brand identity and further information on the XXXIst congress of the ISBT in Berlin.

Finally there are a variety of articles in the regional pages from Argentina, Croatia, El Salvador, Guatemala, Australia and New Zealand, Pakistan, Russia and Spain.

True or False? Social Marketing Can Help Save Lives

Public and non-profit organisations have long debated how marketing concepts and management styles apply to their sector of activity as they are largely derived from principles of consumerism and economic decision-making proper to the private sector. The arrival of marketing in the world of blood donation is no exception.

The purpose of this article is to highlight some of these principles at Héma-Québec and to illustrate concretely how marketing techniques can contribute to achieving the objectives of a blood donation program: a marketing model that is adapted to the realities of blood donation in Quebec.

Social marketing can be defined as “the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups, or society as a whole” (Kotler, Roberto, & Lee, 2002).

Although types of marketing strategies are as varied as the fields they are used in, the major marketing activities of this program fall under positioning, operational or relationship marketing. The process is presented in the form of a cycle that includes four major phases containing all marketing functions, that is, raising public awareness, acquiring new donors, donor retention and loyalty building, and establishing the relationship. (Figure 1)

Other aspects that characterise social marketing such as the use of marketing research is key to guide campaign development and to understand our customers and their expectations.

A comprehensive social marketing campaign generally attempts to include several of marketing’s Ps (product, place, price, promotion and people). In the context of a blood donor campaign, “promotion” is generally the easiest of our 5 Ps to implement, because there is a full range of communication materials that can be developed to persuade or remind. (Figure 2).

The “price” of adhering to blood donation might be associated to the time necessary to do so, to find the proper opportunity, the potential discomfort associated with the procedure or the process itself. The social marketing task would be to demonstrate the value of the “product” (saving lives), so that the “price” paid seems reasonable considering what is being gained.

The “product” being a tangible object (such as the blood products and the concept of blood donation) or intangible service that facilitates behaviour undertaking; from the donors’ perspective, the basic “product” of giving blood maybe the feeling of self-worth knowing that you made the difference and saved lives, and can be positioned as being inextricably linked with enjoyment of life, future health and someone else’s well being.



Sylvie Daigneault
Director, Marketing and
International Affairs,
Héma-Québec

Figure 1 Héma-Québec Marketing Cycle



The “place” is both the location where the messages are made available as well as the location where the behaviour is carried out, the blood donor clinics.

Most importantly, the “people” are at the heart of our model since it represents the human capital including our employees, donors, volunteers and all stakeholders and the value they bring to our business.

Finally, “social marketing” can contribute to save lives and can enhance the emergence of a proactive and systematic approach that will lead to a sufficient and safe blood supply.

Figure 2 Héma-Québec Marketing Tactics and Results, 2008

MARKETING TACTICS	TOTAL 2008	
Telerecruitment	13158	31,81%
Leaflet Drop	1065	2,57%
Mailing/invitation	2846	6,88%
Publicity		
Outdoor Poster	10452	25,27%
Leaflet	1043	2,52%
Signage	1202	2,91%
Newspaper	2284	5,52%
Television	489	1,18%
Radio	630	1,52%
Internet	2199	5,32%
Word of mouth	2735	6,61%
Passing by	2688	6,50%
Recruited by a friend	574	1,39%
Number of responses	41365	

DIAGAST launches its WEB TV



DIAGAST WEB TV

The ISBT Congress will take place in Berlin from June 27th to June 30th, DIAGAST takes the opportunity to **turn its booth into a TV stage in order to launch the DIAGAST WEB TV, the first web TV dedicated to immuno-haematology**: a uninc Internet access will enable you to watch conferences and debates.

Some of the most famous names of the IH sector will debate about nowadays main issues. Each online broadcasting of DIAGAST WEB TV will be available in english. Whether you are present or not at the ISBT Congress you can suggest topics you would like to discuss and even give your opinion in real time during live broadcastings.

If you want some information about TV schedule, you can already have online information on our website and also on our Twitter account (@DIAGASTWEBTV)

Feel free to invite your colleague at this event and see you soon through the DIAGAST WEB TV !

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Five Year Impact Study on Club 25 Programmes

New Blood for the World

From now through to 2014 the International Federation of Red Cross and Red Crescent Societies is tracking a number of Club 25 programmes. The aim—to follow young blood donors and their steps into local communities as leaders. Take for example, the Haiti experience in January this year. One of the first groups to mobilize themselves after witnessing the devastation caused to the Blood Centre was the local Club 25: the members met at the University and immediately became involved, not only in giving blood, but also in much needed hygiene promotion given the risk of disease after the earthquake.

Club 25 is an approach developed for working specifically with young adults aged 16 to 25 years in order to scale-up altruistic, safe blood donations. Members commit to giving blood regularly and to learning about and adopting a healthy lifestyle in order to remain low-risk donors. They work to raise awareness about blood donation among their peers, and motivate others to donate. Being part of Club 25 provides young people with the peer support that is crucial for the maintenance of a healthy lifestyle, with a sense of belonging, and with a real sense of purpose and achievement.

The impact study will monitor Club activities and according to Peter Carolan, Senior Officer with IFRC in Geneva the following outcomes may be expected over time:

“Firstly, with Club 25s there is progress towards 100 per cent voluntary blood donation worldwide: they’re established in around 60 countries, some ‘very small pilots’ but many quite active in meeting daily demands for safe blood. So gradually we hope to capture some improved methodologies for scaling up recruitment and retention of young donors and along with this the creation of an economical model for youth health promotion within the RC/RC. This will involve youth promoting respect for diversity and human dignity, and by next year we will have an opportunity to further identify and nurture socially-responsible young volunteers as part of the “International Year of Volunteers +10 (IYV+10).”

“By involving blood donors in health promotion activities between their regular blood donations, or at times when they are ineligible to donate optimum use can be made of the goodwill of these dedicated volunteers who have already made a serious commitment to maintaining their own health and improving the health of others,” said Peter.



Pictures of Club 25 programmes

The first Club 25 (known as Pledge 25) started in Zimbabwe in 1989, and was soon followed by a South African Club, and the concept has been taken up in the Americas over recent years, and is now being initiated in the Asia-Pacific region and Europe. Within the five-year period of the IFRC impact study the creation of a new international movement is envisaged under the umbrella of “International Club 25...New blood for the world.” And based on the activities that are being carried out to date by Club 25 members the following three priorities have been identified for the future development of an International Club 25:

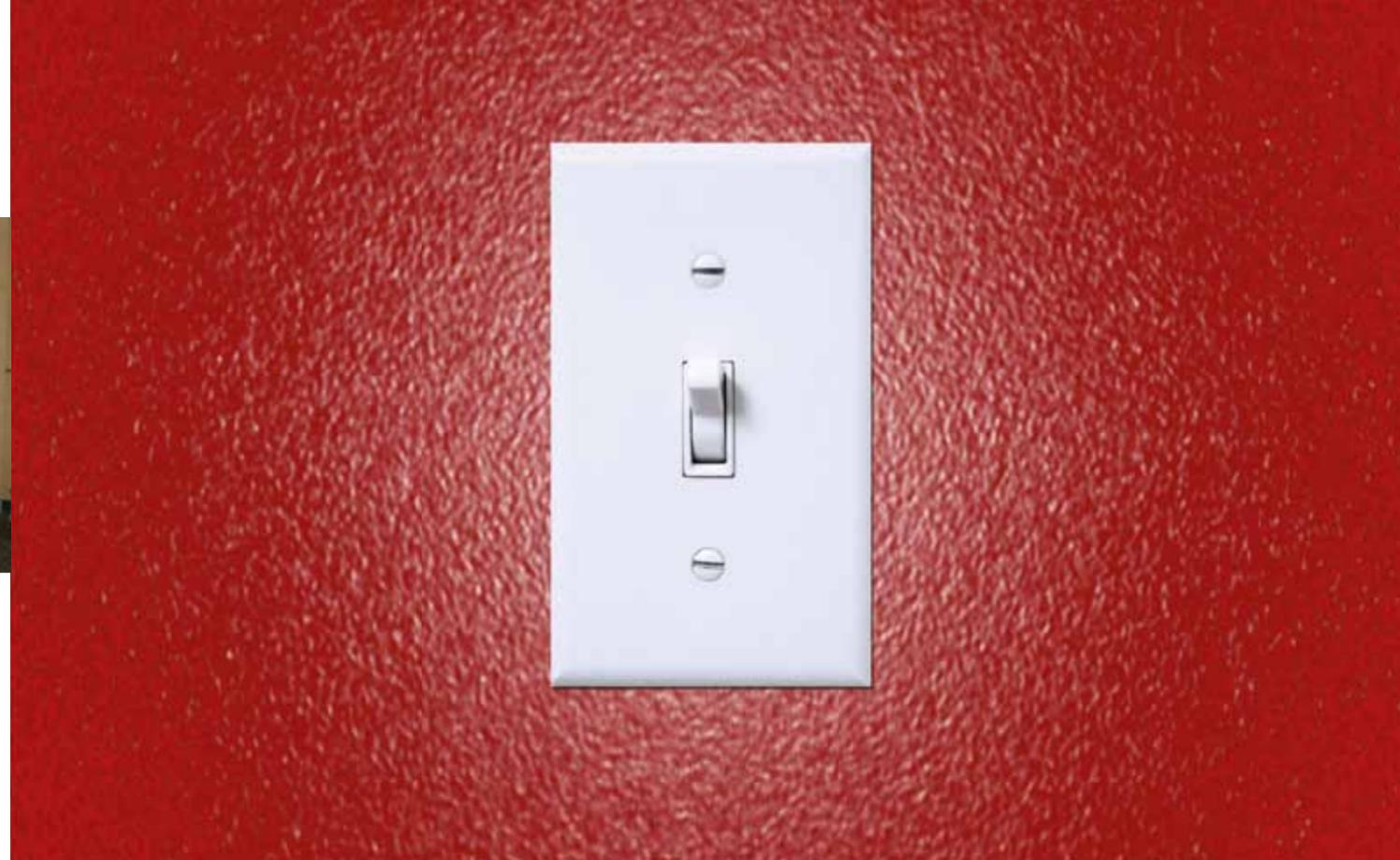
1. Continued innovation in the recruitment and retention of young, voluntary donors
2. Enabling Club 25 members to opt into broader health promotion activities
3. Networking of members at an international level

Peter sees this third point as important for future expansion of Club 25s and as a means to capture ‘lessons learned’:

“The networking will promote global solidarity on common issues, and the sharing of information, experiences and results. A web-based resource centre is being hosted by Singapore Red Cross to help service the needs of National Societies in blood donor recruitment. We are hoping that over time this will be expanded to become an international hub to facilitate international networking amongst Club 25 members.”

References

1. Also known in different countries as, for example, Pledge 25, Club Heroes, Young Blood Donor Club, Galloner's Club.



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- Leonardo da Vinci

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Donors and Apheresis



Ingrid Veldhuizen PhD
and Hans Vrielink MD, PhD

Blood collections from donors can be performed by whole blood and by apheresis techniques. In apheresis techniques, whole blood is separated into various blood components during the donation procedure itself. The preferred blood component is collected in a special component bag and the remainder blood components are returned to the donor. Apheresis techniques allow for the collection of large volumes of plasma from one single donor (plasmapheresis), but are also suitable for the collection of specific blood cells, such as one or two units of platelets in a plateletapheresis, or two units of Red Blood Cells (RBCs) in an erythrocytapheresis. In addition, these special techniques make it possible to collect a combination of various blood components.

Since apheresis techniques allow for the donation of large volumes of blood components usually with other intervals between the donations, donors have to comply with specific requirements in order to safeguard their health. Compared to whole blood donors, these requirements relate to increased minimal bodyweight and haematocrit values in apheresis procedures to collect double units of RBCs. Also the donors' gender, minimal platelet count in the donor, the absence of antibodies directed to RBC antigens and specific requirements regarding protein analysis can be items for donor selection in apheresis.

Usually, the user demand from hospitals or fractionation institutes determines the number and sort of requests from blood banks to their donors to perform apheresis procedures. This demand can be based on the need for RBC units with specific RBC blood groups (e.g. O Rhesus D-negatives), the need for single donor platelets, or large volumes of plasma. To meet these specific demands, blood banks have the capacity to select their donors based on ABO Rh(D) typing and other blood groups, specific human leukocyte and human platelet antigen typing, and hyper-immunization (e.g. high titers of Rhesus D antibodies, hepatitis B surface antigen antibodies (anti-HBs), tetanus antibodies).

Recently the ISBT working party on Apheresis has been established. Amongst others main topics of this WP are new developments in apheresis and development of apheresis programs in emerging countries.

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Patients request for plasma products: the PLUS Consensus document



Paul Strengers
Sanquin, Amsterdam

That blood donors and blood donations are paramount for the health care of many patients world wide is undisputable.

Potential donors are being asked by blood establishments to donate their blood in order to be able to produce blood products for the treatment of patients. The processes on the best way to collect and test blood in order to prevent the transmission of blood borne infectious diseases and the production of components, has reached a high level of efficacy and quality, and still improvements in these processes go on and on. Since the start of the blood banks in the 1920's, patient's need for blood is handled this way. In some parts of the world, some links of the blood chain are well developed, in other parts they are not or under development, as it is with many developments in health care in general. Over the years, many changes have been introduced in this system in order to make blood transfusion safer, more efficacious and with less adverse events. Due to the fact that the blood establishments were mainly focussing on the provision and supply of blood components, most attention was directed to the first part of the blood chain. The combination of the altruism of the donor in order to make the blood donation as the donation of life together with the need for safe blood has created the principle of the voluntary and non-remunerated donation. Many studies have shown the detrimental effect of paid donations and the compromise to safety since most of these donors are relatively poor and less able to take care of the good health of themselves.

However, unfortunately, the connection with the users of blood is not as strong as it could be in order to have blood optimally used.

For clinicians who rely on the provision of blood for the treatment of their patients, a blood transfusion is just a part of the whole treatment arsenal that is needed for their patients. The pathology of diseases has many facets and the treatment of disorders require different approaches and treatment modalities. This includes the use of different medicinal and other products. In such a situation, if blood is needed, this is only a part of the complete treatment. As a surgeon has pointed out in his lecture at the International Congress in Macao, he is focussing on the procedure he has to follow in order to save the life of the patient who is lying on the table in the OR in a very critical clinical situation and the use of blood is only a part of that procedure. He expects that sufficient amount of blood is available and that the unit of blood is safe. The blood establishment would not wish to provide non-safe and not enough blood, and any surgeon expects that that is the case.

What about the patients? Also patients expect that the supply of safe and sufficient blood is guaranteed. However, as it is with everything in life, if one is not part of a process, one has no clue on how much needs to be done in order to bring the process to a successful end. One expects that that what is needed is there, and that is the same with blood. Patients do

not know how complicated the process is of getting enough safe blood on the shelves in the hospitals. They expect that there is enough. Unfortunately however, many patients have encountered or still encounter the situation that that is not the case. In many parts of the world there is not enough safe blood available, both not enough blood components and not enough plasma derivatives. And they believe that the reason for this shortage is because the blood establishments are focussing and are taking care of the welfare of donors and not of patients. In their opinion if the blood establishments focused on patients, there would be enough safe blood available. Patients such as haemophiliacs, patients with immune deficiencies, alpha 1-antitrypsine deficiency, Guillain Barré syndrome, hereditary angio-edema, and idiopathic thrombocytopenia who are suffering from diseases that are being treated with plasma derived medicinal products, have organised themselves and are now asking the blood community to increase their efforts in getting more plasma available. More plasma means more plasma products. The plasma could then be fractionated to plasma derived products which could be used for the treatment of their diseases.

In January 2010, these patient organisations which had set up the plasma users group PLUS, convened in Dublin with other stakeholders of the blood community to discuss the possibilities in order to help them. It was a first meeting. Most participants did not have the full picture on how complicated the process from donor to patient is. That great differences exist between blood components and plasma derivatives in manufacturing, quality requirements, regulations, supply, protein content of plasma depending on the source, the possibilities of making plasma available, the differences between recovered and source plasma, etc. The intention of the meeting was that at the end consensus should be reached at least on parts of the process. The report is being published in Vox Sanguinis and I invite you to read it carefully. Immediately you will notice that the Federation of Donor Organisations has not endorsed the document and that they did this already during the meeting, for the reason that in the document it is not clear enough that donors should be voluntary and non-remunerated. One might say that if donors do not agree on the consensus document, the core of the document is gone and the document has no value. However, under the current circumstances the patients suffer seriously and question the donors as to whether a "no" is permitted if a solution to the problem of insufficient plasma for fractionation is not offered. The patients consider themselves as a real stake holder in the process and refuse to stay dependent on an insufficient supply of plasma. More activities should get started to get more plasma for fractionation of high quality available. The discussion has just started and I am glad that it is happening. The ultimate goal must be optimal treatment with blood components and plasma derivatives.



Peter Tomasulo, MD

Donor Vigilance

Most donor reactions and injuries are mild. But even mild events reduce the likelihood of future donations for the donor and probably for the donor's circle of friends.

When blood centers participate in donor vigilance, they learn which donors experience adverse reactions, when they occur, what donation process and venipuncture site are involved and which circumstances lead to the most long term disability. This information can help blood centers reduce reaction and injury rates.

The ISBT has initiated an effort to link national haemovigilance programs. Now the International Haemovigilance Network is building an efficient foundation for data sharing, analysis and continuous improvement.

The systematic gathering of reaction and injury data along with the "denominator data" (number of donations by segment of donor population, by donation process, etc.) allows calculation of reaction rates for different donor categories and construction of large data bases suitable for various forms of analysis and comparison.

We have already learned that increasing the volume of blood collected in 1 unit from 450 mL to 500 mL was not innocuous, that red cell apheresis donation has a low rate of vasovagal syncope (VVS) and that we can reduce the VVS reaction rate by teaching muscle exercises and restoring blood volume quickly after donation. Efforts to gather data on the influence of venipuncture site on hematoma rates and which procedures and manufacturers have the lowest rates of complication will provide more data helpful in designing interventions to increase donor satisfaction and safety. The use of common definitions and data elements facilitates comparisons leading to prompt progress.

Donor injuries are rare, but centers are obliged to understand and prevent injuries and continuously reduce injury frequency and severity. Participation in donor haemovigilance makes blood donation safer and donors more willing to return to donate.



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Meeting Difficult Transfusion Needs: Provision of Rare Donor Blood

The ISBT Working Party for Rare Donors is made up of International representatives from 18 countries (see member list). The Working Party members work collaboratively with the International Blood Group Reference Laboratory (IBGRL) in Bristol, UK. The IBGRL manages the International Rare Donor Panel that is the global list of rare donors maintained by IBGRL under the auspice of the World Health Organization (WHO). Members of the Working Party are responsible to work with IBGRL to make the Rare Donors in their country available for use and to have them listed on the International Rare Donor Panel.

Two of the Working Party Terms of Reference are listed below:

- To develop guidelines for standardization of listing, labeling, shipping, testing and reimbursement for rare donor blood.
- To develop and extend the liaison with the IBGRL and thus assist blood services internationally to support and contribute to the WHO International Rare Donor Panel.

In an analysis of how the global shipment of rare donor products was meeting the needs of the patients, the Working Party recognized that with the electronic methods used for requests and shipments, the outcome of most of the shipments was not known. Only the occasional report of a broken unit or a request for replacement units might indicate either an adverse outcome of the shipping or indicate a patient required more units.

A few years ago, the Working Party developed a form (contact office@isbtweb.org to view) to document shipping outcomes. This form was intended to be included with every international shipment. There has been some but not widespread, use of this form, which is on the ISBT website under the Working Party for Rare Donors. In order to enhance the successful outcome of international shipments, the Working Party requested and received a Grant from the ISBT to monitor the effectiveness of rare donor blood shipments by communicating the need to use the form and then collecting the data. Clearly, there is a critical need for improvement and the knowledge gained by this study will provide information leading to action that will ultimately enhance transfusion outcomes. The Working Party believes this activity is one step towards addressing two Terms of Reference (noted above).

Once the project has been initiated, you will be asked to complete the form if you receive units from another country. Please ensure that you or your staff fill out the form and email or FAX to IBGRL (information is listed on the form). This will capture events involving broken units, shipping delays, billing and infectious disease testing, and transfusion outcomes. It will also enable us to know the phenotypes most needed in the world from a usage-driven perspective. Please help us to improve transfusion outcomes for patients requiring this rare resource!

Working Party on Rare Donors Member List

CHAIRPERSON	Sandra Nance, USA
DEPUTY CHAIRPERSON	Joyce Poole, UK
SECRETARY	Elizabeth Smart, South Africa
TREASURER	Marcia Novaretti, Brazil
PAST CHAIRMAN	Graeme Woodfield, New Zealand

MEMBERS

Masja de Haas, Netherlands
Pauline Fogg, South Africa
Rita Fontao-Wendel, Brazil
Beat Frey, Switzerland
Dhana Gounder, New Zealand
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Christine Lomas-Francis, USA
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Eduardo Muniz-Diaz, Spain
France Noizat-Pirenne, France
Marion Reid, USA
Phillipe Rouger, France
Erwin Andreas Scharberg, Germany
Heli Tenkanen, Finland
Su Jen Lin Tsai, Taiwan
K Vasantha, India
Inge von Zabern, Germany
Vered Yahalom, Israel
Tani Yoshihiko, Japan
Ziyan Zhu, China

From the President



Erhard Seifried
ISBT President

Time flies. This summer, I will hand over the ISBT presidency to Silvano Wendel from Brazil. Four years of active and ambitious activity in the board of ISBT were demanding, but much fun.

The board of directors has tried to do its best and to my opinion achieved a lot in this relatively short period. The ISBT CEO is well established and doing a great job in our central office in Amsterdam. ISBT's logo and brand identity was modernized and is currently in the status of roll-out, as you can see in the last two issues of Transfusion Today. You will see more during the ISBT / DGTI International Congress in Berlin in June this year.

The highly appreciated work of our ISBT working parties is now connected closer to the ISBT board of directors, since working party chairs are invited to the board meetings on a regular basis. An update on the ISBT statutes is currently in preparation as well as the implementation of the aims of our strategic plan as decided. Many of the aims of our strategic plan have been achieved or are well on their way to achievement. These include:

- Expansion into emerging fields associated with transfusion medicine including cellular therapies
- New branding and a new website offering members new features
- Active working parties e.g. guidelines published by the IT working party, the haemovigilance working party and the rare donor working party.
- Ongoing development of the ISBT Academy with Academy programmes during ISBT congresses and new initiatives e.g. a one day workshop at the Acobasmet 2010 Congreso Colombiano in Bogota, Colombia
- Increasing numbers at ISBT congresses
- Increasing support from Industry
- Financial stability

A great fulfilment and also a great pleasure for me were excellent ISBT congresses and the increasing number of ISBT memberships during the last years. The ISBT academy was activated as a novel tool of continuing education during the very successful congresses in Cairo and Nagoya and this success story will be further developed by the stream model during the Berlin congress this summer. There are an increasing number of attendees and active contributors at the ISBT international as well as regional congresses. This is a great achievement of the congress presidents and their co-workers as well as the committees, who have prepared these congresses. It is with great pleasure that I wish to thank all of these colleagues for their great job.

In addition, there has been a growth in ISBT membership from 1067 in 2006 to over 1700 in 2010 an increase of 59%. It is

vital to our society to grow further and include the ideas, input and dedication of so many different experts in the field of transfusion medicine from all over the world. As ISBT president, it made me proud and honoured to serve within such a vibrant scientific society.

For the first time in the history of ISBT, a joint IBST and AABB working party was implemented in the field of cellular therapies. A novel ISBT working party dealing with the equally important task of quality and risk management will be implemented in the near future. I want to thank all active members of the ISBT working parties for their important work and input. Over the last years, this input increased and I am looking forward to a further growth within the next years.

Our common ISBT vision, "To be a global leader in promoting science and education related to blood, cells and transplantation", can only flourish, if we all work together in a similar successful and cooperative way as we did in the past. The emphasis on transfusion medicine with all its bright future options will also be part of ISBT's novel brand identity. ISBT attracts physicians, scientists and people interested in our field from all over the world and we all have to safeguard the future growth and success of our scientific society.

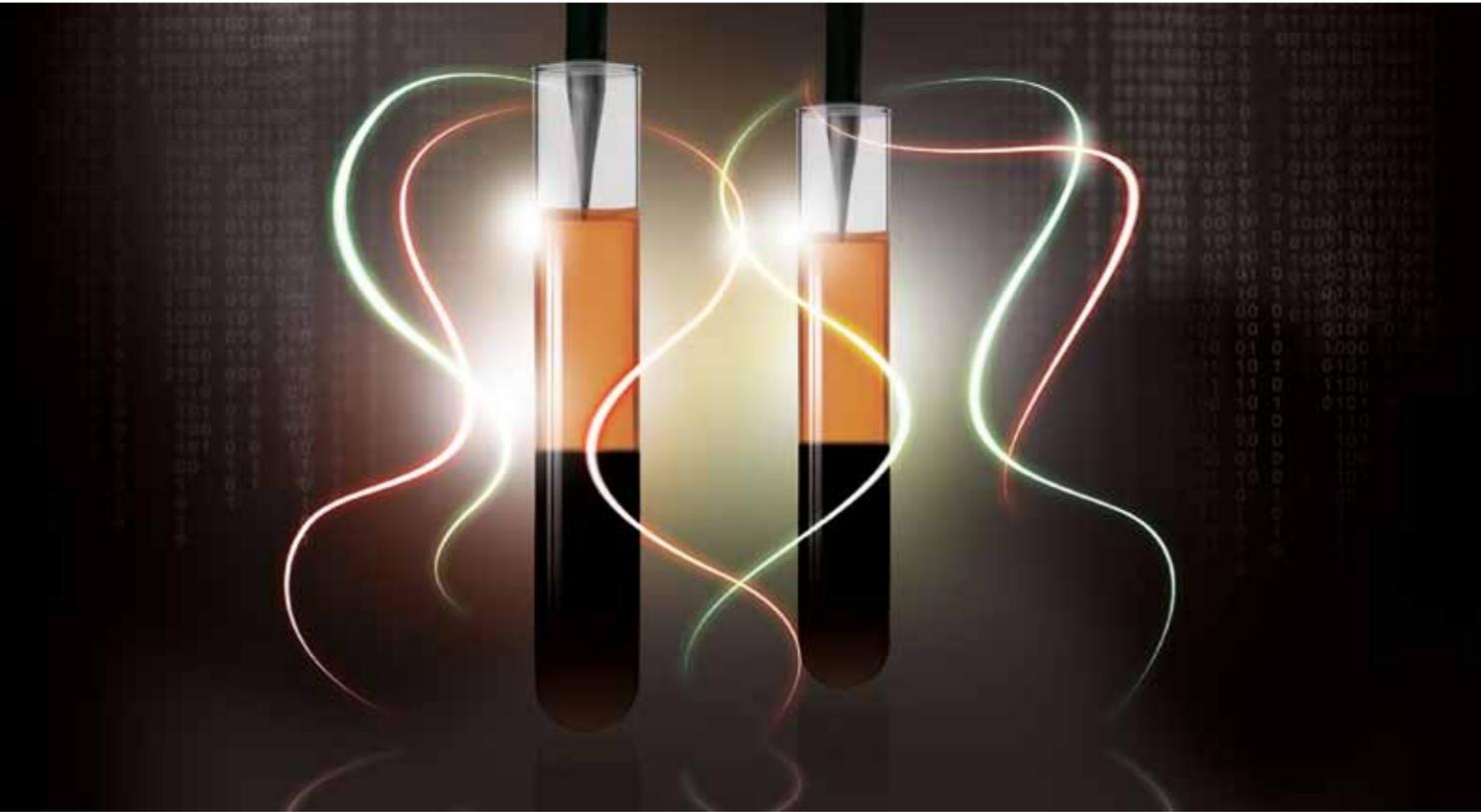
As the current ISBT president, I can only tell you that it was a pleasure to work for our society during the last four years in a position in the board of directors. I do promise to keep on working for the benefit and growth of our society in the future, too. Here, I want to thank my colleagues from the ISBT board of directors, for their continuous help and support and particularly Amin Al Amiri, Richard Benjamin, Peter Flanagan, Graciela León de González, Norman Kalmin and Evgeny Selivanov, whose term on the Board of Directors ends in June.

I would like to particularly mention Paul Strengers who has served as Secretary General for a decade and has done a lot for the growth and continuous success of ISBT including congresses as well as co-operations and projects worldwide. Well done Paul! And a big thank you for all your help and support.

I would also like to mention the co-workers of the ISBT central office, the ISBT CEO, all active ISBT working party chairs and all active ISBT members for their inspiration, help and dedication as well as for an excellent cooperation and the faith, you have put into me. The contact with so many interesting and helpful colleagues from all around the globe was a great experience and I am thankful for so many good discussions with great people.

It is my hope that the future board of directors will work on in such a loyal and cooperative way as we did in the past for the best of our society. Our ultimate goal is to safeguard a safe and secure supply of blood products and cellular components for the benefit of our patients all around the world. I do hope we could contribute to this a little bit. If at least one patient took benefit of our way, it was worth while. Let us work together to give all scientific and organisational input to fulfil this ultimate goal. I wish the best to all of you individually and to our ISBT society.

Erhard Seifried
ISBT President



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Early Regional Congresses Barcelona 1993

For this report on past experiences at Congresses, I review a different but very important function of the ISBT, the Regional Congress. After its first fifty years, our Society had settled by the late 1980s into a predictable schedule of biennial Congresses in even numbered years. When it was suggested at the London meeting in 1988 that European members of the organization could meet as well in the odd numbered years that idea was translated into the concept of Regional Congresses.

The first was held in 1989 in Lugano, Switzerland. That was followed by the first Asian Regional Congress, Hong Kong 1991. The Council received there the first knowledge of the need to close the Paris Headquarters from which the Society had operated for thirty years. Administrative and much financial support of the Society had been supplied by the French National Transfusion Center. That organization had come under massive press and political attack because of the early relationship of AIDS to transfusion. The move caused the need to a restructure of the Society, much of it planned in Hong Kong.

After a Third Regional Congress in Prague in 1991, the Fourth was held in Barcelona, June 13-16, 1993. There was still a chill from the AIDS upheaval since members of our former French leadership felt it advisable not to come to Spain because of press and protesters. Nevertheless the Barcelona Congress was a return to the collegial activities and considerations of science and support provided to blood donors and recipients by our Society for almost sixty years.

It is generally true that our Regional Congresses are held in locations not usually in the capital or international activity center of the host country. Ease of international travel was often given secondary consideration to the need for accessibility by local non-members for educational purposes. That has certainly not decreased their scientific value and in every respect the Barcelona Congress was a model of international importance.

Barcelona was the birthplace for today's transfusion world. Only one year after the First ISBT Congress was held in Rome in 1935, Frederic Duran Jorda had organized the first general campaign for voluntary blood donors. Thousands of units were collected into citrate in Barcelona and sent to the battlefronts of the Spanish Civil War in refrigerated trucks. It was Barcelona's civilian support for the forces fighting its Army that had assistance from Fascist nations that provided the model for blood programs set up by the Allied nations in the ensuing World War II. That in turn led to the worldwide national organizations for voluntary blood transfusion that we have today. After the War, Jose Grifols Lucas pioneered the first application of plasmapheresis, reporting that in 1951 at the Fourth ISBT Congress in Lisbon.

The scientific and social programme at the Congress had been planned skillfully by Dr. Carmen Martin-Vega, President and her coworkers. It was the Fourth Regional for the ISBT and, like many other regional meetings, joint with the host Spanish society. Barcelona is known of course for its outstanding, unique architecture but additionally the opening ceremony was held in the Palace of Music of Catalonia. Renowned as a 100-year old blend of Modernist sculpture, painting and music, on that evening its Concert Hall welcomed science as well. The scientific program then held at the Palace of Congresses fulfilled all the expectations of the worldwide attendees.

My wife and I attended that Congress with Tibi Greenwalt who already had been long-time Historian of the Society. I repeat his advice, 'Always accept the opportunity to attend an international meeting. It will give you a unique opportunity to visit, meet and learn from wonderful people.'

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IT'S ALL ABOUT CIRCULATION

Into the Modern Era

In Transfusion Today (TT) no. 82 the ISBT President Professor Seifried wrote "it is vital to attract young scientists and physicians from all over the world to join our interesting field. In this respect the presentation of our society is a corner stone. ISBT is currently updating its brand identity."

The work on the new branding of ISBT was introduced in the article 'Into the Modern Era' in TT 82. The brand essence of our society is "facilitating knowledge about transfusion medicine to serve the interests of donors and patients." This is achieved by sharing information through a worldwide network of specialists and this was the starting point for the new logo.

The design of the new logo needed to convey that the Society wished to move into the modern era. It was essential that it supported the values of the Society; international, network, communication, dynamic, organic and flow.

Tomorrow, the design company contracted to develop the new brand identity, used the concept of network imagery for developing the new logo. To make this imagery relevant to ISBT, the form of the new logo is derived from the way the blood circulates through the human body. It symbolises not only blood passing through the veins but also the flow of information in a network.

The new brand identity will be launched in Berlin. All forms of communication that ISBT uses will carry the new identity. This includes the new website.

The new website

The new website will be launched at the XXXIst International Congress in Berlin. ISBT contracted with theFactor.e a Dutch web development company based in Groningen. TheFactor.e is used to working with 'not for profit' organisations and understands the challenges of internet communication in an international society. To this end the new website is designed and constructed in such a way that the application will not compromise downloads etc. in areas of the world where internet connections are difficult. The design will be in line with the new brand identity. The website will include amongst other features news, forums, the possibility for web and pod casts and the ability to share on social networking sites. As the ISBT congresses are a central activity of the society there will be a special congress area on the home (launch) page.

Come and visit us on the ISBT stand in Berlin

Look out for the new ISBT identity at the XXXIst International Congress of the ISBT in Berlin. Come and visit our stand to find out more about developments within ISBT, take a tour of the new website and tell us your ideas for the development of ISBT.



Paul Strengers

With my last 'From the Secretary-General' due to the end of my term of office in June, I have the opportunity to reflect on the last 14 years as member of the Board and Executive Committee and in particular on the 10 years being the Secretary-General of ISBT, and to thank you for your support.

It was during the ISBT Regional Congress in Frankfurt a/M in 1997 that Harold Gunson asked me informally in one of the corridors of Frankfurter Messe, the congress venue, whether I was interested to be his successor as Secretary-General of ISBT. At that time I was a member of the ISBT Council for one year. I felt very honoured but since I could not believe this, I asked Hans Heiniger, ISBT's Treasurer whether Harold was correct in doing so, which he confirmed. Pim van Aken, my boss at CLB in Amsterdam and former President of ISBT, permitted me to take the function and the Executive Board asked me to become co-opted member to the Executive Board in order to get to know more about the Society. Working together with well respected key figures in the global world of blood transfusion was a great experience and during the meetings I learned that great differences existed between demand and supply, not only in blood but also in the wishes and plans for blood transfusion medicine improvements world wide. Science and education struggled for attention at ISBT Congresses and the developing countries supported by the WHO asked continuously for help which ISBT could hardly offer, due to lack of resources both in people and in funds. The members of the Council, which at that time was composed of experts and representatives from WHO regions, and the Executive Board were devoted to their work. The aftermath of the disasters in blood of the 1980's was very prominent on the agendas.

After two years in the Executive Committee in Vienna in 2000, I started as Secretary-General together with Geoff Lane who started as the Treasurer. I felt the cordiality within the Society immediately when at the AABB meeting in Washington D.C., Gerry Sandler, Honorary Member, invited me for an Indonesian style dinner prepared by his wife at his home together with well known blood transfusion experts in order to get to know the blood situation in the US. In the following years, Geoff and I worked as a team: I was always full with ideas for changes and improvements and Geoff kept control on the finances while together we acted as sparring partners on what we would like and what ISBT could achieve. In the meetings of the Executive Committee and Board the ideas were presented, discussed

intensively, changed, adapted, put in the forum of blood transfusion world wide, and if agreed by all, approved. The demand for good governance worldwide asked for the legal founding of ISBT in the Netherlands with an optimal and transparent financial reporting system, which unfortunately was not carried by all and resulted in the separation of the ISBT Working Party on BEST from ISBT. I still consider the fact that this most important Working Party decided to leave ISBT as a great disappointment. However, the start of the ISBT Central Office, the legal founding of ISBT, the start of the ISBT Academy and the founding of the ISBT Foundation, the decision to go into the world with ISBT Congresses with the successful Congresses in Cape Town and Hanoi, the centralisation of the organisation of the Congresses and the collaboration with the people of Eurocongress who helped us not to reinvent the wheel in organising congresses with great scientific and financial success, the modern change of Transfusion Today, the great developments with the ATMC, the difficult decision to postpone the Istanbul Congress, the transition of Vox Sanguinis into the hands of ISBT, and the agreement with the Dutch tax authorities by which ISBT is tax accountable without paying taxes were certainly quite some achievements. It was quite an effort to keep the balance between the scientific developments in blood transfusion medicine and the strong demand for educational presentations at ISBT congresses. That the Society developed so well that a professional Executive Director in the person of Judith Chapman was needed, was certainly a sign that the ISBT was growing and had become professional. I have carried out the work with great pleasure and energy being infected by the ISBT virus, but this could only happen with the great support of the members of the Executive Committee and the Board of Directors. I am very grateful for their work and great support. I would like to thank especially Sophie Hamburger, my great assistant and supporter in Amsterdam, who helped me so much. I apologise that it might be that my responses were sometimes late, because my work at Sanquin in Amsterdam and CAF-DCF in Brussels needed to prevail and that I have let some of you wait too long. Or, that my Dutch approach with certain directness was too much for you to bear. It was not meant to be.

I would like to thank all of you for your confidence and support. ISBT is a great Society. I have enjoyed being your Secretary-General. Thank you very much,

Paul Strengers

Welcome to our new members

February - April 2010

Africa

- **NAMIBIA:** Christina Gouws, Regine Redecker, Bjorn von Finckenstein
- **NIGERIA:** Ambrose Obialor
- **SOUTH AFRICA:** Claire Barrett

Americas

- **BRAZIL:** Jose Barreto, Fabricio Oliveira Carvalho
- **CANADA:** Johanne Charbonneau, Gwen Clarke, Geneviève Lacroix, Maryse St-Louis, Nathalie Tran
- **MEXICO:** Raul Ambriz
- **USA:** Susan Claffey, Jeroma Gottschall, Patrick Gurgel, John Hackett Jr, Ron Ledbetter, Suzanne Margerum, Marc Pearce, Margaret Pierce, Katherine Radwanski, Ronald Strauss, Joan Uehlinger, Mark Yazer

Eastern Mediterranean

- **EGYPT:** Sameh Abd El Wahed, Manal Mahmoud Zaky Abd el Aleim
- **QATAR:** Badreya Mahmoud
- **SAUDI ARABIA:** Mohamad Khair Ahmad, Mohammed Al Suwaid, Abdulaziz Alfifee, Mohamed Alrabia, Ali Al-shangiti, Al Ammar Mohammed, Saudi Society of Transfusion Medicine, Mohamed Zayed
- **UNITED ARAB EMIRATES:** Asma Al Neyadi, Waleed Al Omari

Europe

- **AUSTRIA:** Regina Reisner
- **BELGIUM:** Martine Callaert
- **CROATIA:** Mirela Raos
- **DENMARK:** Marianne Baag, Lene Brink, Birgit Christensen, Christoffer Dellgren, Gitte Merete Frey, Henrik Gaedt Jensen, Annie Kruse Pedersen, Rune Larsen, Bjarne Kuno Moeller, Christian Nielsen, Annette Nordberg, Lene Petersen, Danielle Poulsen, Marianne Roenbjerg, Sisse Rye Ostrowski, Susanne Sækmose, Karin Skole Jensen, Jane Soeballe, Ellen Taaning, Astrid Videroe
- **FINLAND:** Irja Haapanen, Ari Hemminki, Pia Hynynen, Taru Jäske, Timo Kangasmaa, Marko

Lahikainen, Matti Salonen

- **FRANCE:** Olivier Bertrand, Emmanuelle Guinchard, Jean Claude Mongrenier, Bach-Nga Pham
- **GERMANY:** Wolfgang Engel, Markus Mueller, Claudius Micha Nuebling, Andreas Opitz, Annette Schuller, Susanne Seyboth, Walter Stahl, Wilhelm Struff, Frank Tolksdorf
- **GREECE:** Marianna Andreadi, Sofia Dionysopoulou, Marina Gkioka, Iro Kalfa, Maria Kalkani, Tania Karachristou, Ioannis Minopoulos, Aikaterini Mousti, Ioanna Papageorgiou, Vasiliki Pournara, Panagiota Spyropoulou, Konstantinos Stamoulis, Athina Tsoukala, Tseloudi, Aikaterini Tzioura
- **IRELAND:** Auxil Martinez
- **ISRAEL:** Mara Hareuveni
- **ITALY:** Raffaele Romano
- **LUXEMBOURG:** Paul Courrier, Christophe Desenfans
- **NETHERLANDS:** Francisco Javier Barallobre San Martin, Claudia Folman, Johan Lagerberg, Pascal Maillard, Leendert Porcelijn, Marian van Kraaij
- **NORWAY:** Elin Brenna, Bente Karlsen, Ida Nergaard, Mona Rasmussen
- **POLAND:** Anna Stachurska
- **RUSSIA:** Taras Lytnov
- **SPAIN:** Jose Terencio
- **SWEDEN:** Fredrik Boström, Ingemar Fröderberg, Elisabeth Hällström, Karin Schneider, Viveka Stiller
- **SWITZERLAND:** Junping Yu
- **TURKEY:** Hayati Almis
- **UKRAINE:** Anatoli Chugriev
- **UK:** Martin Gorham, Joan Jones, Edmond Lee, Megan Rowley, Pai Wang

South East Asia

- **INDIA:** Sandip Salokhe

Western Pacific

- **AUSTRALIA:** Barbara Bell, Deborah Berridge, Stewart Bryant, Frances Hanly-Jones, Catherine Harris, Margaret Sutcliffe, Julia Wenner
- **CHINA:** WanXin An, Xiao Dong An, Ausbio Laboratories Co.Ltd.,

Changtai Bai, Lianjun Bai, Xuhua Bai, Dongmez Bao, Jing Bao, Xing Xiu Bi, Xiong Fei Bi, Hongjun Cai, Suochun Cao, Yan Bo Cao, Zhanshan Cha, Qingbo Chai, Anxin Chen, E. Chen, Hai Wei Chen, Jun Chen, Qiumei Chen, Senquan Chen, Suzhen Chen, Wanguang Chen, Wenjiang Chen, Xiao Jian Chen, Xiaohua Chen, Yan Chen, Yang Chen, Hua Cheng, Si Guo Cheng, Quan Chi, Xiaoling Chu, Wei Ren Dai, Ming-An Deng, Airen Diao, Changzheng Dong, Xiangdong Dong, Xiao Ping Dong, Ying Jun Dong, Guang You Du, Juan Du, Daowang Fan, Huahua Fan, Wen An Fan, Xuemei Fu, HongWei Ge, Jian Min Ge, Ji Wu Gong, Li Gong, MingHua Guo, Ruhua Guo, XuMin Guo, Yongjian Guo, Bo Han, Cunlian Han, Xue Han, Yan He, Shaolan Hobson, Xue Jun Hong, Pinggin Hou, Keyi Hu, Li Gong Hu, Xiaodong Hu, Chengyin Huang, Lei Huang, Shan Huang, Yunrui Huang, Ying Jia, GuoQing Jiang, Guoxin Jiang, Qihe Jiang, An Xiu Jiao, Hongxia Jiao, Shuxian Jiao, YuDong Jiao, Qing Li Jin, Zhixin Jin, Yan Jin, Kun Ju, Lai Yi Kang, Ling Yue Kong, Wan Qiu Lei, Chengyan Li, Gang Li, Haolong Li, Hui Li, Jian Bin Li, Jianping Li, Kang Li, Ke Li, Keqin Li, Lijuan Li, LiXi Li, Pan Li, Qinian Li, Wu Sheng Li, Xiangrao Li, Xiaofeng Li, Xiaojie Li, XiuMei Li, Yun Li, ZhengGang Li, Zhiguang Li, Zhongjun Li, Qing Feng Liang, Xiao Liang, Yun Liao, Fengqiu Lin, Hao Lin, Hongkeng Lin, JinLiang Lin, Jun-Jie Lin, Han Liu, Jian Liu, Ran Liu, Wei Hong Liu, Xianzhi Liu, Yanchun Liu, Yi Liu, Yu Shuang Liu, Yun Jie Liu, Zhong Liu, Hang Jun Lu, Ke Lu, Minghua Lu, Qingtun Lu, Xhengying Lu, Yong Jie Lu, Shanhui Luan, Yan Luan, Qing Ning Lui, Guang-Ping Luo, Hailing Luo, Jun Luo, Hongli Ma, Xing Dong Ma, Lianqun Mao, Thu Ho Meecham, Zhong Hua Meng, Tian Hong Miao, Xuejun Min, Xiaoxuan Nie, Zhen Ning, Qichao Pan, Zhirong Pan, Baohua Qian, Zhi Jing Qin, Feng Qiu, Yana Ren, Zhong Guo Ren, Xia Rong, Lieyong Sang, Guigu Shan, XiaoYan Shan, Cary Shang, Chao-Peng Shao, BiYuan She, Tongqing

Shen, Xing Feng Shen, Jun Shi, Yuhua Shi, Zhi Xu Shi, Min Song, Lei Sun, Ning Sun, You Wei Tan, Li Tang, Rongcai Tang, Yu Tang, Chang Tian, Shu Chang Tian, Linien Tzang, Bing Wang, Chengwei Wang, Deqing Wang, Dezhong Wang, Fang Wang, Feng Wang, Guang Yu Wang, Hongjie Wang, HongQiang Wang, Jian Wang, Junfeng Wang, Lei Wang, Li-Zhu Wang, Mingyuan Wang, Zhaoning Wang, Zhaoqiang Wang, Zhen Cai Wang, Lijuan Wei, Wei Wei, Liling Wen, Feiwei Wu, Guoqiao Wu, Shiding Wu, Shujun Wu, Xiao Hui Wu, Zheng Ping Wu, Zhi Min Wu, Yongjian Xia, Hancheng Xiang, Bi Hai Xie, Wenge Xing, Pei Qing Xing, Wenge Xing, Chuanqin Xu, Li Xu, Lili Xu, Yile Xue, Feng Yan, Gen Xing Yan, Li Xing Yan, Mao fan Yan, Nina Yan, Zhen Yan, Bao-Cheng Yang, Botian Yang, Jian Yang, Jie Yang, Jun Yang, Tong Han Yang, Wei Lan Yang, Wenling Yang, Fu Zhu Yao, Tian Yao, Xiaofan Ye, Yu Fang Ye, Mei Yi, Jiahong Yu, Jian Guo Yu, JinLin Yu, Yunyan Yu, Keyu Yuan, Yuhua Yuan, Zhongqiao Yun, Jia Zeng, XiaoPing Zhai, Bin Zhang, Bo Wei Zhang, Chongguang Zhang, Chunlai Zhang, Dianchen Zhang, Dianxin Zhang, Jianwei Zhang, Kunlian Zhang, Liang Zhang, Lichao Zhang, Linwei Zhang, Xi Zhang, Xiao Hong Zhang, Xiaoqiu Zhang, Xiongmin Zhang, Xiuzheng Zhang, Ying Buo Zhang, Yong Mei Zhang, Guo Hua Zhao, Lin Zhao, Long You Zhao, Xiang Dong Zhao, Peixin Zheng, Xiaohong Zheng, CHanghua Zhou, Lin Zhou, Yue Zhou, Fa Ming Zhu, Xiang Ming Zhu, Yehua Zhu, Sheng Zhu Qing, Chuan Ling Zhuang, Minghua Zhuang

- **REPUBLIC OF KOREA:** Deok Cho, Jeong Won Shin
- **MALAYSIA:** Roshida Hassan
- **PHILIPPINES:** Edwin Munoz
- **TAIWAN:** Wei-Cheng Hung

ISBT Changes its Website Address

As from June 27, 2010 the ISBT website address will change to www.isbtweb.org

The email addresses will also change:

For the Central Office contact
office@isbtweb.org

For the Executive Director contact
chapman@isbtweb.org

For Transfusion Today contact
transfusiontoday@isbtweb.org

For the membership department contact
membership@isbtweb.org

Guideline on the use of Radio Frequency Identification (RFID) Technology

A new guideline for the use of radio frequency identification (RFID) technology in transfusion medicine has just been published as a supplement to Vox Sanguinis. The guideline was developed by the Task Force on RFID, which is part of the International Society of Blood Transfusion's (ISBT) Working Party on Information Technology. This is Version 1.0 of the international guideline. The task force – led by Ralf Knels, MD, medical director at the Institute of Cottbus German Red Cross-Blood Donor Service East, and Rodeina Davis, vice president and CIO of BloodCenter of Wisconsin – included transfusion medicine experts from numerous countries who are knowledgeable in barcoding and RFID technologies. The guideline, following a short technical overview and some examples from industry, assesses advantages and disadvantages of using RFID in transfusion medicine and identifies specific areas where RFID solutions will beneficially apply. It also provides recommendations on standards that should be considered during RFID implementations to ensure consistency and compatibility within our industry. The guideline covers the use of RFID in the blood product supply chain from bag manufacturing to donor centers and transfusion services. It will serve as a learning and reference tool for blood center and transfusion services leadership. The guideline was mailed with the April issue of Vox Sanguinis, as Volume 98, Supplement 2, and it also will soon be available in the knowledge section on the website: www.isbtweb.org/documentation/default.asp

Voluntary and Altruistic Blood Donation Promotion

Club 25 El Salvador



El Salvador is the smallest country in area of the Central American region. The Salvadorean Red Cross, starting in 1981, has developed a National Blood Program under the basic principles of repeated Voluntary and Altruistic Donation, principles promoted by the Red Cross International Federation, OMS/OPS and ISBT. The Salvadorean Red Cross has a Blood Bank called "Centro de Sangre de Cruz Roja Salvadoreña" (Salvadorean Red Cross Blood Center), located at the capital, but serving all the country's national hospital network. The needs for the availability of blood and its components for patient use is high, so it is essential to educate people on non remunerated Voluntary and Altruistic Blood Donation (DVAnoR), Donación de sangre Voluntaria y Altruista no Remunerada.

To promote DVAnoR, the "Project Club 25" was adopted and developed at the core of the Salvadorean Red Cross society, as a strategy directed internally to the young volunteers of our own institution as well as the young population of the communities of the whole country. The "Club 25" is working with the goal of incentivizing young people to commit to being DVAnoR and in this way increase the percentage of voluntary and altruistic non-remunerated donation and obtain wider coverage with "Safe Blood" for patients. The motivation is done through education about DVAnoR, encouraging young people to become "seed" donors. In other

words, young people between 15 and 18 years commit and persuade young people to be voluntary blood donors. This involves cultivating in each donor healthy living habits, principles and values of the movements, multiplying the message to other young people, contributing in this way to promote that when they become 18 year old, they become "Voluntary Altruistic Volunteers".

The "Club 25" education campaigns have taken place inside the community and at University educational centers, to promote blood donation through education in the principles, values, healthy living habits, and above all, the human solidarity demonstrated in the DVAnoR. The young students from these universities, aside from donating blood, work as local promoters of voluntary donation. They become multipliers of Club 25 in the whole country. In addition, the Club 25 carries out activities in coordination with the Juventud (Young People) filial body. They give training, speeches, workshops, learning by doing, that directly involve the young people so that it is they themselves who become voluntary promoters and start shedding blood donating myths. They are given the tools to be used in participative methods such as "Givers of Life (Dadores de Vida)", and "Together We Can (Juntos Sí Podemos)" and become Club 25 promoters, encouraging responsible and healthy lifestyles.

Voluntary Blood Donation in Social Security in Guatemala



To promote voluntary blood donation, IGSS General Accidents Hospital's Blood Bank will develop activities in the Health Fairs in the central region and places such as Villa Nueva and Santa Catarina Pinula, where blood donation will be promoted to the population attending the Information Booth. Amongst teaching resources used for elementary and high schools is the video "My Blood. Your Blood" donated by the American Blood Services, a poster exhibit of a human body illustrating its anatomy, a myth and reality roulette exhibit to provide the correct answers to existing myths concerning voluntary blood donation, an exhibit of the tests performed on blood donors explained interactively to create awareness about the donor's honesty in the interview phase, a poster with the different blood groups and the possibility of transfusion amongst them, the blood units' exhibit with imitation blood to familiarize possible donors with the materials used in a blood

bank and the survey "Reasons why people do not donate blood". The percentage of voluntary donation for 2009 was 6%. This is why there is still much work to do in promoting a blood donation culture in the general public, since this has been the major obstacle for donation.

The blood bank has voluntary donation through apheresis which is 100% since these donors are called on for very special cases. In Guatemala there is a Club 25 program reaching young people through the media and in the Coatepeque schools through activities targeted to the local community and backed by the Guatemalan Red Cross. This institution will receive a Mobile Unit donated by the Spanish Red Cross. This mobile unit will collect blood donations in different places in cooperation with the public hospital and the social security network.

Argentina Will Host the Launch of World Blood Donor Day in 2011

Argentina has been selected as the host for the global celebration of World Blood Donor Day in 2011, and is thus the first Latin American country to host the international event held every June 14.

A delegation from the National Ministry of Health and the National Blood Plan presented the Argentinian proposal that had been short listed, to the World Health Organization (WHO), International Federation of Blood Donor Organizations (FIODS), International Society of Blood Transfusion (ISBT) and the International Federation of Red Cross and Red Crescent Societies. The strength of the proposal approved, are the pillars on which it is based.

The Ethical Dimension

The gift of voluntary unpaid blood contains a deep sense of ethics. Argentina sanctions and regulates the National Blood Act implemented during the 1980s, the basic tenets of which are voluntary blood donation and the prohibition of any type of profit from human blood.

Integrating Government and Society

In Argentina, the use of human blood is part of a state policy. All government policy should be based on a joint effort between government and society and therefore, blood became a paradigmatic model.

Regional Focus

Our proposal is based on a regional approach. We call on national blood programs and civil society organizations from all Latin America countries to participate in the celebration of World Blood Donor Day and to project to the world the alliance for this commemoration. We expect that 2011 is a turning point that drives the change of the blood donation model prevailing in the region, supported by replacement by family and friends, to the truly voluntary and regular, coming from low-risk populations.

We are now enthusiastically working on the organization of scientific, health, cultural and sporting activities designed to give visibility and awareness of the importance of changing the type of blood donation.

The full proposal submitted is available at: www.wbddargentina2011.org
USERNAME wbdd
KEY wbdd123

The participation and support at the level of the Government Program, Civil Society Organizations, Blood Donor Associations, Sport Organizations, Cultural Organizations or Friendly Companies is crucial to ensure a wide impact of World Blood Donor Day 2011 and bring the world to achieve the goal of 100% voluntary unpaid donations.

Contact us to be informed regularly and to plan your participation:

EMAIL plannacionaldesangre@msal.gov.ar
EMAIL plannacionaldesangre@gmail.com
VISIT www.msal.gov.ar

Service Call Center Unified Health
CALL TOLL FREE 0 800 222 1002

Step-Wise Accreditation of Blood Services in Africa



Lesley Bust

Glynis Bowie

Lucy Marowa

Following the 5th International Congress of the Africa Society for Blood Transfusion (AfsBT) held in Nairobi, Kenya, in June 2009 the AfsBT initiated a project to step-wise accredit blood services in Africa. An international task team met in Nairobi in October 2009 and agreed on the principle to develop three levels or stages culminating in full accreditation. The advisory group commented and advised on the way forward. This project is a joint venture of the AfsBT and international and African experts and institutions involved in accreditation. The national blood services of the countries affiliated to the AfsBT are key stakeholders.

In November 2009, during the South African National Blood Transfusion Congress held in Johannesburg, it was agreed that step-wise accreditation would be included in the Training and Education Programme that also had been initiated at a Workshop held in Nairobi in June 2009. Three task team members; Lucy Marowa (Zimbabwe), Lesley Bust and Glynis Bowie (both South Africa) met in Cape Town during February 2010 to confirm the outline of the standards documents for the three levels. These are now ready for circulation to all stakeholders, including the blood services in Africa. Audit checklists will be developed in the coming months.

The accreditation programme envisaged is not simply an inspection of blood services to an accepted standard and the issuing of a "certificate of accreditation". The aim of the programme is to assist African blood services to improve the sufficiency and safety of their blood supply by introducing quality systems for donor recruitment and selection, blood collection and the processing, testing, distribution and the administration of blood and blood products.

This step-wise accreditation project includes:

- Identification and development of three levels (or tiers) of accreditation
 - LEVEL 1** minimum requirements
 - LEVEL 2** intermediate requirements
 - LEVEL 3** full accreditation – international standard
- Identification of reference materials to guide and support the process
- Engagement of accrediting authorities and inspectors
- Identification and training of auditors
- Reliable, sustainable funding (including payment for accreditation and inspection/audit)
- Clarification of the role of stakeholders
- Relationship to other accreditation initiatives in Africa
- Needs analysis via questionnaire, for blood services in Africa
- Identification of pilot sites (representing all regions of the AfsBT) for accreditation. Only when the process of accreditation in this pilot group is successfully in place, and constraints have been addressed, will consideration be given to expanding the programme. By this time secure funding must be in place.

Key to the system is the concept of "step-wise accreditation", recognising that in Africa blood services operate on very different levels and that all cannot be inspected and judged on the same level. An individual service can decide its position in the accreditation system and be judged at the appropriate level of development. The accreditation process, by level, is not discriminatory but must be seen as supportive in that it gives the service the opportunity to develop in a structured manner to the next level.

The accreditation authorities will be internationally recognised bodies that agree to audit blood services according to the step-wise accreditation system. The AfsBT itself will not fulfil such a role but will facilitate the process by providing guidance and support to participating blood services and collaborate with the accreditation authorities. The AfsBT also envisages that regional African accreditation authorities will be utilised for this step-wise process. It is the aim of the AfsBT, with the help of international institutions, also to develop regional accreditation auditors and inspectors.

PROJECT MANAGER Beryl Armstrong
 EXECUTIVE DIRECTOR Anthon Heyns

The Pakistan Safe Blood Transfusion Project

A properly functioning blood transfusion service is one of the essential components of health care and can save a considerable number of lives. Fifty percent of people require a blood transfusion at some stage in their lives. In particular women with high-risk pregnancies or anaemia and trauma patients benefit from an improved blood transfusion service. With the population of more than 140 million, all the four provinces and territories of Pakistan are quite heterogeneous in respect of literacy level, religious beliefs, gender aspects, cultural understandings and customs and political stability.

The blood transfusion service in Pakistan is not organised or regulated on a consistent basis. There are only isolated blood banks operated by state and private providers, which produce and store blood and blood products. The blood banks are subject to unsystematic state quality controls and do not always conform to the standards of quality required for treating patients. The level of training undergone by the staff entrusted with blood transfusions varies considerably between the blood transfusion services. Blood products are often not used appropriately. The effect of the described deficiencies is that blood products are administered which are of inadequate quality and in some cases infected. This gives rise to a high risk of transfusion transmitted infections. The implementation of the Safe Blood Transfusion Project is a recent development in Pakistan. We highly appreciate the efforts of Professor Smit Sibinga in the planning and execution of this initiative in Pakistan. It has started with the workshop for the development of an operational plan for the blood transfusion services with the involvement of all the stakeholders.

The project will be a Financial Co-operation (FC)/ Technical Co-operation (TC) programme. The purpose of the TC contribution by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) is: The population has better access to safe blood transfusion services and blood products. Key areas covered by the programme are the provision of advisory services in relation to policy and legislation, the elaboration and implementation of a quality man-



agement system for blood transfusions, the training of health workers, and the establishment of a blood donation service based on voluntary donors. The target group is the entire population of Pakistan.

The purpose of the FC measure funded by KfW is to contribute to building up a country-wide system of centralized blood banking (13 regional blood transfusion centers linked to the hospital based blood banks) in order to ensure transfusions of blood and blood products that meet modern-day quality standards and to prevent the transmission of disease through such transfusions, which has often been the case. For the new blood bank system to be established successfully, the country must have an appropriate framework to regulate modern blood transfusions, which is to be built up with TC support. The project plays a vital role in the development of Pakistan's health system since it aims at taking both public and private hospitals under its umbrella in the new blood transfusion system and at discouraging the current practice of replacement or may be paid ad hoc unsafe blood donations.

The Ministry of Health, Pakistan, is responsible for the overall supervision of the project implementation. The implementation of the project is delegated to a Project Implementing Unit in its initial phase – under the “National Institute of Health (NIH)” and the “National AIDS Control Programme (NACP)”. The Project Implementing Unit will then be part of the future National Safe Blood Transfusion Centre/Authority.

World Blood Donor Day Barcelona 2010

“Barcelona is full blooded”

On 14 June 2010, Barcelona will be hosting the 7th launch of the World Blood Donor Day. This is an initiative born in 2003 and promoted by World Health Organization, the International Federation of the Societies of Red Cross and Red Crescent, the International Federation of Societies of Blood Donors and the International Society of Blood Transfusion, with the aim of promoting the voluntary and non-remunerated blood donation around the world.

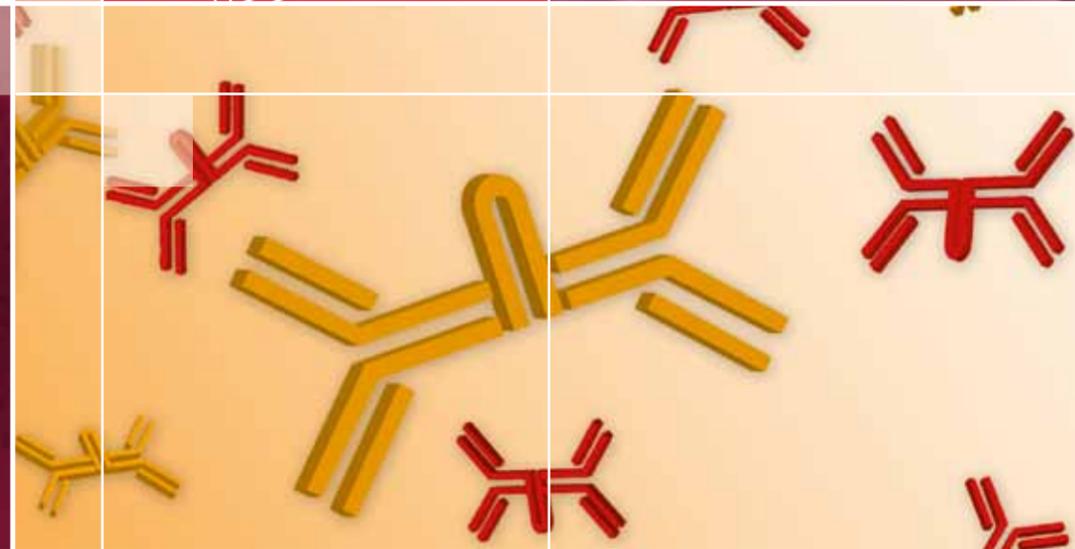
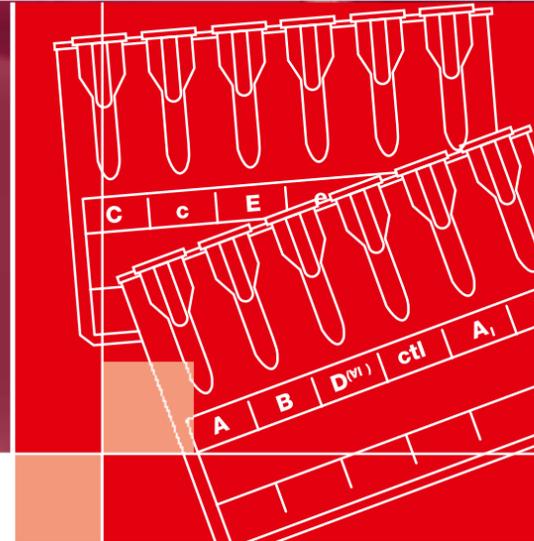
Barcelona, at the host of the WBDD 2010, launched a campaign “Barcelona is full blooded” in order to promote Barcelona and to extend the social implication in donation. Through this campaign, and during the whole year, there will be many activities of mass communication, adhesions and public support from all the areas of the society in order to promote the civic consciousness about blood donation, especially among young people. One of the most important actions is the creation of the blue strip, an identification symbol of the blood donation. The entire campaign will reverberate through the web www.fullblooded.org, with an online magazine full of news, agenda and leisure time activities online from all around the world. Through the website one can also obtain the freshest news about the campaign. Anyone, who wishes to collaborate and promote the campaign, can do so by using the promotional material available at the website (posters, flyers, banners, logos, merchandising material etc.).

A clear example of a public adhesion is the one obtained from the Football Club Barcelona (FCB).



We invite you to see the video spot made with the football players from FCB giving support to the campaign (<http://vimeo.com/9696923>) last 3 February. They were the protagonists of the first spot promoting the blood donation and the campaign of the WBDD 2010. You can see how some of the most brilliant football players, such as Xavi, Messi, Puyol, Pedro, Piqué, Márquez, gave support to the campaign “full blooded” and to the WBDD 2010. This spot “Barça is full blooded” was broadcast on the scoreboard on March 14 during the football match FCB Barcelona – FCB Valencia, where the FCB demonstrated again their interest in supporting the campaign. 70.000 supporter arms were distributed as campaign communication pieces. The audience was requested to wave their “arms” after every goal marked by FCB. Prior to the match, the speaker explained the objectives of the campaign “Barcelona is full blooded”. During the break, the scoreboard broadcast a fixed image with the agenda of the upcoming blood donation marathons. Prior to the football match, Catalunya Radio (radio broadcast of Catalonia) gave support to the initiative and interviewed a representative of the Foundation ‘TheLoveComes’ for the magazine “Tot Gira” the day before.





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	ID-PaGIA IgA deficiency test	ID-PaGIA Anti-IgA antibody test
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Russian Blood Transfusion Today

The activities of 2009 and the first half of 2010 present the 3-d step of the Russian Blood Transfusion Service (RBTS) development program implementation.

The strengthening of the attention of the Russian government to the problems of the RBTS is one of the features of social policy – 2010 in Russia. During 2008-2012 the Ministry of Health and Social Development of Russia is implementing the important programme of the RBTS development. Altogether 83 regions of the country (96 municipal and 11 federal blood centers) are included in the programme. The budget of this programme is about 16 Billions of Rubles.

The programme consists of three parts:

1. The development of an unique all-Russian database on donors, blood and blood components inventory.
2. Strengthening of material and technical basis of blood transfusion service on the municipal, regional and federal levels.
3. Promotion of the voluntary (un-paid) blood donorship with the aid of federal and local authorities, mass media.



Prof. Evgeny Selivanov
Director Russian Institute of Hematology and Transfusiology, Saint-Petersburg, Russia

It is important to stress, that this active promotion and strong government support has affected blood donation which has reached the level of 15 per 1000 capita in all Russia and up to 25-30 per 1000 capita in some of regions. Plasmapheresis also presents a very promising rate of growth. One of the examples: Moscow city (more than 12 M people living there de facto) now has no problem with blood transfusion.

These results could hardly be achieved without the true involvement of the population into the blood transfusion movement. It has happened due to a well-planned strategy and coordinated series of campaigns aimed at blood transfusion brand building.

One of the target segments is a student audience. It pays off in a very cost-efficient way for a couple of reasons. Institutes and Universities now have a regular event of Donor Day.

Safety is growing, with the percentage of fresh frozen plasma from clinics increasing. The share of leucodepletion blood components has also increased.

The Programme of the RBTS constitutes a reliable platform for further development of technical and human aspects of blood transfusion in Russia.



12th International Haemovigilance Seminar Dubrovnik, Croatia



Tomislav Vuk at the 12th International Haemovigilance Network (IHN) Seminar

The 12th International Haemovigilance Network (IHN) Seminar was held on February 17-19, 2010 in Dubrovnik, Croatia. Along with continuously extending the number and scope of its activities, the number of member countries included in the European Haemovigilance Network (EHN) from Europe and other regions had been steadily increased every year. Therefore, it was decided to rename EHN into IHN in 2009. Although the seminar held in Croatia in 2010 was twelfth in succession, it was for the first time termed 'international'. The meeting gathered 164 participants from 31 countries. During the Seminar, 15 plenary lectures and 15 lectures in two parallel sections on clinical and organizational aspects of hemovigilance were presented. Some papers were presented as posters.

This Seminar will be remembered for some specific characteristics. The IHN award for special contribution to the development of hemovigilance, for the first time presented during the Seminar, was with due recognition granted to Jean Claude Faber, whose name will be recorded in capital letters in the history of hemovigilance. Even those close to this extraordinary man have been astonished with all his professional achievements presented by Dr. Erhard Seifried in his inspired lecture.

Tomislav Vuk, Dorotea Šarlija,
and Irena Juki
Croatian Institute of Transfusion
Medicine, Zagreb, Croatia

During the Croatian Day, Croatia as a host country had an opportunity to present the development and future prospects of hemovigilance in Croatia, along with an array of results obtained by long-term monitoring and analysis of data in the field. Presentations by Croatian lecturers were met by considerable interest among the participants from other countries, which resulted in interesting and fruitful discussions. It should be noted that high attendance of all lectures and vivid discussions were perceived by many as the main characteristic of the meeting. Like before, this meeting also offered an opportunity for exchange of experiences related to the hemovigilance system implementation at the international level and for talks on the hemovigilance system effects on the entire transfusion chain safety and optimal clinical use of blood components. Along with several national reports, mention should be made of the valuable results of the STARE project, i.e. second phase of the pilot study. Some very interesting lectures dealt with the risks, safety and side effects of transfusion treatment. One of these lectures was held by Cees van der Poel. The lecture was excellent and will be remembered for having been delivered by telephone from The Netherlands. In this brief report, it is impossible to refer to all those interesting lectures and posters presented at the Seminar; however, for integral papers the readers of Transfusion Today are referred to Blood Transfusion Supplement 1, February 2010.

The 12th IHN Seminar will also be remembered for the beautiful venue and pleasant atmosphere. Although in pouring rain and covered by storm clouds, nobody can stay indifferent to the beauty of medieval Dubrovnik. We do hope and look for future meetings, with thanks to the participants, sponsors and all those having enabled this Seminar to take place.

Development of Patient Blood Management Guidelines Moves Forward

In 2001 the Australian and New Zealand Society for Blood Transfusion (ANZSBT) and the Australian National Health Ministers Research Council (NHMRC) published a series of Clinical Practice guidelines on the appropriate use of blood components. These are available on the ANZSBT website (www.anzsb.org.au). Guidelines are available for each major blood component type.

In 2008 a decision was made to review the guidelines. In doing so it was agreed that the new guidelines should focus on clinical scenarios rather than the components themselves. Considerable effort was devoted to gaining engagement for professional colleges and societies in order to ensure wide 'buy in' from the clinical community. This process was managed and co-ordinated by the Australian National Blood Authority (NBA) using funding provided by the Australian Government.

During the last two years considerable efforts have been devoted to the initiative. A comprehensive systematic review of evidence has been undertaken. Clinical reference groups have been established to review the available evidence and to use this to develop the clinical guidelines. Six sets of guidelines will be developed in three phases.

The first set of guidelines (Critical Bleeding/Massive Transfusion) was published on the NBA website during April 2010 for consultation (www.nba.gov.au). The documents include a technical report containing the outcome of the systematic review, a draft guideline and a draft massive transfusion protocol. Whilst primarily focussed on the Australian setting the guidelines will potentially be of considerable value to everyone working in the field of transfusion medicine.

Clinical Practice Guidelines

PHASE 1

- Critical Bleeding/Massive Transfusion Module
- Peri-operative Module

PHASE 2

- Medical Module
- Intensive care module

PHASE 3

- Obstetrics Module
- Paediatric/Neonatal Module

XXXIst International Congress of the ISBT 43rd DGTI Congress Berlin, June 26–July 1, 2010

The congress will be in the final stage of preparation, when you read this copy of Transfusion Today. Currently (mid April), the invitations for all scientific presenters; oral or poster and all moderators have been sent out. The response is great and we are looking forward to an exciting and scientifically excellent meeting in Berlin.

The scientific input comes for all around the world: more than 1,200 scientific abstracts submitted for the Berlin congress come from physicians and scientists out of more than 70 different countries starting with "A" like Albania to "Z" as in Zimbabwe.

More than 100 invited speakers will give you an up-to-date overview in plenary sessions, meet-the-expert programmes as well as in the parallel sessions comprising five different streams. These five colour-coded streams that can be followed through the whole congress are titled "ISBT academy", the full educational programme, "from lab to patient", "quality management", "cell therapy" and "blood safety". In addition to the invited speakers giving keynote addresses, scientific data from more than 100 submissions will be presented as oral abstracts giving an overwhelming amount of excellent input into the congress.

As of mid April, or more than 10 weeks before the congress, more than 1,200 participants have already registered for the Berlin congress. Again, the participants will come from a similar broad range of countries from A (Argentina) to Z (Zimbabwe). We are really looking forward to such an excellent and broad attendance, which brings the phrases "world congress" and "international scientific society" into real life!

Our partners from industry will not only organise a record number of satellite symposia in Berlin reflecting

the broad attendance and scientific input, but will also show latest developments in techniques and equipment during the industry exhibition.

The social programme will not only offer you some spectacular insights into central European culture and history, but will also offer you numerous opportunities for meeting colleagues and do some important networking and future planning.

The Berlin congress benefits from a great number of past ISBT congresses, for which the congress presidents and organisers provided an excellent scientific and social programme. Their previous work is highly appreciated and provides the basis of the tremendous input into the Berlin congress this year. In addition, the ISBT itself grows rapidly with members from all over the world with a great burst of enthusiasm. We will do our best to pursue this great tradition.

We are sure, that with such an enthusiastic input from all of you and the organisers, this congress will flourish and most important of all, all attendees will be able to travel back with new insights, ideas for their daily and scientific work, new and renewed friendships and hopefully, with a lot of beautiful reminders from Berlin 2010!

Erhard Seifried
Congress President
ISBT President

For more information about the scientific programme, moderators, committees, social programme and general information about Berlin, please also visit the congress website www.isbt-web.org/berlin

2010

June 26 - July 1

XXXIst International Congress of the ISBT
Berlin, Germany
www.isbt-web.org

September 9 - 11

28th Annual Scientific Meeting, BBTS
Bournemouth, UK
www.bbts.org.uk
bbts@bbts.org.uk

September 22 - 23

VI Baltic Transfusion Practice Conference,
Riga, Latvia
www.rigatransfusion.com
galina.bukovska@btgroup.lv

October 9 - 12

AABB Annual Meeting
Baltimore, United States of America
www.aabb.org

October 18 - 21

HAA2010 - Combined HSANZ, ANZSBT & ASTH Annual Scientific Meeting
Auckland, New Zealand
haa@tcc.co.nz

October 21 - 24

XI European Symposium on Platelet and Granulocyte Immunobiology
Beaune, France
www.sfts.asso.fr/sympo-platelet
insc-sympo-platelet@europa-organisation.com

November 10 - 12

4th Transfusion Medicine Congress of Serbia
Belgrade, Serbia
n.denes@savacentar.net

November 24 - 26

Sixth Red Cross and Red Crescent Symposium
Bangkok, Thailand
Japanese Red Cross Society and the Thai Red Cross Society
kokusai@jcr.or.jp

2011

June 18 - 22

XXIst Regional Congress of the ISBT, Europe
Lisbon, Portugal
www.isbt-web.org/congresses
isbt@eurocongress.com

November 20 - 23

XXIInd Regional Congress of the ISBT, Asia
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Dr. Roger Eglin, Chairman

Head, National Transfusion Microbiology Laboratories, NHSBT, UK

June 28th
Funkturn Lounge
7.30 - 8.30am



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