



TRANSFUSION TODAY

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ISBT

Alliances and networks in blood transfusion

Dubai Congress

Elections Board of Directors 2016

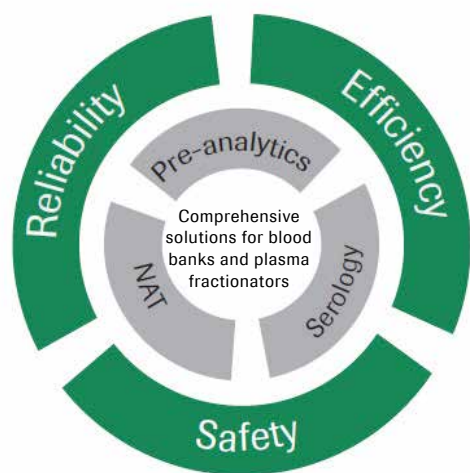
Membership renewal

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Gold members



Judith Chapman

Editorial

The focus section features five organisations that some of us are familiar with but many of us are not. We hope that you will have a better understanding of each of the organisations after reading about them. Please email the ISBT Central Office if you have a question or comment about their work and we will put you in contact with them. In this issue and future issues you will find a page dedicated to education. We have introduced the page to promote some of the educational material and resources that are available from ISBT. Look out for the case studies that are being prepared by the Immunohaematology Working Party and which will feature on the website in the coming months.

We are looking forward to the 34th International congress of ISBT in Dubai. Over 800 abstracts were received and many were high scoring. 148 Young Investigators (YI) indicated they wished to be considered for the YI session; unfortunately we only had a few slots available in the session. If you are a YI there is still time to sign up for the YI breakfast which will take place on Monday September 5. There are many different activities within the scientific programme including Transfusion Practitioner sessions and a variety of workshops. More information can be found on the Dubai page of this issue of TT and on the website. We hope you will come to Dubai and delve into the science at the congress and use your free time to take advantage of being in a modern vibrant city. You will be pleasantly surprised.

Regional and International Alliances and Networks in Blood Transfusion

Five of the most common acronyms within the field of blood transfusion are ABO, APBN, APEC, EBA and GAP. They easily roll off the tongue but more often than not people hearing or reading them do not know what is behind them. Is it a new blood group, method, machine, organisation or what? They are the acronyms of five organisations committed to promoting safety, security and cost effectiveness within the field of Transfusion Medicine. Each of the organisations is a regional or global alliance or network. The five articles in the focus section of this issue of Transfusion Today will give you an insight into the membership of these organisations and their vision, mission and objectives. They are all working for the benefit of transfusion services, donors and ultimately the patient.



Asia-Pacific Blood Network (APBN)



Kenji Tadokoro
Chair, Asia Pacific Blood Network
and Chief Executive Officer, Blood
Service Headquarters, Japanese Red
Cross Society

The Asia Pacific Blood Network (APBN) is a network of not for profit blood operators in the Asia Pacific region who are committed to voluntary non-remunerated blood donation.

The current Members of APBN are:

- Australian Red Cross Blood Service
- Hong Kong Red Cross Blood Transfusion Service
- Japanese Red Cross Society Blood Service
- Republic of Korea National Red Cross Blood Service
- Macao Blood Transfusion Service
- New Zealand Blood Service
- Blood Services Group, Health Sciences Authority, Singapore
- Taiwan Blood Services Foundation
- National Blood Centre - Thai Red Cross Society

APBN was established in 2006 to promote blood safety and efficiency of blood service operations among members. In 2014 we revised the APBN Strategic Plan which sets out the following vision, mission and strategic aspirations for five years through to 2019.

Vision: Our patients have access to safe, secure and effective blood and blood products appropriate to their needs.

Mission: APBN's mission is to contribute to the safety, sufficiency and cost effectiveness of blood and blood product supply in the region, based on scientific and ethical principles. Our committed blood donors are key partners in achieving our mission.

Objectives:

- Promote APBN members' organisational efficiency and cost effectiveness through benchmarking, performance improvement, best practice achievement and knowledge exchange
- Provide member value through the development of tools to ensure safe, secure and effective blood and blood products for patients
- Strengthen members' ability to secure a sufficient and sustainable donor panel to meet patient needs for blood and blood products
- Raise awareness of, and influence blood sector issues in the region including promoting scientific and ethical principles in donor care in APBN members
- Provide an opportunity for a common regional voice to better influence and engage stakeholders at both country and regional levels in relevant blood sector issues through development of recommendations on key shared issues
- Inspire other countries in our region, and internationally, to improve their standards by providing examples of good practice

- Maximise value of APBN Network for members

The APBN holds face-to-face meetings usually twice a year as well as regular teleconferences. In these forums members exchange ideas and insights and compare operational practices (CoP).

CoP items include:-

- blood components issued per population
- blood donations by types of donation
- donors per population
- new donors ratio
- efficiency of collection
- testing and processing per full time employees
- collection of source/recovered plasma for fractionation

Every 6 months, members also discuss updated activities of each blood service in areas such as management, finances, collection, testing, processing, research and development, haemovigilance, customer services, and patient blood management. These issues are discussed openly and frankly based on the confidentiality agreement and on an appreciation that members operate in different domestic contexts. Furthermore, Members share recent trends and ideas of operation and learn from best practices to improve respective operations. We discuss in depth selected issues of members' interest in the general meetings. Subcommittees are established on emerging infections which are or might affect blood safety and collection efficiency in the region. A white paper on Dengue virus describing the scientific data and members' experiences is published on the website.

Moreover, APBN exchanges information and shares selected CoP data on supply/donation trends and operational efficiencies with the Alliance of Blood Operators (ABO) under the umbrella of a Memorandum of Understanding. We have held open forum on trends of red cell demand and patient blood management concurrently with the ISBT annual meeting inviting other blood services.

APBN also seeks to provide strategic leadership in the Asia Pacific region and to support policy development. The Network provides a regional voice and perspective on blood-related themes.

Part of our activities are seen on the website, <http://www.apbnonline.com/>. Address of APBN secretariat is as follows; Level 1, 69 Walters Drive Osborne Park, WA 6017, Email: apbn@redcrossblood.org.au

Asia-Pacific Economic Cooperation (APEC)

Founded in 1989, the Asia-Pacific Economic Cooperation (APEC) forum is an intergovernmental organization of 21 "Member Economies" that operates on the basis of non-binding commitments and open dialogue to strengthen intra-regional economic growth. APEC's Member Economies are Australia, Brunei Darussalam, Canada, Chile, China, Hong Kong-China, Indonesia, Japan, Republic of Korea, Malaysia, Mexico, New Zealand, Papua New Guinea, Peru, Philippines, Russia, Singapore, Chinese Taipei, Thailand, United States, and Vietnam. APEC maintains nearly 40 permanent sub-fora with responsibilities that span most economic sectors, including health and medical life sciences. These groups manage short and long-term initiatives that facilitate policy alignment as well as economic and technical cooperation. Activities undertaken and recommendations made each year at the working level advance to policy level bodies for review and consideration. APEC's working level activities and projects are guided by APEC Senior Officials. APEC Senior Officials report to APEC Ministers at the policy level. APEC Leaders (heads of state), who convene each year and set the policy agenda, consider the annual recommendations of APEC Ministers. APEC encourages participation by the business community, academia and civil society and is chaired by a different economy each year. Peru is serving as host in 2016 and Vietnam will host in 2017. Established by APEC Leaders in 2002, the Life Sciences Innovation Forum (LSIF) is APEC's leading initiative on health and health sciences innovation. The LSIF brings together representatives of government, the private sector and academia to advance policies that foster the growth of life sciences innovation and the improvement in public health in the Asia-Pacific region.

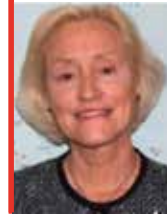
In October 2014, the APEC LSIF convened senior leaders from government, academia, the private sector, civil society, and other international and regional organizations in Manila, Philippines to discuss the regional blood safety landscape and determine whether APEC had a role in advancing blood safety in the region. Delegates welcomed APEC's initiative with great enthusiasm and identified several areas where APEC could support the translation of global blood safety policy recommendations and local economy blood safety plans into concrete, measurable results. APEC representatives subsequently developed and endorsed the APEC Blood Supply Chain 2020 Roadmap, launching a long-term multi-sectoral effort to address blood safety policy issues and to support capacity development of blood services, infrastructure, governance, as well as the achievement of international safety and quality standards for the blood supply chain.

In early 2015, the APEC Blood Supply Chain Partnership Training Network (PTN) was established by the LSIF to support implementation of the APEC Blood Supply Chain 2020 Roadmap. The PTN serves as an evolving network of

institutional expertise on blood safety across government, academia, and industry in the APEC region. The network supports and assists APEC Member Economies in designing, implementing, and promoting projects and priorities consistent with the Roadmap. Activities are currently focused on two priority areas: policy and quality systems capacity building. Training modules will be developed that are scalable and reproducible, and will be available for all economies to use to strengthen their blood safety systems. The PTN's work will be consistent and will complement and not duplicate existing activities carried out by other international and regional organizations.

The PTN has an Advisory Board which provides strategic direction and oversight of the PTN's activities. It is co-chaired by the U.S. Department of State and AABB and has representatives of nearly a dozen global blood safety bodies including the ISBT, APBN, WHO, and the leaders of national blood services of 10 APEC Member Economies. There are also two seats for representatives of the APEC Blood Safety Industry Coalition. The Coalition is comprised of businesses with expertise in blood safety and is currently co-chaired by Grifols and Baxalta. The Coalition enables the private sector to provide input into the PTN's activities in a transparent manner and without the perception of a conflict of interest.

On June 23-24, 2016, Peru will host the PTN's 1st Pilot Training program on "Embracing Quality Systems" at the Colegio Médico del Perú in Lima, Peru. The pilot program will convene approximately 50 blood bank managers and laboratory leaders from the APEC sub-region (Chile, Mexico, Peru, and the United States) to learn about the principles of Quality Management Systems in blood banks. In late 2016, Vietnam will host the 3rd APEC Blood Supply Chain Policy Forum convening approximately 150 blood safety leaders from throughout the Asia-Pacific region to discuss and identify innovative solutions to the region's priority blood safety policy issues. A 2nd PTN Pilot Program on Quality Management Systems will be held immediately after the policy forum and will convene 50 blood bank managers and laboratory leaders from Vietnam and other Southeast Asian economies. The PTN Website, co-hosted by APEC and AABB, (<http://blood.apec.org>) will be launched in May 2016 and will serve as a library for all PTN trainings (webinars) and APEC blood safety documents.



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Alliance of Blood Operators



Chris Hrouda
Chair, Alliance of Blood Operators

The Alliance of Blood Operators (ABO) is a network of not for profit blood service providers with voluntary non-remunerated blood donor bases.

ABO was established in 2002 by a small group of blood operator leaders who sought to improve their local blood establishments through the exchange of strategically useful information. Since that time, ABO has grown to represent over 90 blood operator members, collecting 35.5 million units of blood for a total population of 815 million people across three continents: North America, Europe, and Australia.

ABO membership includes:

- America's Blood Centers, consisting of more than 60 independent blood operators
- American Red Cross
- Australian Red Cross Blood Service
- Blood Systems Inc.
- Canadian Blood Services
- European Blood Alliance, comprising blood operators from 25 European countries
- National Health Service Blood and Transplant which provides blood services for England and Northern Wales

ABO's purpose is to be a high performing international collaboration of blood operators who drive member performance improvement, knowledge exchange and resolution of strategic issues for the benefit of patients and the health systems. A number of working groups within ABO support the programme and currently include:

- Donor Engagement and Relationship: sharing strategies to recruit and retain blood donors and developing opportunities to access and inform donors globally
- Benchmarking: facilitating the identification and development of best practice, encouraging organisational learning and performance improvement. The group collects performance data from participating members on an annual basis to produce the ABO benchmarking report
- Medical Directors: Chief Medical Officers ensure tools and materials to enable sustainable and effective clinical leadership and management across the blood sector in member organisations
- Cost Model: comparing the financial considerations of blood at an operational level to understand variations in cost
- Risk Based Decision-Making: bringing into operation

an integrated risk-based decision-making framework, encompassing donor safety and patient outcomes which has the potential to guide major policy and operational change

- Research and Development: exchanging strategies on improving the impact and effectiveness of ABO member research and development (R&D) programs by examining the managerial, administrative and leadership issues affecting R&D

ABO is further supported by a small secretariat and Point of Contact from each member organisation. Confidentiality of data is closely maintained and the groups are very sensitive to issues of competition that may affect specific members and limit participation.

ABO has long recognised the value of the global network and has strived to deliver benefit to its members through global sharing, horizontal learning and by providing a united blood operator voice on policy issues that cross international boundaries. Globalisation across all industries has made the world a little smaller since 2002, but the principles established by the ABO Chief Executives more than a decade ago still form the solid foundations for the 2014-2019 strategic plan.

The current ABO objectives are:-

- Objective 1: improve organisational performance
- Objective 2: identify, analyse, and monitor emerging trends and strategic shifts
- Objective 3: transform the decision-making paradigm
- Objective 4: provide high value to members

ABO has also recently formed a collaborative relationship with the Asia Pacific Blood Network (APBN) which further enhances our understanding of issues at a global level.

ABO will continue to focus on performance improvement for members as well as target complex issues where our combined voice, expertise and resources can achieve what is difficult to achieve individually. Through shared experience and problem solving, we will improve our organisations and our service to customers.

ABO is about Global sharing. Local results. For more information about ABO, please visit our website at: <https://www.allianceofbloodoperators.org>



Dr Philippe Vandekerckhove

Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP)

GAP is a global network of Red Cross and Red Crescent Blood Services with specific expertise in risk management and corporate governance of blood programmes.

The network's purpose is to:

- Provide technical advice in terms of corporate governance and risk management to National Society Blood Services (NSBS);
- Promote knowledge sharing, networking and partnership among and between NSBS and external partners;
- Develop and provide tools, guidelines and priority country assistance to NSBS most in need;
- Coordinate assistance, to NSBS in post-emergency situations including blood program recovery;
- Influence global blood policy in conjunction with its partners;
- Provide advocacy and support to the IFRC and NSBS on issues affecting blood programmes.

Under the leadership of its dedicated Executive Board and supported by its membership of Blood Service Chief Executive Officers, GAP pursues the vision that all Red Cross/Red Crescent blood programmes will be safe, well governed and self-sustainable, and are based on the principle of voluntary non-remunerated blood donation for the benefit of patients and to safeguard blood donors.

GAP was initially formed in May 2001 by the Finnish Red Cross Blood Service, at the request of the International Federation of Red Cross and Red Crescent (IFRC) to set up an experts group from a range of countries to share knowledge and to provide advice on the proper management of blood programme risk.

In 2012, GAP's role and purpose to provide expertise and advice to blood services was cemented with the release of the IFRC's blood policy "Promoting Safe and Sustainable Blood Systems" which outlined the specific responsibilities of IFRC, GAP, National Societies and blood services in managing blood programme risk. GAP was established as a Swiss based independent association, and is governed by its elected Executive Board.

Currently GAP's membership is thirteen National Society Blood Services:

NSBS	Member representative
Australia	Shelly Park
Austria	Wolfgang Mayr
Belgium - Flanders	Philippe Vandekerckhove
Hong Kong (China)	Cheuk Kwong Lee
Finland	Satu Pastila
Germany	Erhard Seifried
Honduras	Elizabeth Vinelli
India	Veer Bhushan
Israel	Eilat Shinar
Japan	Kenji Tadokoro
Switzerland	Rudolf Schwabe
Thailand	Ubonwon Charoonruangrit
America	Chris Hrouda

GAP delivers its work program in close cooperation with IFRC Health and has an IFRC observer on its Board. In addition, some of these members also act as GAP Zonal Coordinators to assist and coordinate GAP activities at a regional level, and to identify opportunities for regional assistance and collaboration.

GAP's principal tool is the Self-assessment questionnaire, which assists National Societies to ensure that appropriate steps are being taken to support the long term stability and sustainability of their blood service without exposure to unnecessary risk. NSBS can measure their progress against a number of selected criteria identified as fundamental aspects of corporate governance and risk management for NSBS. The results of the self-assessment are analysed by GAP and an individual feedback report is provided outlining specific governance and risk management recommendations for consideration. GAP also provides de-identified regional reports to enable comparison of performance within the regional and identifying common themes or challenges within the region which are further discussed with NSBS at GAP regional meetings.

As resources permit, GAP provides targeted assistance to a small number of identified priority country blood services. This may include:

- in-country support visits,
- provision of GAP tools, resources and GAP expertise,
- identifying partnering opportunities with other Blood Services,
- coordination of technical assistance from GAP members or partners.

In coordination with IFRC and partners, GAP provides support to National Society Blood Services at a global, regional and country level.

For more information about GAP, please visit our website at: www.globaladvisorypanel.org

EBA



Kari Aranko
Executive Director



Willemijn Kramer
RCommunications and
Administrations Officer
European Blood Alliance

European Blood Alliance is representing non-profit blood establishments throughout Europe

In 1998, nine directors of Blood Establishments decided to come together to discuss the plans of the European Commission to establish a Directive on blood safety and donor selection. According to a news item in Vox Sanguinis¹, the goal of their meeting was to see if they could speak with one voice to Brussels. Besides discussing the EU Directives, the group found that networking and liaising on operational items was very helpful in their daily managerial lives. Over the years, the group grew and now comprises 25 members and two observers. European Blood Alliance (EBA) members are located throughout the European Union and European Free Trade Area States. The observers are located in Europe and in the United States. Members are either the national blood service or alliances representing more than a half of the blood supply in the country. EBA's members annually collect 16 million blood donations, they are responsible for collecting, testing, preparing and distributing blood components from those blood donations and serving a population of 450 million.

The mission of EBA is to contribute to the safety, security and cost effectiveness of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services. It does so through four key objectives:

- To increase public and professional awareness of voluntary and non-remunerated donation (VNRD) of blood and blood components, and of preparation of blood components as an indispensable therapeutic means to help patients.
- Provide technical and professional support to national and European authorities, particularly those involved in preparation / revision of regulations, standards, recommendations, guidelines, to promote best practice.
- To assist European blood establishments to continuously improve their performance, based on scientific and ethical principles for the benefit of patients
- To facilitate information collection and knowledge exchange.

Each of the 25 member countries have a voting representative in the Board Meeting whom elect 6 Executives, including a President, Vice-President and Treasurer. The working structure of EBA is based on activities carried out by expert members on a voluntary basis, which are coordinated by the EBA Office: EBA has over 150 experts working in 9 working groups and projects. The EBA Office is in Amsterdam, in the Sanquin Blood Supply head office, with 3 persons and, based in Paris, the collaborative procurement manager.

To support members to improve their productivity, EBA has a Working Group on Benchmarking, aimed at identifying best practices. Also, EBA invested in collaborative procurement

to address the other half of the costs base of blood establishments. The first joint procurement project, called Eurobloodpack, found its roots in a willingness by EBA Member organisations to harmonize and standardize the technical specifications of blood packs used for the collection and processing of whole blood donations throughout Europe².

This project was successfully completed securing multi-million-euro savings and is now followed by several other projects. Another successful working group is the EBA Emerging Infectious Disease (EID) Monitor, which has established itself as an important forum to share information on new emerging infections and interpretation of available data.

The 'speaking with one voice' for which EBA was actually established, is still very important. EBA has collaborated with the European Centre for Disease Control (ECDC) to further develop the European Up-Front Risk Assessment Tool called EuFRAT: an online tool with manuals and examples supporting risk assessment of EIDs, which can be reached at ECDC website³. Also, EBA works together with CoE and EC with advice, and EBA is a happy partner of ISBT in funding and developing training leading to transfusion medicine certificate. EBA has a long legacy in initiating and promoting EU funded projects to enforce quality standards^{4,5}, patient blood management^{6,7} and currently ongoing donor health care^{8,9}. More information of EBA's members and activities can be found at www.europeanbloodalliance.eu. The key positions and recommendations of EBA have been summarised in the book "Blood, tissues and cells from human origin: the European Blood Alliance Perspective"¹⁰, which can be downloaded from the EBA website .

We thank ISBT for a longstanding friendship and hope to be able to introduce ourselves personally to you at some event!

¹ European Blood Alliance founded, Vox Sanguinis, 1998, 75: 25. <http://dx.doi.org/10.1046/j.1423-0410.1998.7530259.x>

² Nightingale, et al. Vox Sanguinis, 2011, 101(3):250-4. doi: 10.1111/j.1423-0410.2011.01480.x

³ European Up Front Risk Assessment Tool: EUFRAT at ECDC website

⁴ European standard operating procedure (SOP) methodology reflecting European best practice within the area addressing the quality and safety of blood: EU-Q-Blood-SOP project

⁵ EU Blood Inspection: EuBIS

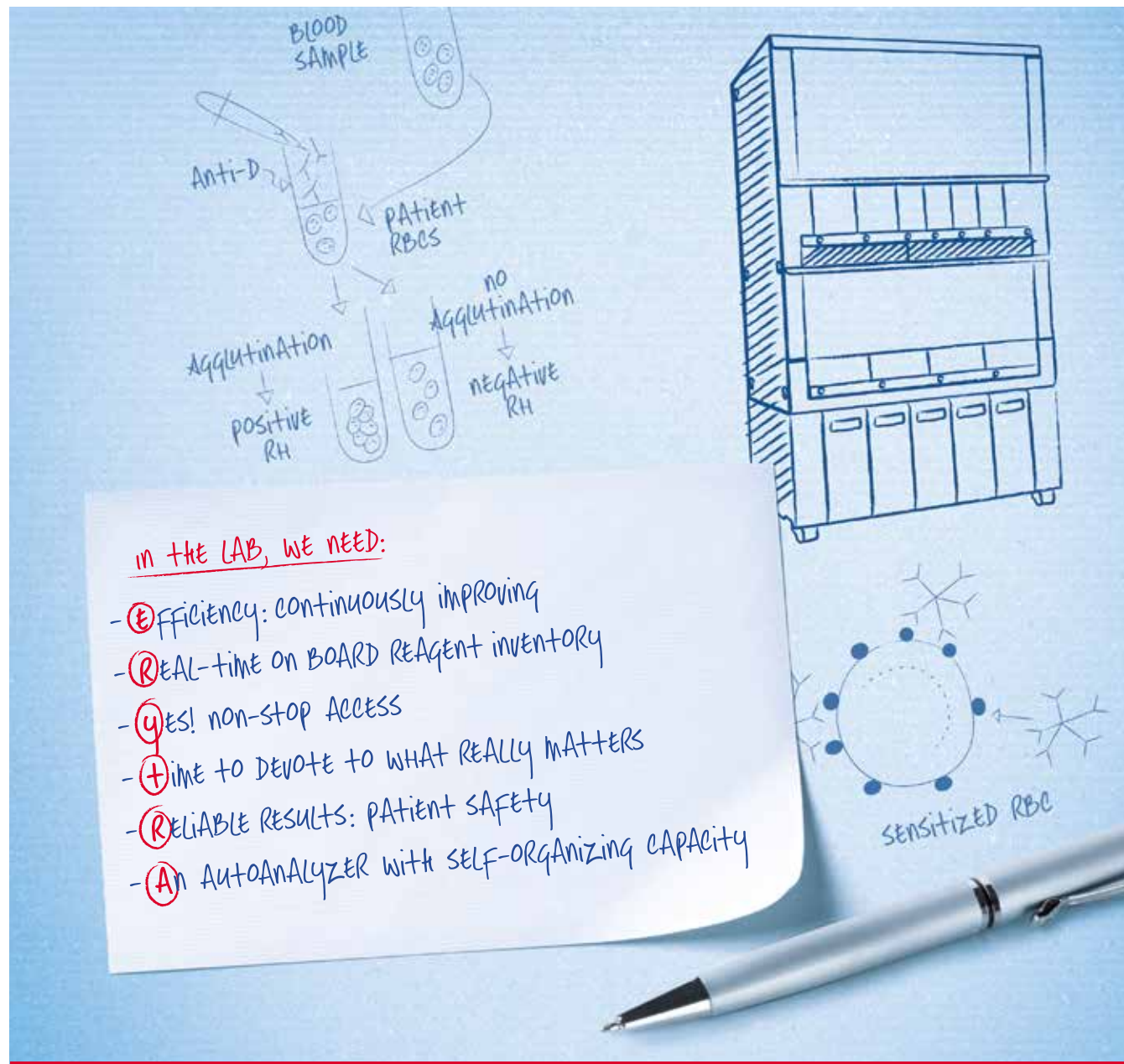
⁶ Optimal Blood Use. Promoting and sharing best practice across the EU: Optimal Blood Use

⁷ Van Kraaij et al., Vox Sanguinis, 2015, 109 (Suppl. 1), 14; <http://onlinelibrary.wiley.com/doi/10.1111/vox.12304/epdf>

⁸ Donor management in Europe: DOMAINE

⁹ The Donor Health Care programme: DoHeCa

¹⁰ www.europeanbloodalliance.eu/eba-book



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Paul Strengers
Secretary General of ISBT 2000 - 2010

60 years of official relations between ISBT and WHO.

IN 1956, Dr. Colonel Jean Julliard, Secretary-General of ISBT, described in his report on the 'The Activities of the International Society of Blood Transfusion' that at the 15th Session of the World Health Organization in February 1955, ISBT was recognized as a scientific society and was admitted to official relations with WHO. This important event gave recognition and international scientific credit to transfusion medicine and to ISBT. Every following two years the Executive Board of WHO reaffirmed the official relation between WHO and ISBT as a Non-Governmental Organization (NGO) and the Board of the WHO expressed its appreciation "for ISBT's continuing support for WHO objectives and contribution to world health". At the beginning it was agreed that ISBT and WHO should work together on recommendations regarding 'practical and psychological problems with transfusion' in particular on biological standardization, on blood donors who should be unconditional, voluntary and altruistic, and - it was the time of the Cold War - on the personnel in case of disasters and conflicts. The WHO Expert Committee of Biological Standardization (ECBS) still addresses each year major topics on blood and plasma and has published a great number of recommendations on improvements to transfusion medicine worldwide. ISBT was invited to be present at World Health Assemblies and at sessions of the WHO Executive Council and WHO Regional Committees. In return WHO representatives were invited to attend meetings of the ISBT Council and Board as an observer and to give presentations at (opening) sessions of ISBT Congresses. Many common initiatives were developed such as in 1976 the World Blood Resources Committee to monitor the manner in which blood programs in various countries develop and for which ISBT offered the expertise of some selected members to training courses which were the responsibility of the WHO and the League of the Red Cross Societies. In 1980 the ISBT Code of Ethics for Blood Donation and Transfusion was adopted by the ISBT General Assembly and two years later submitted for adoption to the WHO General Assembly because the "consideration of the health of the donor and the safety of the recipient should be accepted by every health authority as a primary responsibility". Unfortunately, WHO encountered difficulties because according

to the minutes 'the commercial industry was not ready to espouse these fine ethical principles'. For ISBT this was a disappointing outcome and a reason for reviewing the future of the collaboration between ISBT and WHO. Six years later however, the ISBT Council strongly supported the objectives of the Global Blood Safety Initiative (GBSI) launched by the WHO in May 1988 in consortium with the League of Red Cross, ISBT and the United Nation's Development Programme. Some years later GBSI became integrated in the Global Program on AIDS focusing on developing countries. As in any relation ISBT and WHO had its ups and downs. The minutes of the Council meeting in 1992 where the WHO representative requested ISBT for funding noted politely, referring to heavy discussions that 'there was much overlap in the goals of ISBT and WHO but ISBT does not have the finances to help support the WHO programs as requested'. Luckily, problems were solved and two years later Dr. Antezana, Assistant-Director of the WHO, opened the International ISBT Congress with the lecture on 'The role of the WHO in blood transfusion' and handed over the Distant Learning Material on Safe Blood and Blood Products to ISBT. ISBT continued its support to WHO programs such as the Global Collaboration on Blood Safety (GCBS), the many informal consultation meetings on different blood transfusion aspects varying from anemia and selection of donors to quality management training courses, on putting plasma derived medicinal products on the WHO Essential Medicines List, on voluntary non-remunerated blood donors, on guidelines for the production, control and regulation of plasma for fractionation, on collaborative studies in biological standardization, on the WHO Achilles project, etcetera. The renewed Code of Ethics was officially adopted by WHO in 2000 and in 2004 World Blood Donor Day was established by ISBT, WHO, FIODS and IRCRCS in order to create awareness on the voluntary, non-remunerated blood donor. Sixty years of international collaboration for improving blood transfusion medicine have shown that the official relation between ISBT and WHO is a great asset and it is paramount for the many patients worldwide who rely on transfusion therapy with blood and plasma products.

Elections for vacant positions on the Board of Directors 2016

Voting commences June 14, 2016 and closes August 6, 2016

ISBT, our society, is guided by a Board of Directors which is responsible for development and oversight of the strategy of the organization. The Board is comprised of, and elected by, the membership of the Society. Board members have fixed terms of service and elections are held every two years. The terms for newly-elected Board members begin at the International Congress and will be announced at the General Assembly to be held in Dubai September 6, 2016.

Nominations closed on May 17, 2016. One nomination was received for the positions of Vice President, Treasurer and Regional Director for Africa and Western Pacific and therefore these candidates are elected unopposed. Elections will take place for President Elect and the Regional Directors for Europe and South East Asia.

According to Article 16 of the ISBT Statutes all members of the Society who were a member on March 1, 2016, the date of the call for nominations, will receive an email notice on June 14, 2016 inviting them to take part in the election which will be held online. The elections will close at 23.59 CET on August 6, 2016.

ISBT exists for, and is guided by its members. The Board plays a vital role in this process and all of you who are eligible to vote are encouraged to exercise your right to vote for the candidate of your choice for these three positions. For your guidance each candidate has provided a brief biography, statement of their involvement in ISBT and a statement of motivation on why they are a suitable candidate for the position and what they intend to contribute to the Board and the Society if elected. These will be available on the online voting pages.

Membership Renewal

It is time to renew your membership

Thank you for your membership of ISBT during the membership year 2015/16. Your membership helps us to achieve our mission of sharing knowledge to enhance transfusion practice through providing opportunities for advancing knowledge and education. Your membership renewal means that you will continue to receive the benefits of membership of ISBT including:

Access to the ISBT Academy ePortal (including congress webcasts and presentation

- 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

We kindly remind you to renew your ISBT membership for the new membership year 2016-2017 (April 1, 2016 to March 31, 2017). Continuing your ISBT membership will give you the opportunity to connect and participate in our growing transfusion medicine community.

Please settle your membership fee before June 30th 2016.

Scroll down or click on the hyperlinks for detailed information on: [How to renew](#) | [Payment methods](#) | [Invoice](#) | [Membership card](#) | [Fees](#) | [Discounted fee 35 years and under](#) | [Address up-to-date?](#) | [Questions?](#)

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

Best wishes,
Team ISBT

How to renew

Login with your current email address and password. Click on 'My Membership & Payments' to pay your membership fee for 2016/2017.

Payment methods

Online payments can be made using the following methods:

- Recurring direct debit*
- Credit card (no 3D-secure)
- PayPal
- IDEAL (Netherlands only)

* Recurring direct debit is 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. This saves you renewing your membership every year so we highly recommend it!

Please make sure when paying by credit card you have authorization from your bank to make payments abroad and that you have sufficient funds, otherwise the payment will be canceled.

If you do not have a credit card or PayPal account you can email membership@isbtweb.org to arrange for a bank transfer

Invoice

An invoice is available after logging in on the Payments page.

Membership card

After payment, your membership card will be available for download (in PDF-format) at your personal profile on our website from April onwards.

Fees

ISBT Membership fees are based on your age and your country. Read more about our fees.

Discounted fee for those who are 35 years and under
If you are 35 years and under, you pay a discounted fee of € 55 per year. You can find more information on our discounted membership here.

Address 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. You can edit your details by logging in and by going to Edit Profile. Make sure you click on "Update profile" on the bottom of the page to save your changes.

Questions?

Most of the answers you can find at our Frequently Asked Questions. If you have any other questions, please let us know.

Our mailing address is:
International Society of Blood Transfusion
Marnixstraat 317
1 st floor
Amsterdam, Noord-Holland 1016 TB
Netherlands

Welcome to our new members

(April 2016 – May 2016)

Africa

- **NIGERIA:** Garba Umar Kangiwa, Awwal Borodo, Uchenna Ejikeme, Isaac Olajide
- **SOUTH AFRICA:** Fred Kloren, Carl Fourie
- **ZIMBABWE:** Judith Juliet Parewra

Americas

- **UNITED STATES OF AMERICA:** Kerri Weinert, Jennifer Sato, Zachary Antovich, Marsha Senter, Ashok Tholpady, Ann Smith

Eastern Mediterranean

- **PAKISTAN:** Saman Ansari, Maqbool Alam
- **SAUDI ARABIA:** Daryll Sulleza, Maha Eid Al-Johani
- **UNITED ARAB EMIRATES:** Hiba Alhumaidan

Europe

- **BOSNIA AND HERZEGOVINA:** Jasminka Kurilic
- **CROATIA:** Nina Ipavec
- **GREECE:** Magdalini Pape, Efthymia Serafi
- **HUNGARY:** Human BioPlazma LLC
- **IRELAND:** Sanjay Shahi
- **NETHERLANDS:** Peter Ligthart, Jan-Willem Andriessen, Judith Lie, Anja Mäkelburg, Lenneke Prinzen
- **NORWAY:** Janne Pedersen
- **RUSSIA:** Dmitriy Likhonin, Ivan Krivov
- **UNITED KINGDOM:** Ali Shokoohi, Stephen Smedley
- **TURKEY:** Gonca Gokyar

South East Asia

- **INDIA:** Devi Prasad Acharya, Ganesh Mohan, Jitin Narula, Asbhisekh Gowda, Ruchi Jaipuria, Sachin Garg

Western Pacific

- **AUSTRALIA:** Bronwyn Pearse, Shelly Park, Leah Kivivali, Simon Benson
- **CHINA:** Zhoulin Zhong, Yan Zhou, Mei Yu, Zhaohui Liao, Wenbiao Liang, Ningyu He

- **JAPAN:** Hiroyuki Oguro, Yoshiyuki Akashi, Shinya Matsumoto
- **MALAYSIA:** Hemalatha Shanmugam
- **TAIWAN:** Yang Bing-Heng

34th International Congress of the ISBT, September 3 - 8, 2016 Dubai

34th International Congress of the ISBT, September 3 – 8, 2016 Dubai

Scientific programme

Ellen van der Schoot, our Scientific Secretary has put together a superb scientific programme with new speakers and new topics as well as more familiar themes. The programme includes almost 90 invited speakers and 118 oral presentations chosen from high scoring submitted abstracts. The programme has three parts; the local/regional day on Saturday September 3 this is specifically designed for people from the region, the Academy or education day on Sunday September 4 designed for those who want to update their knowledge and the main scientific programme taking place from Monday September 5 – Thursday September 8.

Transfusion Practitioners

New this year are special sessions for Transfusion Practitioners. These sessions are organised by the Transfusion Practitioner sub group of the Clinical Working Party and will include; how the transfusion practitioner role can involve patients in the transfusion process, single unit transfusions (how to measure practice – what has worked), the use of technology in patient safety and a workshop on making data fun and work for you. Please spread the word in the TP community about these sessions.

Workshops

A number of workshops are taking place. On September 2, 2016 the Immunohaematology Working Party will be hosting a day long workshop on the clinical significance of red cell alloantibodies, on Sunday September 4 the Quality Management Working Party will host a half day afternoon

workshop on Quality Management and the inspection of Blood Establishments and the Clinical Working Party will host a workshop on the most important aspects of designing, performing, analyzing, reporting and reading clinical transfusion research. On September 5 at 08.30 there is a workshop on peer review which will give you an insight into the requirements of peer reviewing and how to do it well.

Visit www.isbtweb.org/Dubai to find out more about these workshops and to sign up

Exhibition

There will be a large exhibition running alongside the scientific programme. You are invited to visit the exhibition and discuss current and upcoming technologies with the exhibitors. We are anticipating that around 80 companies will be exhibiting. All coffee and tea breaks take place in the exhibition halls so you also have the opportunity to meet up with colleagues and friends from around the world.

Social programme

Join us for the opening ceremony and welcome reception. You will be welcomed to the opening ceremony by an Arabic dance performance. As well as the usual speeches and award giving the ceremony will feature a sand or collage artist and a band. Following the opening ceremony traditional food will be served throughout the exhibition hall. The congress party will take place in the iconic Asateer tent where glittering lights, oriental entertainment and a wide array of buffet dishes and traditional delicacies awaits you! You will experience spectacular and dazzling views of the Dubai skyline from Atlantis' private beach.

Case studies in Immunohematology

One of the focal points of the Working Party on Immunohematology is to provide information and educational opportunities through the ISBT Working Party Website. One of the most popular formats for small and large group meetings is Immunohematology Case Studies. One of the reasons these are so popular is that the participant can learn from cases that they may not see often but should be able to detect and handle or learn new practical approaches to antibodies that are seen in their institution.

tekst

The members of the Working Party on Immunohematology are planning by the end of 2016 to bring 12 case studies to the members of ISBT who are interested in viewing them. The members who are sharing these case studies are: Sofia Lejon Crottet, Nicole Thornton, Cinzia Paccapelo, Ankit Mathur, Franz Wagner, Eduardo Muñoz-Díaz, Erwin Scharberg, Susan Johnson, Anu Korhonen, Fang-Yeh Chu, Christof Weinstock and Abdullah Meshi.

These members are representative of the new Working Party, with wide global reach (see map). The Working Party is excited that these case studies could be valuable as learning tools for all levels of those interested in immunohematology. The path to find the Case Studies once signed into the ISBT Webpage is ISBT Webpage>Working Parties> Working Party on Immunohematology> Education> Case Studies. We hope these cases will be of interest for all of you and would be happy to get your feedback and comments.



Dr. Thierry Peyrard
PharmD, PhD, European
Specialis in Clinical
Chemistry and Laboratory
Medicine
Director, National
Immunohematology Reference
Laboratory
**National Institute of Blood
Transfusion – Paris, France**

**Sandra J Nance, MS,
MT(ASCP)SBB**
Senior Director, IRLs
American Red Cross –
Philadelphia, USA

EDUCATION

ISBT at the 16th International Haemovigilance Seminar

The International Haemovigilance Network (IHN) thanks the ISBT Academy for its support of the 17th International Haemovigilance Seminar, held in Paris from 7-9 March, 2016.

ISBT joined French governmental, transfusion professional, blood establishment and industry partners in supporting the event, which welcomed 270 people from over 50 countries, including representatives from a number of countries attending for the very first time.

The program covered donor, product and transfusion recipient vigilance, with a plenary session on haemovigilance in African countries, and an education morning in French. Other sessions explored inflammation and its consequences and the potential of new technologies to understand it, sickle cell disease and hyperhaemolysis, and iron status (too little, too much) for donors and patients. There was a session on microbiological haemovigilance including hepatitis E, and a range of presentations on difference tools for practice improvement, including the use of simulation for educating and training healthcare professionals and patients. High quality oral presentations and posters were presented from a large number of submitted abstracts.

Dr Peter Tomasulo was awarded the IHN Medal, in recognition of his contributions to IHN and to haemovigilance in the United States and internationally, with a particular focus on donor health issues.



Photo 1: Travel award recipients, supported by the ISBT Academy

Dr Luc Noel was honoured for his contributions to haemovigilance and a coordination of vigilance efforts across a wide range of medical products of human origin internationally. Dr Noel delivered the IHN Award lecture, which can be found along with other seminar presentations at <http://ihs-seminar.org>.

IHN thanks all participants and speakers and supporting organizations who made the Seminar such a success. ISBT Academy funding enabled four travel grants, awarded to Dr Michael Acquah from Ghana, Dr Salam Sawadogo from Burkina Faso, Mr Abiy Belay Ambaye from Ethiopia, and Dr Hilda Maria Silva Ballaster from Cuba. ISBT's support was greatly appreciated.

Erica Wood on behalf of the IHN Board, Jo Wiersum on behalf of the ISBT Working Party on Haemovigilance, and Pierre Tiberghien and Philippe Renaudier on behalf of the Local Organising Committee



Photo 2: Members of the IHN Board and Local Organising Committee, with Dr Luc Noel

ISBT Academy Begins a Fourth Year Funding Immunohematology Workshops in India



Jim Perkins, M.D.,
Director

The ISBT Academy entered its fourth year of funding immunohematology training in India at the end of March with the first of two annual Indian Immunohematology Initiative (III) 'wet' workshops. This workshop hosted by the Lions Blood Bank in New Delhi from 28 March to 1 April included 14 participants in physician and technical roles. This event came close on the heels of a six-day workshop at Rotary ttk Blood Bank in Bangalore in January, the second in the 2015 Academy funding cycle. The timing of the March event allowed III faculty members, Susan Johnson and Jim Perkins, to participate in a joint congress of the Blood Banking and Transfusion society of Turkey (BBTST) and the Asian Association of Transfusion Medicine (AATM) with two presentations each.

The III is a non-profit, USA-based group of 4 transfusion medicine professionals, Martha Rae Combs MT(ASCP)SBB, Janis Hamilton MS, MT(ASCP)SBB, Susan Johnson MS, MT(ASCP)SBB, and the author, who have been teaching Immunohematology in South Asia for over 10 years. The workshop model has evolved over time from one of presenting antibody detection and identification workshops at various sites, often in association with a National meeting, to the fixed-location classroom concept embodied by the above.

But after four years at these two sites, III faculty are hoping to change the model again! The local hosts in New Delhi and Bangalore are confident that they can take over teaching their annual, week-long workshops. The III does not expect to send two faculty members to New Delhi again, and the Autumn workshop in Bangalore is slated to be the last with two III members at that site as well. Local faculty at these sites intend to expand their schedule to multiple events of varying length and with varying objectives during the year. The III will continue to support teaching at the two sites, but instead of staffing the workshops personally, III faculty hope to go back on the road.

As immunohematology develops in India officials of AATM, have been encouraging the III to conduct workshops in other member countries. To do so more

robust equipment, particularly a new set of serologic centrifuges, is required to replace the current, aging set which will stay in the Delhi and Bangalore classrooms. The III has been working with a Mumbai equipment manufacturer, Remi, to develop a new, purpose-built serologic centrifuge, the "Quikfuge". The plan is for twelve of the latter to form the nucleus of a 'workshop in a box'. The Quikfuge has performed well, and four of the five machines provided for the January Bangalore workshop were snapped up by participants! Discussions have begun with two other AATM member countries to host 2017 workshops in each.

Although individual workshop evaluations are strongly positive, in 2015 the III attempted to evaluate the long term impact of its activities in India using an online survey method. One hundred eighty five (185) past workshop participants with known email addresses were sent a 15 question survey to which 66 responded. Two thirds of respondents were physicians reflecting the bias introduced by the requirement for a current email contact. Although half of respondents indicated that they had 5 years or more experience at the time they took the workshop, only a third of physicians and 20% of technical workers reported having had previous formal training in blood group antibody detection and identification. About 95% of participants "strongly agreed" that the workshops were well organized and taught. More to the point two thirds gave the same rating to a statement that 'the workshop had helped their professional career', the remainder giving the statement an "agree" rating. All of the physicians and 95% of the technical workers "strongly agreed" or "agreed" that their personal ability to provide compatible RBC transfusion was improved, and 95% gave the same ratings to the statement that the workshop had improved the ability of their laboratory as a whole. Of note however, the latter rating was even higher for the question whether the laboratory's ability would improve in the future, reflecting current resource limitations. Finally, about 30% of respondents reported training at least 10 other individuals.

ISBT members interested in observing an III workshop are invited to observe the next workshop in Bangalore in September.

1995-2015: Twenty years of haemovigilance in Greece

C. Politis¹, E. Zervou², L. Kavallierou,¹
C. Richardson,³ G. Martinis,⁴ M. Hatzitaki,⁵
P. Damaskos,¹ M Parara,¹ E Grouzi,⁶ K. Fountouli,⁷
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⁶ Agios Savas Hospital Blood Bank Athens
⁷ University Hospital Blood Bank, Heraklion, Crete
⁸ ACHEPA University Hospital Thalassaemia Unit, Thessaloniki

Background

The Coordinating Haemovigilance Centre (abbreviated as SKAE in Greek) was founded by the Hellenic Centre for Disease Control and Prevention (KEELPNO) in November 1995 on a voluntary basis. It was established in line with European National legislation (Min.Res. 261/2011) defines SKAE competence pursuant to European Directives for the development and implementation of the haemovigilance system under the aegis of KEELPNO of the Ministry of Health.



Figure 1. Basic functions of SKAE

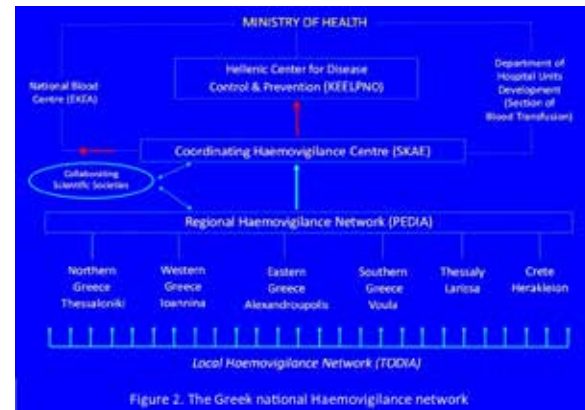


Figure 2. The Greek national Haemovigilance network

Methods

SKAE collects, monitors, and analyses all adverse reactions (ARs) and adverse events (AEs) related to transfusion and donation including epidemiological surveillance of transfusion transmissible infections (TTIs). EU and ISBT/IHN standard definitions maintain homogeneity in reporting and allow benchmarking. Other activities include traceability, look-back, quality management indices, crisis management, cost effectiveness and training (Figure 1).

The haemovigilance system includes networks between hospital clinical departments and hospital blood banks, blood establishments, and the National Blood Centre (Figure 2).

SKAE's action plan has developed towards new activities including haemovigilance for specific patients' groups e.g. thalassaemia, root cause analysis (RCA) and contribution to the development of biovigilance (Figure 3).

Results

Coverage is 93% of total blood units issued for transfusion. In 2014 the incidence of all ARs was 1:460 units of blood components (BCs). Febrile non-haemolytic (45%) and allergic reactions (37%) were commonest. Serious ARs were 1:6,863 units. 34% were attributed to IBCT and 39% were associated with the respiratory track system (TACO 17%, TRALI



Prof. Constantina Politis
Head of Hellenic Coordinating
Haemovigilance Center

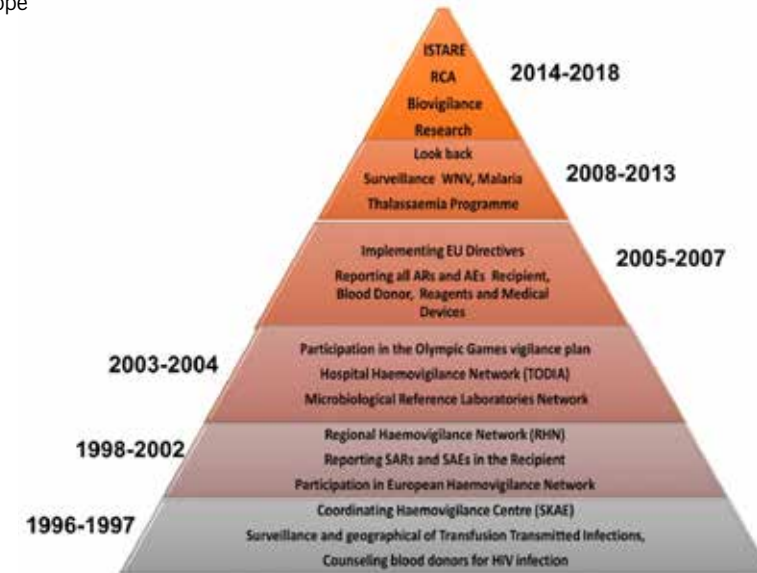


Figure 3. Action plan

15% and TAD 7%). Trends over the surveillance period show significantly increased incidence of febrile ARs and TAD, and decrease of IBCT. Nine fatalities were reported: three ABO incompatibility, two TRALI, two bacterial, one TACO, one GvHD.

Two transmissions of HIV from one donor owing to donation during the window period and 54 cases of bacterial infection were recorded. The distribution of ARs by imputability in 2014 was 18% definite, 47% probable, 29% possible and 6% impossible.

- Incidence of serious AEs in 2006-2014 was 1:13,368 processed units of BCs. "Near misses" were 1:3,059 units .60% of all AEs are attributed to human error.
- Blood donation: the incidence of any AR in 2014 was 1:86 donors (78% vasovagal). SARs were 0.3%.
- Seroprevalence of infectious markers (HBsAg, anti-HIV, anti-HCV, Syphilis and anti-HTLV) in donor blood in 1996-2014 totalled 0.32 % (Figure 4). Rates stabilized in 2008-2014 NAT yields for HIV-RNA, HCV-RNA, HBV-DNA in 2007-2014 were 1:391,255, 1:195,628 and 1:8,325, respectively. WNV-RNA in 2010 – 2014 was 1:11,289.

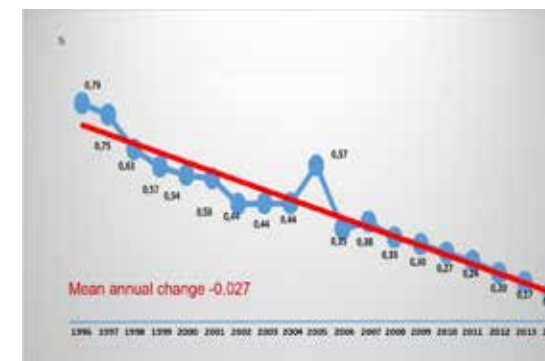


Figure 4. Seroprevalence of total infectious markers in 10,001,525 tested blood units

Conclusions/Recommendations

Twenty years of haemovigilance in Greece demonstrate coordinated progress towards better quality and safety in blood donation and transfusion.

However, the prevalence of TTIs remains relatively high especially regarding HIV and occult HBV. At the same time notable progress in the implementation of NAT screening for HCV-RNA, HIV-RNA and HBV-DNA as well as for WNV-RNA seasonal screening has led to significant advances in assuring blood safety.

The frequency of transfusion of wrong blood to the wrong patient due to pre-marked sampling tubes and failure to verify identity of the patient in the clinical environment has been declining over the second decade of the surveillance period, however IBCT remains one of the most important adverse events attributed mainly to human error.

Implementation of patient identification system and full computerized record – keeping in blood services and clinical departments as well as universal application of pre-storage leukodepletion and use of pathogen reduction technologies are recommended for the avoidance of adverse reactions in transfusion.

Continuous nursing and medical supervision during donation and management of complications especially vagovasal reactions and injury by the needle will contribute greatly to safeguarding the well-being of our donors and ensure their willingness to be retained as regular donors.

New Transfusion National Guidelines Developed by the Ministry of Health in Ukraine

Ukraine is an Eastern European country and the largest country within Europe with a population of ~43 million of which 27.5 million are potential donors. The human development index of the country in 2014 was 0.747 (high), positioned 81st according to the United Nations Development Programme. In 2015, ~500,000 whole blood donations and over 3,000 apheresis donations of plasma and platelet were collected. The donation index is ~13 donations per 1,000 inhabitants.

In April 2016, Ukraine began developing new national guidelines on the clinical use of blood. The development of the new guidelines is a collaborative effort by the Coordination Working Group of Experts (WG) on blood service development of the Ministry of Health (MoH) of Ukraine and domestic and international clinicians. The project is supported under the US President's Emergency Plan for AIDS Relief (PEPFAR), funded by the U.S. Centers for Disease Control and Prevention (CDC), and implemented by American International Health Alliance (AIHA).

The current official document that regulates the clinical use of blood and blood components is an instruction approved by a Decree of the MoH in 1999. Following the active approach of the MoH to harmonize the regulatory framework on blood with EU requirements and Directives, and based on recommendations by the European Commission and the Council of Europe, the WG was created in September 2015. This group defines the priorities of blood system reform, including the development of evidence-based national guidelines on the clinical use of blood components.

The basis for developing the new guidelines is based on best practices developed within the PEPFAR blood safety project implemented in Kyrgyzstan, where new national clinical guidelines were adopted as federal regulations by the MoH of Kyrgyzstan in February 2015. Those guidelines were the result of a joint effort by international consultants and Kyrgyz clinicians providing expertise in different areas of clinical practice. The Kyrgyz guidelines were suggested to the MoH of Ukraine for review and adaptation to a local format. Local specialists evaluated the document against Ukrainian national regulatory requirements, made comments and edits which were shared with international consultant, Dr. Miguel Lozano.



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Alexandru Voloc
AIHA, Blood Safety Project
Country Director

Miguel Lozano
ISBT, European Director

Dr. Lozano met with the clinicians and MoH WG to discuss the suggested draft guidelines, and emphasized the need to base them strictly on modern evidence based medicine principles, and in parallel to follow the provisions of the EU Directives and Commission on blood safety and quality. The guidelines will include practical instructions to clinicians about indications, contraindications, dosage and administration, and side effects associated with each type of blood component and plasma derivative. Sections include pre-transfusion testing, blood administration and criteria of effectiveness of a given blood product.

Further steps in adopting the document include submission for review by Ukrainian leading specialists and public comment over the MoH website, with subsequent approval of the new national clinical guidelines by a MoH decree as national regulations. The adoption of the new clinical guidelines as a regulatory document is crucial in order to ensure a standardized approach to be followed by all clinicians in Ukraine. It will also require medical schools in Ukraine to revise their curricula in accordance with the new guidelines.

With approval by CDC, AIHA will continue supporting finalization of the guidelines and promote local capacity development in training and use of blood components according to the new requirements. Dr. Lozano will continue participating in the process and will mentor the new trainers.

The collaboration between the international consultants, local clinical experts and the MoH in the development and adoption of the new national regulatory guidelines on the clinical use of blood is a significant achievement as Ukraine approaches modern evidence-based Transfusion Medicine.

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Blood transfusion in the Russian Far East region



Takhir Shikhmiraev
Khabarovsk Regional Blood
Transfusion Station



The annual regional blood service conference took place in Khabarovsk February 10-11, 2016. 159 delegates were present, including directors of the Blood Services from the Far Eastern regions, blood bank staff, medical doctors and transfusion practitioners from Baikal to Pacific Ocean. Important questions for blood service specialists, clinical doctors with different specialties and health officials and medical scientists were discussed.

Professor Eugene Zhiburt talked about the changes in transfusion medicine, about ensuring safety of blood products, platelets pooling, pathogen inactivation and immune hemolytic reactions. The head physician of the main Far Eastern Blood Center Oksana Kozhemyako reported about achievements of Far Eastern Blood Service in 2015. She appreciated the results of



centralization of Blood Service in the Far East, where the process of donor blood components preparation was concentrated mainly in 10 large institutions, for the highest effectiveness and safety.

In 2015 blood components from more than 87000 donors were prepared in the Far Eastern region of Russian Federation. Quality and safety of blood products are increasing. E.g. in Yakutia all platelet concentrates are pathogen reduced. Current FFP quarantine storage is available and good for two year transfusion if needed.

During the master class "Universal protocol for the collection of platelets", blood processing technology in automatic separator were demonstrated. Apheresis and pooling of platelets technologies have been broadly discussed. Kirill Slovesnov calculated that pooled platelets are at two times cheaper and have the same quality compared with apheresis platelets. The great interest has been attracted with the information provided by Sergey Madzaev that pathogen inactivation could replace irradiation for TA-GVHD prevention.

These conferences have become a yearly event. They give information platform for constructive interaction of Russian specialists from different regions of the country and define priorities for Blood Service of the Russian Far East development. All colleagues are kindly invited to attend the next meeting on Sakhalin Island in 2017.

CME on Blood Transfusion Services -“Expanding Horizons”



Prof Neelam Marwaha
 Professor, Dept. of Transfusion Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh, India
 ISBT Regional Director, South-East Asia

The Departments of Transfusion Medicine at the Postgraduate Institute of Medical Education and Research and the Government Medical College and Hospital, Chandigarh, jointly organized a CME on Blood Transfusion Services -“Expanding Horizons” on April 29, 2016. Prof. Atul Sachdev, Director Principal, Government Medical College and Hospital, Chandigarh inaugurated the CME and Dr. Vanita Gupta, Director Health Services, UT, Chandigarh also graced the occasion as guest of honour. Prof. Neelam Marwaha, organizing chairperson of the CME highlighted newer techniques in improving blood safety and the role of this speciality in therapeutics. Transfusion Medicine is a rapidly evolving and expanding field. Traditionally the scope of the service was limited to the process of blood collection, storage and issue. But today it has emerged as a multi-faceted and multi-dimensional medical discipline. It now includes innovative procedures for blood and component collection, complex laboratory technologies for red cell and platelet serology and testing for transfusion transmissible infections, direct involvement in patient care through apheresis technology and stem cell therapies, haemovigilance and donor vigilance, platelet and plasma derived medicinal products. All this has to be balanced within a highly regulatory environment.

The scientific programme was divided into four sessions; two sessions were lecture based, there was one panel discussion and one session on learning transfusion medicine through case discussions.

The first session was on “Challenges of blood safety from transfusion transmissible infections” and was chaired by Prof Neelam Marwaha and Prof Kulbir Kaur. Dr. Kabita Chatterjee presented a talk on The Role of Nucleic Acid Testing in blood safety. She highlighted window period reduction through NAT and its feasibility in our country. Quality assurance in TTI testing was discussed by Dr Naveen Agnihotri. Prof Ravneet Kaur drew attention to the emerging and re-emerging infectious diseases which could impact blood safety – Dengue, Chikungunya, potential threat of Zika virus and reported chronicity of Hepatitis E virus infection. The second session was



on “Therapeutic Apheresis” and included three talks by eminent speakers. Dr Rajesh Deshpande spoke about the Principle and Technologies for therapeutic plasma exchange (TPE). Dr Rekha Hans talked about the role of TPE in thrombotic microangiopathies where it’s a first-line therapy. Dr Aseem Tiwari shared his experience with the role of TPE in neurological disorders and support in ABO incompatible kidney transplants.

Our country has always faced shortages of plasma derived medicinal products –like albumin, immunoglobulins and FVIII and FIX concentrates. Recently, Government of India has taken positive steps to achieve self-sufficiency for plasma derived medicinal products and the role of Transfusion Services has further expanded to support the plasma product industry. There was a panel discussion moderated by Dr Gagandeep Kaur on the Government’s recent initiatives for achieving self sufficiency in blood and plasma products. The implementation of these guidelines was deliberated upon intensely between the transfusion medicine experts and the regulators. Finally, in addition to the invited talks and panel discussions we had a highly interactive session on Learning Transfusion Medicine through case presentations. There was a poster session too for the young specialists and postgraduate students and awards were presented to the three best posters. The CME was attended by 150 delegates from the region. The delegates expressed immense satisfaction and hoped for participation in more such CMEs in the future.

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External quality assessment scheme for hospital blood banks in Malawi



Daniel Ndhlovu
Quality Manager
Malawi Blood Transfusion Service

Introduction

External Quality Assessment (EQA) is an important part of the overall quality system that should be in place in any blood bank. There are many benefits for participating laboratories and for patients. EQA schemes can drive forward quality where quality systems are not in place and help awareness of quality issues and need for quality systems. A good EQA scheme will include a 'training' element aimed at addressing weakness identified by the Scheme.

Background

The Malawi Blood Transfusion Service (MBTS) collects and processes blood for all hospitals in Malawi. Hospital blood banks (HBBs) transport, store, crossmatch and issue blood from MBTS to patients. In 2007, MBTS initiated a national external quality assessment scheme (NQAS) for grouping and crossmatching as part of a wide strategy to improve transfusion practice in Malawi. The scheme was established with the help of a Technical Consultant from UK. The scheme is supported by the Ministry of Health and has designated the MBTS as reference Laboratory in Immunoheamatology. Training for hospital blood bank staff is a key activity in the strategy.

Activities

A HBB is enrolled in the NQAS after one of its staff members has attended a training course organized by MBTS. By the end of 2015, 18 exercises had been distributed and the number of HBBs enrolled had risen from 14 to 83. Each exercise consisted of 3 whole blood samples and one serum sample/plasma, prepared at MBTS Laboratories in Blantyre and distributed to HBBs by local courier service to arrive within 72 hours. At the initial stage of the program, one set of the samples was sent to MBTS Centre in Lilongwe and returned to Blantyre for testing on the closing date as one way of checking the quality of sample. The program distributes samples twice a year. HBBs that perform poorly are visited to offer technical support. Certificates of participation are issued to HBBs that participate fully each year. The MBTS keeps a small stock of blood grouping and crossmatch reagents which it sells to hospitals at a small fee in case they have run out of these reagents.

Results

With one exception the samples distributed were of good quality and survived the rigors of transportation. On average 100% of hospitals got the ABO and RhD typing correct while 78% of the hospitals got the correct crossmatch results in the last exercise distributed in 2015. The number of hospitals that perform the Indirect Antiglobulin Test (IAT) crossmatch has increased by 75%. All Public, Private and Christian Hospital Association of Malawi (CHAM) Hospitals are enrolled in the program. 56% of the HBBs were issued with certificate of participation in 2015.

Discussion

The overall performance of ABO & RhD typing was good. The ABO incompatibility was recognized by most participants. Other incompatibilities were missed as 25% of HBBs do not use IAT or have no reagents or suitable centrifuges. The program realized that improvements in practice could not occur if HBB staff are equipped with knowledge only, without the appropriate infrastructure and equipment. As such between 2007 and 2012 MBTS sourced and supplied participating hospitals with basic equipment and rehabilitated 18 HBBs.

Conclusion

The scheme can be considered a success. Although the results to date might, to some in countries with more developed services, seem poor; the aim of the national strategy of which the scheme is a part, is to improve transfusion practice. WHO Guidelines state that EQA schemes are essential for driving forward improvements and this relatively simple and inexpensive scheme is helping to do just that.

Recommendation

For BTSs with low incomes to establish this type of a program with support from their Ministries of Health as a tool to monitor transfusion practices.

2016

July 13 - 15, 2016
2nd European Conference on Donor Health and Management 2016
Cambridge, UK
www.ecdhm.org

21 - 24 September, 2016
15th International Congress on Antiphospholipid Antibodies
Istanbul, Turkey
www.apsistanbul2016.org

October 22 – 25, 2016
AABB Annual Meeting
Orlando, USA
www.aabb.org

03 - 08 September, 2016
34th International Congress of the ISBT
Dubai, United Arab Emirates
www.isbtweb.org/dubai

October 20 – 22, 2016
3rd Congress on Controversies in Thrombosis and Hemostasis (CiTH)
Moscow, Russia
<http://congressmed.com/cith>

October 28 – 30, 2016
21st Annual Congress of Asia Pacific Blood and Marrow Transplantation Group 2016 (APBMT 2016)
Singapore, Singapore
www.apbmt2016.org

2017

17 - 21 June, 2017
27th Regional Congress of the ISBT
Copenhagen, Denmark

25 - 28 November, 2017
28th Regional Congress of the ISBT
Guangzhou, People's Republic of China

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- ◆ 2005 chikungunya (CHIKV) epidemic on Ile de La Réunion, France¹
- ◆ 2014 CHIKV and dengue (DENV) outbreaks in the Caribbean region²
- ◆ 2016 Zika (ZIKV) outbreak in Puerto Rico³
- ◆ 2016 WHO⁴ and US FDA guidances⁵ offer pathogen reduction as one option to mitigate risks related to ZIKV outbreaks

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