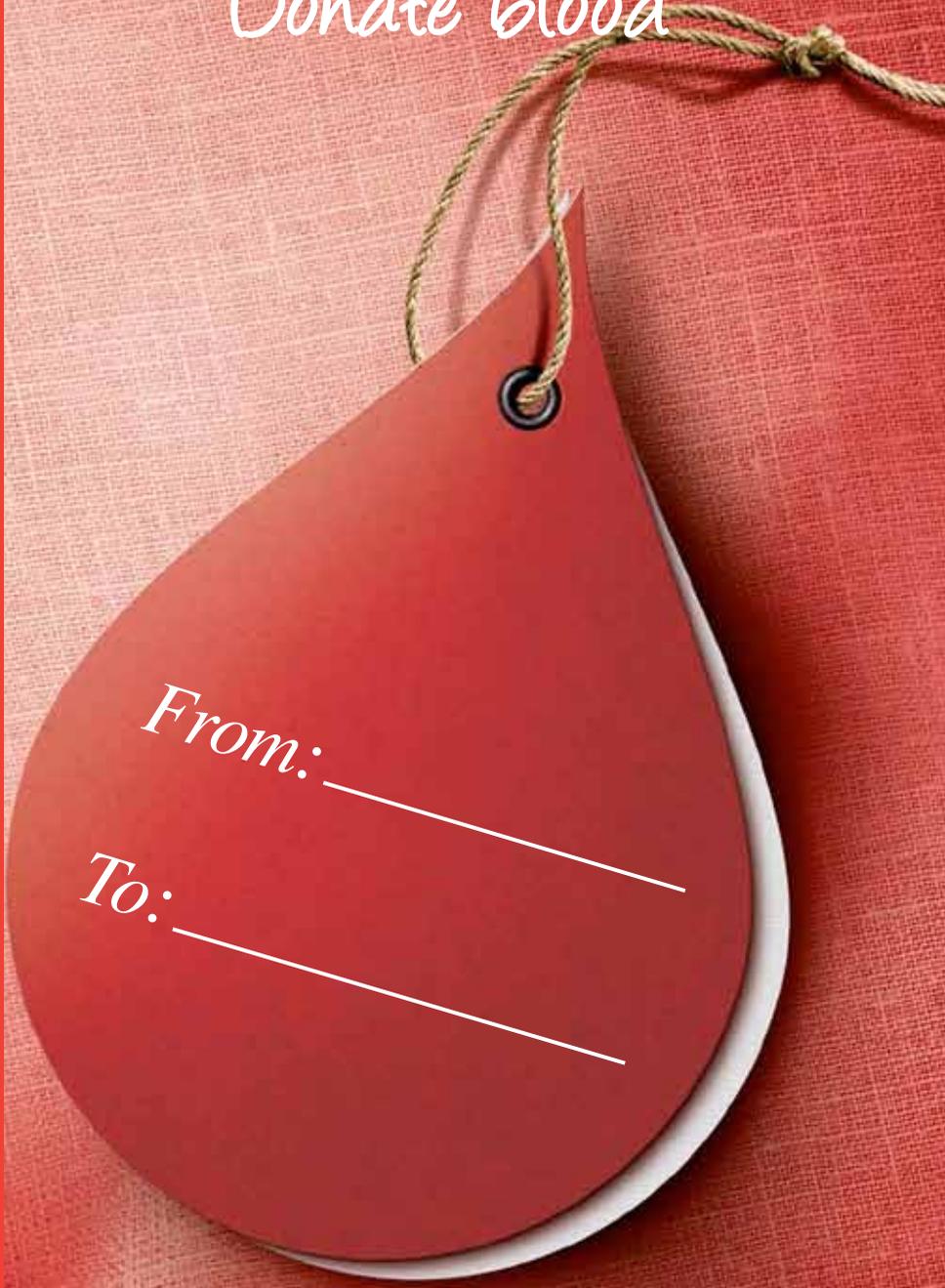


Give the gift of life
Donate blood



World Blood Donor Day
June 14, 2014

TRANSFUSION TODAY

Transfusion Today | Number 95, June 2013

ISBT



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Judith Chapman

Editorial Transfusion Today

World Blood Donor Day (WBDD) is celebrated globally on June 14 every year. The annual celebration aims to create awareness of the need for safe blood for transfusion and to highlight the importance of blood donation. It is also a day to celebrate and thank those people across the globe who donate their blood voluntarily. ISBT is proud to be one of the founding organisations of WBDD.

The 10th anniversary of WBDD will be celebrated this year. The focus of this year's campaign is blood donation is a gift that saves lives.

This June issue of Transfusion Today has blood donation as the theme of the focus section. We have articles covering many different aspects of blood donation from the groups of pharmacy students who each year run a vampire cup to an article on the challenges of voluntary donation in Peru. Many countries are fortunate to have a 100% voluntary unremunerated blood donation system in place but some countries struggle to find support to operate such a system or to find enough donors.

We are keen to hear what you did to support WBDD 2013. Send us a message on our Facebook page or send us photos of your activities and we will include them in the September issue of Transfusion Today.

Anne Eder
Executive Medical Officer, American Red Cross

Whitney Steele
Research Scientist, American Red Cross



Anne Eder

Iron-clad advice for Blood Donors

Some blood donors may feel like superheroes – even like Marvel’s invincible Iron Man – but very few realise the extent to which whole blood donation or double (2-unit) red cell collection can deplete their iron levels and possibly result in iron deficiency and anaemia. While regulations governing haemoglobin standards and minimum donation intervals vary by country, they are intended to prevent significant anaemia with blood donation. The problem arises because haemoglobin is a poor indication of a person’s iron status. Blood donors can meet the haemoglobin requirement, but still have low iron stores. The common misconception that blood centres routinely screen for iron results in a false sense of confidence among donors who pass their haemoglobin screen and believe that their iron levels are fine. However, research studies have clearly shown that many blood donors – both men and women – are iron deficient.



Iron Man

supplements. A follow-up survey will be undertaken in a year to assess whether the educational campaign has improved the level of knowledge or increased the use of iron supplements among frequent blood donors. In addition, the feedback from the survey may identify the need to modify the educational messages. The American

Red Cross’ approach is only one of many ways that blood centres are working to address this problem. Careful evaluation of all the current efforts will be necessary in order for blood centres to achieve the ultimate goal of preventing iron deficiency after blood donation.

While blood centres have known about the issue for years and some have taken various steps to mitigate the problem, little progress has been made to identify the most effective and feasible approach to prevent iron deficiency among blood donors in a large blood system. The American Red Cross screens about 7 million prospective blood donors each year in its 36 regional blood centres in the United States. In early 2013, the American Red Cross launched an educational campaign to address the problem of iron loss with blood donation, and now provides specific advice for frequent blood donors about the possible need for iron replacement. The new information is delivered in written instructions after every blood donation and in detailed advice about iron and blood donation on the website (www.redcrossblood.org/iron) (Figure 1). Frequent blood donors are now advised to take an over-the-counter multivitamin with iron or an iron

supplement in a regimen intended to replace the amount iron lost with blood donation. It is important to note that these new recommendations do not change the allowable frequency of blood donation or haemoglobin acceptance criteria. Moreover, they do not attempt to provide individual medical advice to donors. By focusing on frequent blood donors, the strategy aims to maintain donors’ health by educating them about iron replacement after blood donation. This preventive approach also minimises the potential risk of masking cancer-related occult blood loss or worsening unrecognised hemochromatosis.

Future measures to prevent iron deficiency after blood donation will largely be influenced by the results of ongoing studies. Before releasing the new educational material, we conducted a survey of over 6,000 active donors to determine what they knew about iron and the extent to which they already use iron

Figure 1: Advice for Blood Donors:

Maintaining Your Iron Level After Blood Donation

Donating a unit of whole blood or double red cells (2-units) removes iron from your body. You need iron to make new red blood cells. Low iron levels may cause anemia or make it worse. All blood donors should learn more about iron and blood donation at www.redcrossblood.org/iron and follow this advice:

- Eat a healthy, balanced diet containing iron-rich foods.
 - Some iron-rich foods are meat, fish, seafood, cereals fortified with iron, beans, tofu, and fresh spinach.
- Take a multivitamin with iron in it or an iron supplement to replace the iron lost with blood donation if you are:
 - A woman 16- to 50-years-old who donates 2 or more units a year
 - A woman older than 50 who donates 3 or more units a year
 - A man who donates 3 or more units a year
- Discuss your iron level, how much you donate blood, and if you need to take an iron supplement with your doctor.



Hager Ben Mosbah
IPSF Chairperson of Public Health

Vampire Cup

The International Pharmaceutical Students' Federation (IPSF) was founded in 1949 and it now represents approximately 270,000 pharmacy students and recent graduates in 70 countries worldwide. IPSF is the leading international advocacy organisation for pharmacy students promoting improved public health through provision of information, education, networking, and a range of publications and professional activities, focusing on public health, pharmacy education and professional development. Initiatives include, among others, different public health campaigns, like the Vampire Cup. This event has many aims, including, raising awareness about blood donations, improving the current bloodstocks in individual countries and SAVING LIVES !



Student dressed up as a vampire

How it began

The Vampire Cup is a worldwide competition that was launched in 2010 and it involves pharmacy students from different countries worldwide. It was first organised by the National Australian Pharmaceutical Students' Association (NAPSA) in 2006-2007 and it was quickly noticed by other member associations of IPSF. Matching our federation's goals and vision, it was then adopted in 2011 as a global project.

How it works?

Associations organise blood donation activities with the help of their local blood bank or blood donation organisation, and encourage students and general public to make donations. The funky name Vampire Cup gets students dressing up as vampires, which creates a fun environment that actually increases the number of donations.

The winner of the competition of the association that has collected the highest number of blood units during their campaign are awarded the Vampire Cup.

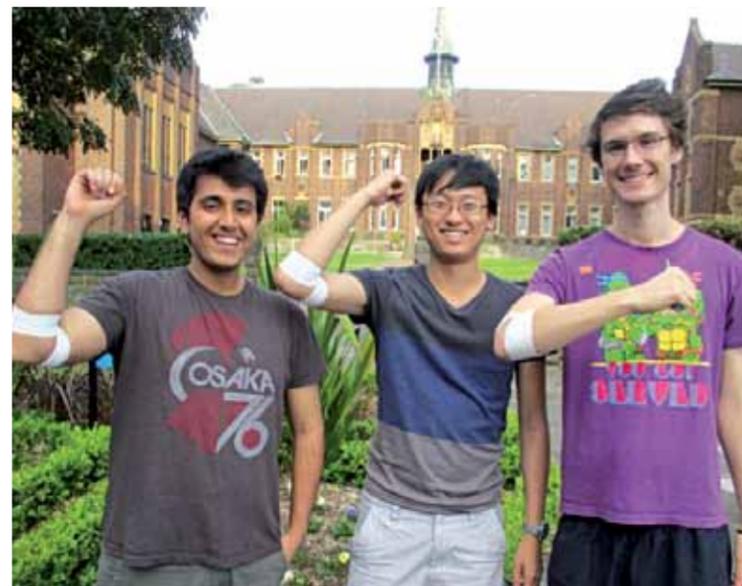
Vampire Cup Live

Last year, a new version of the competition was launched in celebration of the World Blood Donor Day on June 14 - the Vampire Cup Live. Four member associations from Algeria, Tunisia, Jordan and

Serbia conducted their own campaign at the same time for 5 successive days and the scores were updated live, on an online platform. In total, 1400 units of bloods were collected.

As pharmacy students, we have the knowledge of the simple act of blood donation in saving lives. By promoting and sharing this knowledge we can help others to save lives too! You see, it is our objective to increase not only quantity in blood donation, but also quality in blood transfusion.

Being pharmacy students and the pharmacists of tomorrow, healthcare professionals that should have a strong role in public health, we believe that education on and practise of standards of blood transfusion is a must when trying to achieve a donation campaign that is not only sufficient, but also safe and ethical.



Just donated blood



Peter van den Burg
Sanquin Blood Supply
Netherlands Association for Donor Medicine



Wim de Kort
Sanquin Blood Supply
DOMAINE

Donor Health Care and Education

Donors deserve it!

Recruitment and assessment of blood donors started in hospitals. At that time donors were often seen from a 'clinical point of view'. However, in the last century blood banking has made a significant development. With the rise of hepatitis and later AIDS it was necessary to change the scope of donor assessments. Therefore a new dimension was added to the medical called 'evaluation of risk factors for blood borne infectious disease'. This was a major change as the evaluation of risk factors was not common and resulted in public discussions and commotion. Since then, donors have been seen not only from a 'clinical point of view' but also from a 'public health point of view' with a focus on risk behaviour and epidemiological analysis of these risks. Blood donors are mostly not deferred because of medical reasons but because of increased risks for infectious diseases. Even the most common deferral reason, 'low haemoglobin', is not really medical. Donors are rarely anaemic and mostly it is just the haemoglobin level that is too low to donate, without medical consequences.

Besides the 'public health point of view' that characterises blood establishments, a second development took place at the end of the previous century. Next to the regular blood donations also donations of specific cells such as stem cell, granulocytes or leucocytes took place. Initially, most donors of these specific cells were assessed by the physician who also treated the patients. This presented a potential conflict of interest and may not be in favour of the protection of the donor. Nowadays, it is more common that an independent physician assesses the donor, as stated in the JACIE guidelines.

The assessment of donors has grown over the last decades to a specialised and dedicated task and requires specific competences.

Currently there are not enough training programmes give the opportunity to develop the specific skills needed. Often blood establishments or branch organisations such as the

ISBT and the AABB offer training programmes where these competences can be developed.

The ISBT offers workshops relevant to Donor Health Care and Education within the ISBT Academy. Also the Working Party on Donors and Donation provide relevant information to help develop these specific competences. Over time, Donor Health Care and Education has evolved from a side line to a profession. This development is not only appreciated by donors, physicians and nurses but also by the public.

Donors who have contracted an HIV infection should not only be informed, but they deserve respectful professional counselling and care, proper knowledge and clear communication. Thus Donor Health Care is not just a task, it is a profession.

It is time to give Donor Health Care and Education the place it deserves. The profession receives separate attention in journals, during congresses and working parties. The Netherlands Association for Donor Health Care has requested a formal recognition of Donor Health Care. Most likely the speciality Donor Health Care will be formalised by January 1, 2014.

Blood donations are essential for patient care and also public health care (preventive immunoglobulin). Blood donors are often healthy; they donate altruistically and should be optimally protected and informed. Donor professionals, physicians and nurses have a serious profession and should be trained in all the necessary competences including e.g.: epidemiology and communication skills.

Donor Health Care and Education
Our voluntary donors deserve this profession in the first place! Our professionals working in donor care also deserve Donor Health Care training to be fit for the job. A professional curriculum Donor Health Care will secure optimal donor care and dedicated training of professionals for the future.



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

Blood Donor Retention and Donation Safety in Hong Kong

The voluntary non-remunerated blood programme in Hong Kong started as a volunteer service in 1952. In the first year, a meagre 483 donors were recruited, all except two were expatriates. Traditionally, it was a Chinese taboo not to give blood for fear of harming the body. Therefore, the early work to recruit blood donors from among the local community was challenging. Nevertheless, with the perseverance of the Hong Kong Red Cross Blood Transfusion Service, the number of local blood donors recruited and donations collected has been increasing annually and, for many years, Hong Kong has been self-sufficient in all clinical blood components. In 2012, a total of 172,806 blood donors and 244,594 donations were recorded.



A 500th times donor receiving award at the Annual Donor Award Ceremony

Blood Donor Retention

Our success in building up the donor pool hinges upon effective donor recruitment and retention. Appreciating that the safest blood donations come from repeat donors, our efforts to encourage repeat donation start with recruitment and the first donation. Our aim is to ensure that every donor has a satisfying

experience during each donation. The key elements of our approach are:

- Enhancing blood donation experience:
 - Clear communication and donor information
 - Competent staff with appropriate attitude
 - Convenient location and opening hours of blood donation venues
 - Comfortable blood donation environment
 - Well-designed donation process with privacy protection, minimal waiting time and sufficient post-donation resting
 - Effective management of adverse donor reactions and complaints
 - Appropriate donor counselling including notification of abnormal test results
- Appreciating blood donors:
 - Invite patients to meet donors to reaffirm the importance of blood in saving lives
 - Organise World Blood Donor Day activities to publicly appreciate donors
 - Organise Donor Award Ceremony to recognise multiple-times donors
 - Present special souvenir to regular blood donors
- Maintaining communication with blood donors:
 - Blood Donor Newsletter
 - Birthday card
 - Electronic communications, including social media
 - Social gatherings e.g. tea party

Blood Donation Safety

We consider protecting the safety of donors against blood donation related adverse reactions our primary responsibility and consider it an important donor retention strategy. Recently, we focused on two frequently encountered adverse blood donation reactions, namely vasovagal reaction and iron depletion.

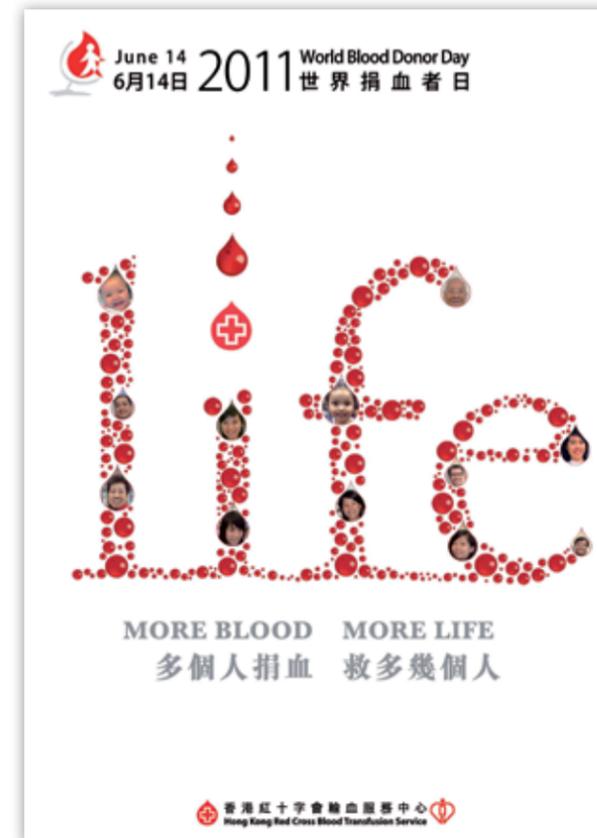
In 2012, vasovagal reactions were reported in 1.48 % of donations. It is more frequently seen in young, first-time or female donors, and has a negative impact on donor return. To minimise its occurrence and severity, we implemented the following:

- Educating donors in:
 - potential risks of vasovagal reaction;
 - benefit of fluid intake and adequate rest before and after giving blood.
- Training staff in:
 - detecting donors who may be at risk;
 - engaging donors in conversation to distract their attention and alleviate their anxiety;
 - recognising and managing the reaction as early as possible.

- Assigning more staff to school drives where the ratios of first time and young donors are higher.

Iron deficiency is the commonest side effect of repeat blood donation. We found that iron depletion was associated with number of blood donations and it was not uncommon even among blood donors whose pre-donation haemoglobin is acceptable for blood donation. To protect donors against iron depletion and to maintain a healthy donor pool, in addition to regular monitoring of donors' haemoglobin and serum ferritin levels, we distribute a pamphlet to encourage donors to take more iron-rich food and give iron supplement tablets routinely to those who repeat blood donation within six months.

By putting donors' safety first, we believe our donors will be more satisfied with our services and become regular donors.



2011 World Blood Donor Day Poster

| Classification | Number |
|---------------------------------------|------------|
| Air embolism | 1 |
| Haematoma | 1852 |
| Delayed bleeding | 47 |
| Painful arm | 33 |
| Nerve irritation | 12 |
| Nerve injury | 6 |
| VVR: Immediate | 3230 |
| VVR: Immediate with injury | 5 |
| VVR: Delayed | 366 |
| VVR: Delayed with injury | 7 |
| Others | 8 |
| Total no. of incident (% of donation) | 5567(2.3%) |

2012 Donor Vigilance Data



Nephi Arthur
Marketing Coordinator New Zealand
Blood Service

Marketing programmes for youth donors at New Zealand Blood Service

The New Zealand Blood Service has a defined strategy to encourage today's youth to become tomorrow's active donors. Through promoting the habit of regular blood donation at an early age we are collectively ensuring the sustainability of the donor population and the blood supply for people in need throughout the years to come.



Mobile App

A number of initiatives to help reach our younger donors include:

- **Mobile app** - available for Android and iPhones. This app allows people to look up their closest donor centre or mobile blood drive, book an appointment, track their donation history, and update their details.
- **Facebook** - with social media being the communication mode of choice for this demographic it allows the viral spread of information about blood donation to happen easily, and encouraging others to join in. We post our tertiary mobile blood drives, general information posts about blood types, stock levels, upcoming events, sharing of recipient stories, donor stories. This helps us engage with our donors and get dialogue between donors discussing experiences, questions, feedback, stories etcetera.
- **Tertiary toolkits** - specific marketing toolkit to be used by the recruitment teams to target our tertiary students market. It is filled with ideas and resources to be used by the donor recruiters and volunteer teams to help increase awareness around the tertiary campuses.

“The youth donor market is of high importance to New Zealand Blood service to ensure we meet our weekly collection requirements and that we ensure the future of blood donation in New Zealand.”



- **Educational resources** - free downloadable from our website www.nzblood.co.nz/education and aligned with the New Zealand curriculum for years 9-13 to teach students about sustainability, blood and the importance of blood donors. It includes resource links to over 50 websites, digital texts with teaching notes, graphic organisers.

The programme allows students to gain credits for towards secondary school qualifications in social sciences and sciences.

- **Secondary schools** - two separate secondary school videos are played in classrooms, assemblies and other school meetings. These videos promote information for pre-donation to engage and encourage peer recruitment of young donors. The video includes interviews from students and the reasons why they donate. They explain the process in a visual form and include other important facts that people should know prior to donating and what to do after e.g. eligibility criteria, ID, drinking and eating and sports.
- **Secondary school branding** - research showed that materials that work for university students will not necessarily work in secondary schools and vice versa. As a result we provide unique marketing materials for secondary school donors to appeal and engage this target audience. The materials facilitate the uptake of information we need them to take away with them both pre-donation and post-donation.

The youth donor market is of high importance to New Zealand Blood service to ensure we meet our weekly collection requirements and that we ensure the future of blood donation in New Zealand. It is for these reasons that we commit the many resources outlined in this paper to this group of donors.

Recruiting donor carers who can care for blood donors



Shane White
HR Business Partner
Project Lead for Donor Carer Revised Assessment Process

The ability to employ donor care staff who have the right skills and behaviours to provide excellent customer care is a key strategic objective for the NHS Blood and Transplant (NHSBT) Blood Supply team. NHSBT has developed a strategy to achieve this by adopting an attitudinal, competency, and experiential based recruitment and assessment process for Donor Care staff.

NHSBT regularly reviews data relating to its workforce and from analysis of this data it became apparent that prior to 2011 we experienced high staff turnover amongst our Donor Care staff with rates recorded at 19% compared to rates of 10 – 11% across all NHSBT staff groups. The majority of the Donor Carer turnover occurred within the first year. Such a high level of turnover was having a detrimental effect on both donor experience and overall operational performance. The reasons for our high staff turnover led us to believe that we needed to be much better able to predict candidates ability to cope with the clinical environment of a blood donor session, be trained in complex skills like Venepuncture and target recruits that have an aptitude for delivering excellent customer service. As a result, we redesigned our recruitment process with the aim of improving the effectiveness and accuracy of our recruitment practice thus improving the retention of donor carers.

As a first step we defined and updated the core role requirements with staff representatives which included for the first time behavioural and attitude competencies in addition to qualifications and experience.

We introduced a multi-stage, multi-modal assessment process with assessments designed to include:-

Stage One - Competency Based Application

Stage Two - Mandatory and observed session visit - including experiencing the 'working day' and interaction with team staff and donors

Stage Three - Assessment Centre - to include the following tests

- Core basic literacy, numeracy and IT skills assessments using laptop based core job activities
- Customer service skills assessment
- Venepuncture on a 'dummy arm' to test manual dexterity and ability to be trained to the required standard.
- Final Interview

The process was designed, piloted, evaluated and refined prior to full adoption as the standard process for recruiting Donor Carers in March 2012.

Since March 2012, 610 candidates have attended a session visit. Following the visit 109 candidates withdrew from the process realising the role was not for them. The session visit has proved to be pivotal in helping candidates understand the job. Stephanie Harper, a Donor Carer appointed via the process, said " I felt the session visit was of great value. It was good to be able to chat to donors, watch Venepuncture close up and have the opportunity for questions. This allowed me to make an informed choice [about applying]".

Candidates must attend a session visit before they can be invited to the final assessment centre. So far we have run 65 Assessment Centres processing 464 candidates. To date 1 in 4 candidates fail to demonstrate the skills required for the job and are not invited to the final interview.

Since March 2012 we have recruited 126 donor care staff through the new process. James Lapworth, an Area Operational Manager, reflects the feedback from managers "I have now run 4 assessment centres and have found them to be very good. I believe that the staff we are recruiting are now better prepared for the role and seem | to be of a higher calibre".

The key measure of the success of the new process is that turnover has reduced to 7% since the introduction of the new process, down from 19%. This has significantly reduced our recruitment and training costs. A knock on impact has been a reduction in our post appointment training from 8 weeks to 6 weeks.

Clare Knighton, Head of Education and Training, said "changing the way we recruit has involved a lot of people. I am delighted with the results we have achieved, it really has been a win/win situation for potential employees and for our service".

For further information on our project please contact Shane White, HR Business Partner on Shane.White@nhsbt.nhs.uk or Clare Knighton on Clare.Knighton@nhsbt.nhs.uk



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Peter Flanagan

World Blood Donor Day (WBDD) will be celebrated on June 14th with the global official launch and celebration in Paris, France. WBDD was established in 2004 and provides an annual opportunity to promote voluntary non-remunerated blood donation and to thank the many millions of donors across the world for their life saving gift of blood. ISBT was a founding partner of WBDD and we continue to support the event.

The Code of Ethics was first published in 1980. The stimulus to develop the Code was World Health Assembly Resolution 28.72 in May 1975. This urged member states to develop national blood services based on the principle of voluntary non-remunerated blood donation. The Code of Ethics aimed to define the ethical principles and rules to be observed in the field of transfusion medicine. It has largely stood the test of time and despite being revised in 2000 the overall content has remained largely unchanged for over 30 years. Members of the ISBT Board are required to commit to abide by the Code as part of the Code of Conduct. The Code of Ethics has been endorsed by a range of organisations including WHO, the League of Red Cross Societies and the International Federation of Blood Donor Organizations (FIODS).

The Code of Ethics provides a useful framework for the Board to assess initiatives in the field relating to blood and blood donation. Two recent initiatives are of note. Firstly the Dublin Consensus statements developed by PLUS (a coalition of patient organisations whose members are dependent on products manufactured from plasma) and more recently the application by AABB for whole blood and red cells to be included on the WHO list of essential medicines. In both instances support from ISBT was qualified by potential concerns relating to the Code of Ethics.

The principles outlined in the Code of Ethics are by no means universally accepted. In particular the Plasma Protein Therapeutics Association (PPTA) continues to promote the importance of commercial plasmapheresis as a means to meet global needs for fractionated plasma products. Indeed the issues that prompted the development of the Code of Ethics back in 1975 remain largely unchanged today. In this context

the Code might be seen as aspirational in nature in that it sets out what we believe should be in place. This does not in any way undermine the importance of the Code.

It is important that the Code remains current and relevant. Professor Bob Beal identified this when introducing the revised Code of Ethics in 1980. He also indicated a belief that regular review will be essential and that we should not wait a further 20 years before producing a further revision. WHA resolution 63.12, published in 2010, urges member states to *'take all the necessary steps to establish, implement and support nationally-coordinated, efficiently-managed and sustainable blood and plasma programmes according to the availability of resources, with the aim of achieving self-sufficiency, unless special circumstances preclude it'*. The theme of WBDD in 2013 will reinforce this goal. I believe that these recent developments indicate that this is an ideal time to initiate a further revision of the Code of Ethics to ensure it remains appropriate and in doing so to increase awareness of its importance to all members of the transfusion community. A proposal for this will be made to the ISBT Board at our meeting in Amsterdam on 31st May 2013.

Peter Flanagan
ISBT President

Welcome to our new members

(Feb 2013 - Apr 2013)

Africa

- **ALGERIA:** Mahdi Adlene Benmammar
- **BURKINA FASO:** Salam Sawadogo
- **EGYPT:** Marwa Youssef
- **MALAWI:** Stephen Njolomole
- **NIGERIA:** Benjamin Eledo, Sarah John-olabode, Adebola Olu-Taiwo
- **SOUTH AFRICA:** Thea Van den Heever, Thapelo Mokoena, Kuben Vather
- **SUDAN:** Mohammed Ibrahim, Areej Abdalla Khalfalla Fadlalla
- **ZIMBABWE:** Nyashadzaishe Mafirakureva

Americas

- **ARGENTINA:** Maria Laura Punzi
- **BRAZIL:** Fernanda Azevedo Silva, Fernando Basques, Guilherme Genovez, Silvia Guedes, Flavia Latini, Ricardo Omoto, Maria Angela Ottoboni
- **CANADA:** Nancy Angus, Balkar Gill, Katherine Serrano
- **GUATEMALA:** Karla Lanz, Ariel Pérez Minera
- **USA:** Camille van Buskirk, Vera Chrebtow, Stephen Eason, Eldad Hod, Michael Jacobs, Jonathan Moreira, Sudhanshu Mulay, Navin Parajuli, Balwant Patel, Richard Pinkowitz, Brian Poirier, Michael Tarasev, Barbee Whitaker, Phillip Williamson, Ding Wen Wu

Eastern Mediterranean

- **IRAN:** Fahimeh Khoshnaghsh
- **PAKISTAN:** Muhammad Sakhawat
- **SAUDI ARABIA:** Lobna Abu-zaid, Sahar EL-Wakil
- **UNITED ARAB EMIRATES:** Ali Alameen, Linda McAuliffe
- **YEMEN:** Suaad Mughalles

Europe

- **ARMENIA:** Yervand Hakobyan
- **BELGIUM:** Stéphane Baurin, Barbara Cauwelier, Leen Van Heddegem,

Jan Moerman, Chris van Sebreeck, Anne Vanhonsbrouck

- **CZECH REPUBLIC:** Sarka Blahutova, David Viochna
- **DENMARK:** Mette Andersen, Mads Windel Christensen, Karen Dyeremose, Charlotte Lynge Elholm, Anders Hansen, Birthe Hansen, Lene Holm Harritshoej, Bente Jacobsen, Karen Leidesdorff Madsen, Charlotte Nielsen Agergaard, Annette Nordberg, Michelle Ogden, Lis Paulsen, Lene Petersen, Erik Soerensen, Andreas Stribolt Rigas, Hans Aage Vollert, Per Wantzin
- **FINLAND:** Vesa Kirjavainen, Elina Nivala-Vanhainen, Outi Vilamo
- **FRANCE:** Gérald Bertrand, Nadine Lambert, Guy Rautmann, Anne Sailliol, Chrystlain Sumian, Pierre Tiberghien
- **GERMANY:** Stela Radojska, Jürgen Ringwald, Garnet Suck, Torsten Tonn, Ortwin Walla, Christof Weinstock
- **IRELAND:** Fabian Mc Grath, Jacqueline Sweeney
- **ISRAEL:** Eldad Dann
- **ITALY:** Ferdinando Annarumma, Stefano Ceccarelli, Sebastiano Costanzo, Giuseppina Facco, Loredana Focardi, Grazia Gentilini, Walter Geremicca, Daniela Inverardi, Giancarlo Liumbardo, Silvia Manfroi, Claudio Napoli, Cosimo Nocera, Marcello D'Onofrio, Francesca Quinto, Sergio Rutella, Raffaella Santini
- **LITHUANIA:** Marijus Kasteckas
- **NETHERLANDS:** Michele Cirella, Thijs van de Laar, Rianne Lieshout-Krikke, Pamela McLaughlin, Lizzy van Pampus, Anno Saris, Joep Sins, Jan Waas
- **NORWAY:** Fadi Elhage, Bjorn Skogen, Tatjana Sundic
- **PORTUGAL:** Jorge Condeço, Ana Spinola
- **RUSSIA:** Irina Pashkova, Khadzhat Tankava
- **SWITZERLAND:** Laura Infanti John

- **UNITED KINGDOM:** Paula Bolton-Maggs, Anthony Culverwell, Richard Lambert, Piyush Mahapatra, Lionel Mohabir, Liane Simons

South East Asia

- **INDIA:** Daljit Kaur Bains, Mohammed Abdul Bari Siddiqui, Ravi Dara, Richa Gupta, Neelesh Jain, Rekha Hans, Urvershi Kotwal, Sangeeta Pathak, Gopal Patidar, Ravindra Pratap Singh, Ajay Praveen, Deepti Sachan, Suchet Sachdev, Ripal Shaha, Sangeeta Pahuja Sindhvani, Rajeshkumar Sonani, Tanvi Sood, Divjot Singh Lamba, Rahul Vasudev
- **INDONESIA:** Rachmawati Muhiddin, Pupu Puspita, Zelly Dia Rofinda

Western Pacific

- **AUSTRALIA:** Barbara Bell, Liza Cabuang, Edward Chew, Stephen Fitzpatrick, Philip Kiely, Glenda Mann, Zoe McQuilten, Sally Thomas, Margaret Veale
- **CHINA:** Zhiyin Gong, Zukang Gong, Liao Hongwen, Hengcong Li, Lilan Li, Li Lixi, Wei-Dong Shen, Yang Yu, Guoguang Wu
- **JAPAN:** Hiromi Nirasawa, Yoshiki Tanaka
- **MALAYSIA:** Afifah Hassan, Shahnaz Irwani Sabri, Tsuey Peng Lam
- **NEW ZEALAND:** Fiona Whyte
- **PHILIPPINES:** Pricila Ledesma
- **SOUTH KOREA:** Yousun Chung, Jae-Hyun Kim, Hwansub Lim, Ji Young Park, Geon-Sik Shin, Jae-Ho Wi
- **TAIWAN:** Cs Hung, Chi-Ling Lin, Shun-Chung Pai, Shin-Yi Tsai, Joanne Wang, Hsuan-Hui Wang, Ching-Chuan Yeh



Geoff Daniels

Amsterdam

The 23rd ISBT Regional Congress will take place in June, in Amsterdam. This historic city is famous for its canals, the Concertgebouw Orchestra, coffee shops, tulips, the red light district, and of course for art. Rembrandt van Rijn, Vincent van Gogh, and Johannes Vermeer are just three of the numerous celebrated Dutch artists whose work is displayed in Amsterdam. The magnificent Rijksmuseum has recently reopened after being closed for renovation for 10 years and, as before, Rembrandt's iconic masterpiece, the Night Watch takes pride of place. Amsterdam is also home to the ISBT. The ISBT office has been located in Amsterdam since the 2000s and was finally housed in its own premises last year. The city of Amsterdam has a record for research into transfusion science that is second to none, so Amsterdam is a great city to host a congress on blood transfusion. I look forward to seeing you there.

ISBT Foundation

Around 2003, the ISBT Secretary General (Paul Strengers) and Treasurer (Geoff Lane) investigated whether there was any way the Society could avoid paying taxes to the Dutch tax authorities on any surplus income raised. Following advice from the tax authorities, the mechanism they came up with was to establish a foundation, to which surplus income could be transferred and then used to support the aims of the Society. In addition to receiving donations from the ISBT, an objective of the Foundation was to raise funds from industry.

In 2006 The ISBT Foundation was established with Paul Holland, an ISBT past-president, as Chair of the Foundation Board. The primary aims of the Foundation are to further knowledge and education on health care, in particular blood transfusion medicine and transfusion science, blood banking, and related disciplines, and to support projects in those fields. In order to ensure that the money was allocated wisely to various projects, an advisory committee was appointed. Over the period 2006 to 2010, 18 grants were awarded, supported predominantly from donations made by the ISBT.

In 2011, Leo McCarthy, who was then the chair of the Foundation Board, retired from that position and the Foundation, which had very little capital, fell dormant.

Recently the ISBT Board decided it was time to revitalise the Foundation. The Dutch tax authorities confirmed the financial

benefits of the Society supporting such a Foundation and confirmed that the ISBT Board would be permitted to have a majority membership of the Foundation Board. Consequently, the ISBT Foundation has been reconstituted, with a new Foundation Board, consisting of Geoff Daniels (ISBT Secretary General), Steve Morgan (ISBT Treasurer), Roger Dodd (ISBT Vice-President), and Ravi Reddy and Martin Gorham (ISBT members). It will meet for the first time during the Amsterdam Congress.

The focus of the Foundation will be to provide funding for education in transfusion-related fields, especially in the developing world. The rules of the Foundation state that it must have an Advisory Committee, appointed by the ISBT Board. This Advisory Committee will represent the Standing Committee of the ISBT Academy, which is responsible for governing the activities of the Academy and, therefore, the educational activities of the ISBT. The ISBT Foundation will benefit ISBT members by providing revenue for education that otherwise would have been lost in taxation.

Geoff Daniels
Secretary General

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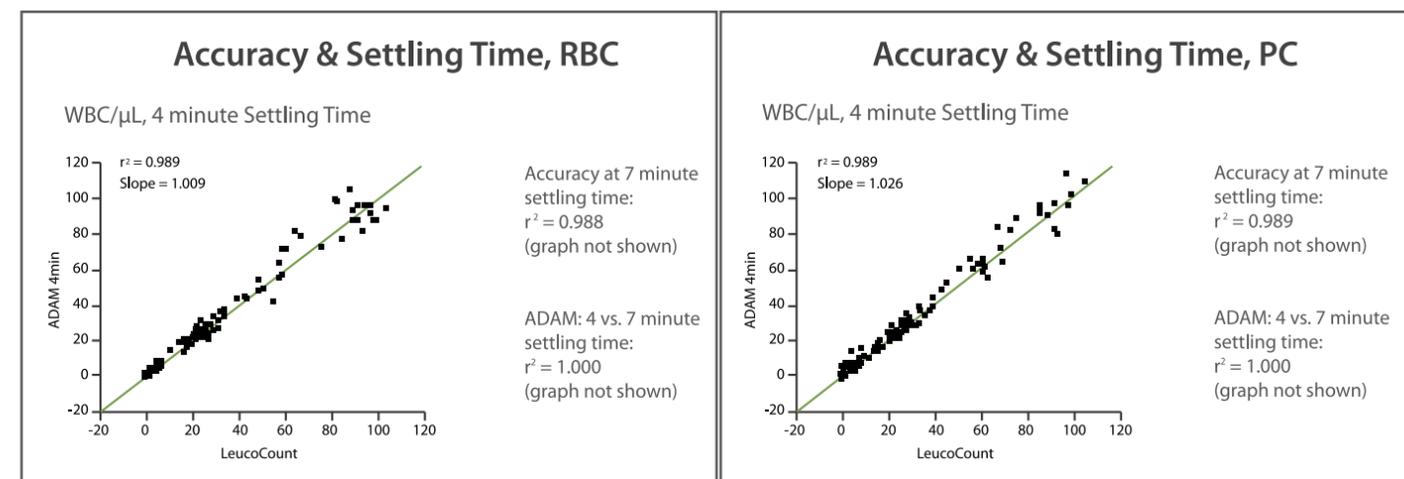
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ISBT KUALA LUMPUR 2013

December 1 - 4, 2013
www.isbtweb.org/malaysia

“ I am delighted to welcome you to the 24th Regional Congress of the ISBT in Kuala Lumpur (KL), Malaysia. KL is a vibrant, busy and modern Asian city comprising a melting pot of cultures with Malay, Chinese and Indian influences combining to provide a great travel and culinary experience.

This will be the first time that ISBT has held a congress in Malaysia. KL is well connected to Asia and the wider world and the congress will provide a unique environment to meet colleagues from around the world, to exchange experiences and most importantly to create memories that will help change the way we think about and practice modern transfusion.”

Peter Flanagan
ISBT President

From ISBT Central Office

Kuala Lumpur

From the congress president

“This is the first time that the ISBT Congress has come to Malaysia and the Malaysian Blood Transfusion Society as the host welcomes you to Kuala Lumpur. The organising committee has prepared a programme that will be of interest to everyone working in this area of medicine, be it in blood establishment, hospital, laboratory or at the patient’s bedside. It will focus on practical, technical, scientific, research and clinical aspect of Transfusion Medicine. Internationally renowned speakers will be invited to participate and speak on their areas of expertise.

The congress will be held at the Kuala Lumpur Convention Centre, a state of the art venue, in the heart of the city within walking distance to numerous hotels. The congress will also give you the opportunity for you to sample our Malaysian food, culture and hospitality”.

Dato’ Yasmin Ayob
Congress President

Congress Venue

Kuala Lumpur Convention Centre
Jalan Ampang 50088 Kuala Lumpur,
Federal Territory of Kuala Lumpur, Malaysia
www.klccconventioncentre.com/

Website

Up to date information regarding the congress programme and information on abstract submission and registration is available on the congress website www.isbtweb.org/malaysia.

Registration

To register for the 24th Regional Congress of the ISBT, Kuala Lumpur please visit the congress website www.isbtweb.org/malaysia.

Reduced price registration is available for ISBT and Malaysian Society of Blood Transfusion members

Harold Gunson Fellowships

A limited number of Fellowships will be available for delegates. Applicants should:

- be 40 years or younger;
- live in a low or medium development index country; according to the UNDP list
- be the first author of an abstract which has been accepted for the scientific programme
- should not have received an ISBT fellowship twice before

The closing date for applications is August 4, 2014

Key Dates

Deadline for Abstract Submission: August 4, 2013

Information about Abstract allocation: September, 2013

Deadline Early registration fee: October 6, 2013

Closing online registration: November 11, 2013 Congress

Dates: December 1 - 4, 2013

Hotels

A number of rooms in option have been taken for the congress. Many of the hotels are within walking distance of the convention centre. Please visit the congress website for hotel bookings.

Scientific programme

The deadline for submission of abstracts is August 4, 2013. Details of the scientific programme will be online in June and can be found on the congress website

www.isbtweb.org/malaysia

Programme highlights include

ISBT Academy Programme

including Transfusion Transmitted Infectious disease, donors and donation, quality programmes, immunohaematology workshop and steps in getting a paper published/abstract accepted.

Plenary sessions

Red cells – including five new blood groups what next, routine use of molecular methods Platelets – birth, life and death, making platelets in vitro and a new immune role for platelets Clinical – Blood Safety – infectious risks and approaches for risk estimation, donor to patient – vein to vein and TRALI

Parallel sessions

Tracks on immunohaematology, clinical, donors, transfusion transmitted infectious diseases and management/quality.

Poster Walks

A poster walk will take place on Monday December 3 when poster presenters will have the opportunity to share and discuss their work with their peers and experts in the field.

Exhibition

There will be a large exhibition at which many of the major companies working in the field of transfusion medicine will be exhibiting. The opening of the trade exhibition will take place on Sunday December 1, 2013

Social Programme

Opening ceremony

Sunday December 1, 2013 in the Kuala Lumpur Convention Centre Plenary hall. There will be a feast of local cultural entertainment during the ceremony.

Opening of the Trade exhibition and Welcome Reception

Sunday December 1 in the Exhibition Hall of the congress. This will give delegates the opportunity to meet old friends and colleagues and to visit the exhibition booths and discuss the latest developments related to industry.

Congress Party

Tuesday December 3, 2013 in the Kuala Lumpur Convention Centre. There will be a buffet style dinner of local flavours and a cultural showcase giving the opportunity for guests to experience batik painting, songket weaving, pewter smithing, basket weaving, wood carving, henna arts and Chinese calligraphy. Local entertainment will also be a feature.



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Centralisation of blood testing and preparation at Hemominas Foundation Brazil

Running on a network-based operation, Hemominas Foundation comprises branches strategically located across Minas Gerais State located southeast of Brazil. The foundation is responsible for 90% of all blood collections of the State



Centralised serology Lab 2 - Photo by Adair Gomez

Hemominas Foundation is committed to improve processes that are capable of strengthening the transfusion safety and ensure the high quality of blood components that are given to patients. This is achieved by increasing awareness of voluntary blood donations through well planned promotions and blood donor recruiting campaigns in collaboration with volunteer groups, entrepreneurs and media.

The costs associated with blood donation, and transfusion are significant. In 2005, Hemominas Foundation took a first step towards the centralisation of the serological laboratory. This centralisation was intended to improve the quality of processes through increased automation, more trained staff and better standardisation of procedures.

The centralisation comprised out of two stages. First the logistics needed to be optimised. Also the semi-automatic tests were improved and the manual procedures were replaced, resulting in lessening the test centres from 15 to 7. The second stage of centralising was starting the serological laboratory in Belo Horizonte, the State capital. Several aspects of the centralisation were essential:

- Willingness of the employees of the central and regional units
- The development of the inventory of blood products in the State; transport logistics
- Testing logistics, with priority to samples related to platelet production.



Anna Barbara Carneiro-Proietti
Researcher
Hemominas Foundation

Although the transportation costs increased, there was a reduction in operational, employment and variable costs.

Now the Serological Centre performs serology for all 20 branches of the Hemominas Foundation and receiving approximately 270,000 blood donations per year.

Besides the assistance to donors, the Serological Centre also performs the serological tests for transplantations for the patients of the Ambulatory. The centre also organises regular exams for its own staff.

Blood samples that are sent to the Serological Centre are fully screened, using high sensitive tests in accordance with the current legislation to trace Hepatitis B, Hepatitis C, HIV-1 and HIV-2, Chagas disease, Syphilis and HTLV I and II. The facility uses advanced technological and automated resources in order to assure the highest standards of quality in its process.

Today it is one of the largest and leading serological laboratories in Brazil, performing over 2.5 million serological tests/year.

Another step in the direction of centralising services is the regionalisation project for the production of blood components. The innovative step seeks to modify the present production system, making it more centralised and efficient. The main goal is to rationalise processes in order to meet the growing demand. The target is to provide 100% assistance to the federal Unified Health System (SUS) in Minas Gerais, supplying blood of the highest quality.

In this regard there will be branches in charge of exclusively collecting blood from donors and others that will go a step further, also processing the blood components. This will mean some branches more focused on processing and others on collecting blood. The pilot project for this regionalisation was launched in December 2012 at the blood centre in Belo Horizonte. Once its new IT System is granted official validation, three of the Foundation branches will be combined with the main production centre in the state capital. A comprehensive regionalisation shall be completed in 2015 in all Hemominas network.



Map Hemominas Foundation regional units

Haemovigilance Programme of India



Neelam Marwaha
Regional Director, South-East Asia
Member, Haemovigilance Advisory
Committee, India

A centralised Haemovigilance Programme was launched in India on December 10, 2012. It is an independent programme under the broad ambit of Pharmacovigilance Programme of India (PvPI), which was initiated in July 2010 with the objective of assuring patient safety and promoting public health. The PvPI is being executed by the Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare (MOHFW), Govt. of India. The data is being collected through Adverse Drug Reaction (ADR) monitoring centres set up in 90 medical institutions in the country. Trained staff- the technical associates, have been recruited for these ADRs for data collection and submission. After the successful launch of PvPI, the Haemovigilance Programme has been started as a collaborative venture by the Indian Pharmacopoeia Commission and the National Institute of Biologicals (NIB), an autonomous institute under the MOHFW, Govt. of India, which ensures quality of biologicals for use in the country. The National Co-ordinating Centre for haemovigilance is located at NIB, and a Core Committee chaired by the Director, NIB, co-ordinates this programme.

The objectives of the programme are:

- To collect, collate and analyse data related to transfusion reactions
- To create awareness amongst healthcare professionals in the country for participation in the programme
- To generate evidence based recommendations and forward the same to Central Drugs Standards Control Organisation (CDSCO) for blood safety related regulatory decisions
- To communicate relevant information to all key stakeholders
- To create national and international linkages

The Core Committee is assisted by a National Advisory Committee which has a varied representation, reflecting key stakeholders. After detailed discussions amongst all the committee members, the Transfusion Reaction Reporting Form (TRRF) and a guidance document for filling the TRRF have been finalised. Reporting has been initiated for severe transfusion reactions as per ISBT reportable table of serious adverse events so as to harmonise definitions as per international norms.

Software has been developed by the IT division of NIB and validated for online submission of TRRF from medical institutions. The responsibility for submission of haemovigilance data has been given to the medical officer in charge of blood centres / departments of transfusion medicine with assistance from the technical associates from the PvPI. Within three months of launch of the Haemovigilance programme, 250 adverse reactions have already been submitted to the National Co-ordinating centre, NIB.

Presently, reporting is voluntary and limited to information related to adverse transfusion reactions. Awareness about the programme, its objectives and its non-punitive implications is being generated through a Haemovigilance Newsletter accessible at website haemovigilance@nib.gov.in and also through a series of workshops to be held in different regions of the country.

Three workshops have already taken place on:

- April 20, 2013 at the Christian Medical College in Vellore
- May 7, 2013 at All India Institute of Medical Sciences in Delhi
- May 18, 2013 in Jammu



Members of the Haemovigilance advisory committee India

The fourth workshop will take place on July 20, 2013 at the Postgraduate Institute of Medical Education and Research in Chandigarh.

The haemovigilance programme is structured on a phase-wise approach and will gradually extend to more healthcare facilities and also increase the scope of vigilance to cover various aspects of the transfusion chain and the processes therein.



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Investing Political will into Voluntary Non-remunerated Blood Donation



Allen Kaombe
MBTS Public Relations Officer

Annually, Malawi requires at least 80,000 units of whole blood. However, it currently manages to collect around 52,000 units of whole blood representing 62%.

December and January prove to be one of the highest blood demand months in a year due to increases in malarial incidents in under-five children and trauma as a result of festive seasons not withstanding other illnesses in need of transfusions.

In response to this chronic demand, the Malawi Blood Transfusion Service (MBTS) initiated an annual blood collection campaign known as the National Blood Donation Awareness Week. The week was conceived to collect blood to meet the demand which arises in the months of December and part of January. Also this week was to create awareness amongst eligible groups across the population on the importance of voluntary non-remunerated blood donation.

Since its start in 2010, there has been a surge in political will to ensure awareness. In 2012, MBTS conducted its third National Blood Donation Week in 17 districts across the country and a launch of the week was held in the remote township of the commercial city of Blantyre. This was a sharp drop from the preceding year when the MBTS operated in 20 districts.

Malawi's State President Her Excellency Mrs Joyce Banda graced the occasion in her capacity as the leader and the champion of safe motherhood in the country. Her presence attracted leaders from various sectors of the economy varying from cabinet ministers, members of parliament, top government officials to members of the diplomatic mission. The presence of such distinguished guests gave a big credibility to the call for Malawians to embrace

the culture of voluntary non-remunerated blood donation.

In her keynote address to mark the official launch of the week and the national blood policy, Her Excellency the State President, Mrs Joyce Banda urged Malawians to embrace the culture of donating blood voluntarily. She encouraged those who are already blood donors to continue the good work for the better of the health service delivery.

"While I commend and thank those who donate blood, I also call upon all of us in the country to join hands to close the gap and make shortage of blood in our bank a thing of the past," She said.

Her call to all citizens to start donating blood voluntarily was not without an example. The State President herself, upon arrival to the event, donated blood before proceeding to the podium. That act reiterated her strong will to have safe blood for all in need, especially under-five children and women with pregnant related blood loss. She underlined her position as the champion of safe motherhood in Malawi.

Amid her key remarks, the President said, "As a country, we can reduce those deaths by 20% if only 80,000 of us take the noble decision to become blood donors. I call upon you all to come forward and start donating blood."

President Banda further said having enough blood in the country's banks will ensure that there are no more mothers dying during child birth, there are no more children or other patients dying due to lack of

blood. She reminded the nation that reduction of maternal deaths is one of the priority areas within the millennium development goals.



President of Malawi Her Excellency Mrs Joyce Banda giving blood

While the MBTS was launching the week, alongside was also a launch of the Malawi National Blood Policy. The President was given a copy which she unfolded and marked the policy officially launched for national use.

On the launch of the National Blood Policy, Mrs Joyce Banda said the policy will help, among other things, ensure that blood donations are voluntary, non-remunerated and collected from low risk population, promote regular blood donation and that family replacement blood donation system is gradually being phased out.

"As a country, we can reduce those deaths by 20% if only 80,000 of us take the noble decision to become blood donors. I call upon you all to come forward and start donating blood."

"The development of this policy is therefore, a major milestone in the health service delivery," the President said.

Speaking before the State President, Chairperson of MBTS Board of Trustees Justice Dr. Anastazia Msosa said Malawi needs at least 80,000 units of whole blood annually. However she highlighted a number of challenges MBTS is facing.

"MBTS faces a number of challenges which results into difficulties when it is going about its operations. MBTS currently needs support for it to function properly and increase the number of units of blood being collected currently," Dr Msosa said. Despite the service facing challenges, Dr Msosa said MBTS has a dedicated pool of staff and that the organisation has achieved so much progress within the period of its existence.

On the week, Dr. Msosa said: "Our target is to collect 10,000 pints this week. Last year we collected 5,000 pints and hopefully we will manage to get the required amount of 80,000 per year," Msosa said.

MBTS is conducting the Blood Donation Awareness Week in 17 districts and these are:

Balaka, Blantyre, Dedza, Karonga, Kasungu, Lilongwe, Machinga, Mulanje, Mzimba, Mzuzu, Nkhotakota, Phalombe, Rumphu, Salima, Thyolo, Zomba

The first Blood Donor Awareness Week (BDAW) was launched in 2010 with efforts to realise blood stocks that can be covering months of December and part of January when demand for blood is highest and collections are lowest.



Clotilde Estrada Carsolio
AMMTAC President 2012-2014

Voluntary blood donation campaign in Mexico by the Mexican Association of Transfusion Medicine

(AMMTAC)

Mexico has made progress in the last years on blood components regulation. However repositioning non-remunerated blood donation has proven to be a difficult task due to economic, social and cultural problems. The actual percentage of non-remunerated blood donation is only 3% in Mexico.

In Mexico, promoting regular voluntary blood donation is an activity that a blood centre undertakes. Still, only a small group of committed donors donate their blood on a regular basis. 80% of the Mexican people think that they only should donate blood when relatives or friends fall ill. In addition, many people also believe that by giving blood they will experience side effects, such as weight gain and impotence.

During the 32rd International Congress of the ISBT Congress that was held in Cancun, Mexico, members of the AMMTAC had the great opportunity to exchange ideas about the way other countries are working to promote voluntary blood donation. Since the congress we identified promoting voluntary blood donation as one of our main goals. AMMTAC decided to gather all the professionals

involved in blood donation from blood banks to industry, non-governmental organisations and media, in order to spread the facts about blood donation. This will be achieved by launching a central campaign as a focus point. In addition a weeklong event will be organised during June 10-16 around World Blood Donor Day aiming to create a strong social impact.

Our main focus during this week is to emphasise the importance of donating blood for the recipients. We also will work closely with the media to highlight facts and invalidate myths of donating blood. The government will be present as well during this week to promote voluntary blood donation.

AMMTAC is convinced that by combining knowledge and help of all individuals and professionals involved in blood donation, Mexico could meet its challenge of securing safe blood for everyone.



Ina Perez Huaynalaya.
Specialist Medical Services Blood Bank and Transfusion Medicine, Hospital Edgardo Rebagliati Martins-Peruvian Social Security (ESSALUD).

The difficult task of leading a voluntary blood donor programme in Peru

In 2004 HIV contaminated blood which could be attributed to testing of non-voluntary blood donors during the window period was given to patients requiring transfusion. This occurrence led to empowering state policies on voluntary blood donation.

Public opinion in due course demanded that the state intervene actively in health care reform to include the accreditation of blood banks in Peru. Such supervision and pro-accreditation procedures and a desire to regulate operating licenses started almost immediately. But the most important task was outstanding: the activation of a public policy of voluntary blood donation in a unified system. This so far is a great challenge of the Peruvian government. All those working in transfusion medicine are committed to changing the reality.

In the Peruvian health system there is no unified network of blood therefore each health system takes care of its own network of blood, uniting only in emergencies, as occurred in the 2007 earthquake in Ica.

The hard work of unifying PRONAHEBAS (National Program of Blood Banks) is a task that depends on the Director General of Health of the People, taking over the management of many health problems of the population. This is reflected in the allocation of scarce resources, in trying to manage a budget to meet requirements, to have autonomy of decision making in all aspects of transfusion medicine, and to enforce the culture of counseling and voluntary donation blood. Difficulties are faced in hiring experienced staff, and not being able to generate amendments to laws and regulations, as well as overseeing compliance regulations. There is however a willingness to work if appropriate support is available.

Transfusion medicine is expensive and inconvenient for the state's needs.

In Peru, only 5.5% of blood donations are made on their own initiative and 94.5% of the blood collected is for blood replacement within which are hidden paid donations. These donations are dangerous threatening the safety of blood and therefore people, according to Dr. Manuel Leiva Beraún, PRONAHEBAS coordinator.

29,798,000 people live in Peru and blood donation in Peru per year does not even reach 250,000 units. 8,500,000 people live in Lima according to estimates by INEI (Statistics National Office) in 2010. If a major disaster such as an earthquake occurred in Lima we would not be able to fulfill the need for blood.

The big question is when government health policies will give significant importance to the issue of blood transfusion in Peru?

Only seasonal donation campaigns are run because we do not have fixed budgets. It is known that in order to ensure the supply of blood, blood banks organizationally should have a department promoting donation whose main function is to plan and organize blood collection and maintain a professional relationship with associations of volunteer donors and media.

Efforts that are working are intense, but they are not unified because the Health Ministry blood banks are not integrated with the social security and the armed forces. There is fragmentation of the system, and therefore there is no awareness of what is really important in the issue of blood: the safety of the patient.



Kaliningrad Cathedral with the grave of German philosopher Immanuel Kant

CME for Kaliningrad Regional Blood Transfusion Station

For more than 30 years the BTS is headed by Nina Kabanchuk. She is a honoured doctor and holder of the Order of Merit. In 2004 the BTS was recognised as “Best blood service organisation of Russia”.

The BTS was founded in 1948 and supplied blood components for all hospitals in the region with a total population of 1,5 million people. BTS is equipped with an automatic blood collection processor, including pathogen inactivation. There are about 2000 frozen red blood cells units for emergencies available.

Every 5 years, each physician is obliged by Russian law to take a course of 144 hours to continue his/her medical education (CME). The transfusion medicine education took place at the Kaliningrad

Regional Blood Transfusion Station (BTS), which was recognised as “Best blood service organisation of Russia” in 2004.

During the course medical doctors from regional hospitals were familiarised with new information about blood donors and blood components, as well as evidence-based blood transfusion medicine and patient blood management.

The exchange of experiences, information and latest developments between blood transfusion stations,



Eugene Zhiburt
Head of Blood Transfusion Department
Russian National Pirogov Medical and Surgical Centre

universities and the industry will be continued at workshops on May 15 – 17 and December 11 - 13, 2013 which are supported by ISBT. Future workshops are held in May and December 2014 at the Russian National Pirogov Medical and Surgical Centre in Moscow. More information about the workshops is available via www.transfusion.ru.

The BTS was founded in 1948, and is headed for more than 30 years by Nina Kabanchuk, an honoured doctor and holder of the Order of Merit. The Blood Transfusion Station supplies blood components for all hospitals in the region with a total population of 1,5 million people. BTS is equipped with an automatic blood collection processor, including pathogen inactivation. There are about 2000 frozen red blood cells units for emergencies available.



13th Day of Each Month is Blood Donation Day!

Introduction to South Korea's Blood Donor Recruitment



Sejin Lee
Blood Donor Promotion
Team / Officer Korean Red Cross



Half a century ago, South Korea had such dangerous shortages of blood that it had to get blood products from the U.S. armed forces for blood transfusion to supply to its own soldiers during the Korean and Vietnam Wars.

Since then, Korea's blood services programme has become well-developed with many countries now visiting Korea to learn about it. The blood services are equipped with computerised systems and experts' know how. The expertise and facilities were provided to Haiti in 2010 when it got struck by a severe earthquake.

In 2011 the Korean Red Cross developed "Smart Blood Donation," which is a smartphone application aiming to help donors participate and track their donations in a friendly and convenient manner. This app enables smartphone users to see their blood donation record and locate the nearest donation centre. It also allows users to save time through ap-

pointment scheduling services and electronic questionnaires. In addition, the smart service announces daily blood reserves and sends a message in case of emergency situations.

Last year South Korea counted 2,722,608 blood donors of which 93.4% donated blood through the Korean Red Cross. 2012 was also the year that South Korea hosted the 9th World Blood Donor Day Global Event.

The Korean Red Cross is determined to continue its efforts to establish an advanced blood collection and supply system and create a culture of voluntary blood donation in Korea, along with contributing to



improving global health. For this reason the campaign "Each Month is Blood Donation Day" was launched on July 13 encouraging people to donate blood for patients in need. Day 13 of each month was especially chosen as the number resembles the letter B for Blood. The campaign started with a ceremony that was broadcasted nationwide in a special live show aired by the Korea Broadcasting System which is nation's largest television network. The campaign was promoted in partnership with businesses and organisations. Celebrities joined as honorary ambassadors, and prominent baseball players from each professional team combined forces to promote the campaign.

Blood donors in Korea often received small gifts as a token of appreciation for their donation, there-

fore the so called "Donation Voucher System" was created. This system allows donors to donate their monetary equivalent to a charity of their choice, rather than receive a gift. Through this voucher system, donors not only save lives by donating their blood but are also able to expand their generosity to other areas in need, such as:

- Supplying clean water for countries in need
- Supporting medical treatment for children with leukaemia or other health problems

Although this system has just been launched in 2013, it has been widely accepted by many. As of the end of March 2013, only a month after starting the voucher system, more than 5,000 donors have participated in the aid programme.



Diana Teo,
Leou Kwee Kim,
Hozanna Ngoh
Health Sciences Authority, Singapore

Symposium on Risk-Based Decision Making in Blood Safety, Singapore

With the support of the Singapore Ministry of Health, the Singapore Health Sciences Authority (HSA) organised a one-day symposium on Risk-Based Decision Making in Blood Safety on 22 February 2013. The aim of the symposium was to share the key concepts of risk-based decision making for blood safety to a wider audience in Singapore and the Region, as well as to gain the perspectives about blood safety risks from different viewpoints.

The symposium was well attended by 190 participants, which included 39 overseas participants from Australia, Brunei, Hong Kong, Indonesia and Malaysia. The participants included doctors, nurses, laboratory technologists, scientists, healthcare administrators, quality managers, researchers, health officials and regulators from public and private sectors.

The symposium was officially opened by Professor John Wong, Chairman of the HSA Board, who spoke of the need for an integrated risk management framework for blood safety, given the complexities and changing environments facing transfusion medicine today. This was followed by the Keynote Lecture which was delivered by Associate Professor John Lim, CEO of HSA, who discussed the topic of "Managing Risk in Health Products: Relevance to Blood Safety". Professor Dana Devine of the Canadian Blood Services, gave the audience an overview of "Risk-based Decision Making in Blood Safety", thus setting the scene for the rest of the symposium.

Three of our international speakers shared the frameworks and approaches towards managing blood safety risks in their countries. Dr Stephen Thomas (UK SaBTO Secretariat and NHSBT) discussed the risk-based decision making framework in the United Kingdom, while Ms Jennifer Williams from the Australian Red Cross Blood Service, shared the approach taken in Australia. Professor Devine returned back to the podium to describe the framework used in Canada, and also shared the initiatives being taken by the Alliance of Blood Operators to progress the impressive work done at the consensus conference held 2011.

The speakers at the next session approached blood safety risks from three different perspectives. Dr Brian Custer of the Blood Systems Research Institute (USA), spoke on "Cost-Effectiveness of Blood Safety

Interventions while Professor Ng Han Seong from SingHealth (Singapore) shared the perspectives of "Blood Safety at the Bedside". Ms Audrey Chiang from Rodyk & Davidson LLP (Singapore) gave a comprehensive view on "Medical-Legal Aspects of Blood Safety".

The chairperson of the Symposium Organising Committee, Dr Diana Teo, closed the symposium with a summary of the highlights and major learning points from all the presentations. The feedback from participants was very positive and many felt that it had been very informative. All of them were much more aware of the challenges faced in ensuring blood supply safety, and more knowledgeable on what risk-based decision making in blood safety is about.



Panel of speakers

In addition to the symposium programme, pre-symposium lectures were also organised on the evening of 21 February 2013. Dr Custer and Professor Devine gave introductory talks on "Health Economics in Transfusion Medicine" and "Research in Transfusion Medicine" respectively to 82 participants who also attended the pre-symposium lectures. A half-day regional forum was organised on 23 February 2013 in which our colleagues from Hong Kong, Indonesia and Malaysia joined our HSA staff to exchange our experiences and our thoughts on decision making frameworks in each country's blood systems. It was a very fruitful and enjoyable session, and many good ideas were shared. Following the symposium, a half-day workshop was held on 25 February 2013 to discuss the introduction of a framework to guide decision making for blood safety in Singapore with representatives from key stakeholders including health officials, Hospital Transfusion Committees, the blood service and regulatory agencies.

2013

June 20 - 21

International Meeting
on Cell-free DNA
Copenhagen, Denmark
<http://www.cfdna2013.eu/>

June 29 - July 4

XXIV Congress of the International
Society on Thrombosis and
Haemostasis
Amsterdam, The Netherlands
<http://www.isth2013.org/>

August 22 - 25

42nd Annual Scientific Meeting
of the ISEH
Vienna, Austria
<http://www.iseh.org>

September 24 - 27

46th Annual Meeting of the
German Society for Transfusion
Medicine and Immuno-
Haematology
Münster, Germany
<http://www.dgti-kongress.de/>

October 3 - 5

9th annual conference of South
Asian Association of Transfusion
Medicine
Delhi, India
<http://www.saاتم.org/>

October 12 - 15

AABB Annual Meeting
Denver, CO, USA
www.aabb.org

October 20 - 23

HAA 2013
Gold Coast Convention &
Exhibition Centre, Broadbeach,
Qld, Australia
<http://www.fcconventions.com.au/HAA2013/>

December 1-4

24th Regional Congress of the
ISBT Kuala Lumpur, Malaysia
www.isbtweb.org/malaysia



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