TRANSFUSION TODAY

Transfusion Today | Number 94, March 2013

T-REC:
International Quality Research Project Ghana - Zimbabwe

Transmedcon 2012

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10th Arab Transfusion Medicine Course

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Judith Chapman

Editorial

The focus section of this edition of Transfusion Today is about T-REC. I first heard about T-REC in 2011 and then about further developments in the project when I attended the African Society for Blood Transfusion conference last year and participated in a session that T-REC organised. The room was full to overflowing and it was a really inspiring and exciting session. The presenters showed how a relatively inexpensive and small project can make such a difference. Four of the students made presentations about their projects and you can read more about them in the focus section. Everyone who attended must have gone away feeling very positive and perhaps how they could get involved in research.

It was so stimulating that I asked the T-REC staff if they could contribute to the focus section of this edition. It is a very motivating read and is the kind of project that could be used in any developing country. I encourage you to read about it.

This issue also contains reports from various ISBT Academy events that took place towards the end of 2012. It was good to share in one of these events and see the enthusiasm of the delegates for wanting to increase their knowledge of transfusion medicine.

Don't forget the two ISBT regional congresses that will take place this year; Amsterdam in June and Kuala Lumpur in December. Details on Amsterdam can be found in 'from the Central Office' and on the website, information on Kuala Lumpur on the ISBT website. The scientific programme for Kuala Lumpur will be online in April.

Imelda Bates

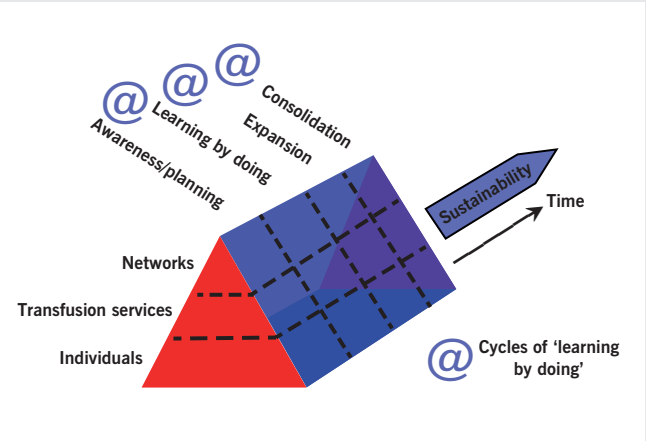
T-REC: generating local evidence about blood transfusion

Many of the blood transfusion practices we take for granted in high-income countries may not be appropriate for low-income countries in Africa where disease patterns are different and critical blood shortages are common. For example, is it necessary to reject malaria-positive blood donors in malaria endemic areas when such a policy may reduce available blood by 30-50%? What is the best way to motivate and retain blood donors in Africa and what is an 'appropriate incentive' for someone earning $1-2/day?

Adapting transfusion policies and practices for use in settings where there are very few resources depends on having individuals in Africa's transfusion services who, in addition to having technical knowledge about blood transfusion, are also able to identify, design and conduct research that can guide changes to policy and practice. In Mombasa in 2008 a group of transfusion services directors and transfusion users from across Africa, developed a list of research topics that were priorities for them to be able to improve blood transfusion services.[1] Worryingly, the 36 participants from 13 countries could only identify a handful of African researchers working on blood transfusion. The most urgent priority therefore became the need to significantly strengthen the research capacity in Africa's transfusion services.

To be effective, capacity strengthening not only needs to provide individuals with research skills but also ensure that they work in a supportive organisation interested

Figure. Concept for blood transfusion research capacity strengthening programme (Bates I, Boyd A, Smith H, Cole DC. American Society of Tropical Medicine and Hygiene. 61st Annual Meeting November 11-15, 2012 Atlanta. LB-17)



in using their results. These new researchers must also be able to consolidate and expand their learning by sharing experiences and research findings with other transfusion services and the academic community (figure). With funding from the European Community we have established a programme which begins to systematically strengthen capacity in Africa for blood transfusion research. The programme T-REC[2] is a partnership between the universities of Copenhagen (Denmark) and Groningen (the Netherlands) and blood transfusion services and universities in Ghana and Zimbabwe and is led by Professor Imelda Bates from the Liverpool School of Tropical Medicine, UK. T-REC brings together African transfusion practitioners and managers who have in-depth knowledge of the needs and challenges of their transfusion services, with academics experienced in designing and conducting international quality research.

Between 2011 and 2015 T-REC will strengthen research capacity at individual, institutional and supra-national levels through:

PhDs – two students each from Zimbabwe and Ghana have been selected through open competition and are jointly supervised by researchers from their local university and an EU university. Their projects cover donor motivation, rationalising syphilis screening, changing HIV patterns and economics of infection screening.

Diploma in Project Design and Management – every year six to nine staff each from the transfusion services in Ghana and Zimbabwe undertake a one-year, work-based part-time course which takes them through the process of designing and carrying out their first transfusion research project. The course is managed by local facilitators supported by a Faculty based in Kumasi, Ghana and the graduates receive a UK Professional Diploma award.

Student bursaries – supplementary research funds are provided to undergraduate and postgraduate students in Ghana and Zimbabwe to undertake research on a blood transfusion related project. The students are from local universities and undertake research in a range of topics including medicine, science, media studies and the arts.

Blood bags

Network for transfusion researchers - the aim of this network, which was launched at the AfSBT annual congress in Mauritius in June 2012, is to provide a forum for transfusion researchers to share knowledge and collaborate, and to contribute to identifying and addressing transfusion research priorities in Africa.[3]

All of these aspects of T-REC foster collaborations between blood transfusion services and university researchers and bring individuals together to work on research priorities identified at the Mombasa meeting in 2008. By the end of T-REC in 2015 we hope to have begun to build a critical mass of individuals within the transfusion services in Ghana and Zimbabwe who can continue to contribute to improving transfusion practices by identifying problems and addressing them through research. Although these individuals, and the close links that T-REC has fostered between the transfusion series and their local universities will help to promote sustainability of the research capacity, it takes around 10 years for capacity strengthening programmes to achieve autonomy. There has been great interest from organisations and individuals in and beyond Ghana and Zimbabwe wishing to host or participate in aspects of the T-REC programme so we are hopeful that in the next year or two we will be successful in obtaining further funds to support consolidation of our current efforts and expansion into other African countries.

[1] African Society for Blood Transfusion.Proceedings of the Blood Transfusion Research Workshop held in Mombasa, Kenya.23-25 September 2008 http://www.afsbt.org/images/african20sanguine20article20-kemri-welcome20bloodtransfusionworkshop_sept2008_t.pdf

[2] Building research capacity of blood transfusion services in Africa http://www.t-rec.eu/

[3] AfSBT Blood Transfusion Research Network http://www.afsbt.org/index.php?option=com_content&view=article&id=28&Itemid=54

Shirley Owusu-Ofori

Research on Blood Transfusion Ghana

Student Bursaries

for Ghanaian Students

The T-REC project in Ghana provides small bursaries to local graduate and postgraduate students to undertake research on blood transfusion related projects. Students can be from any field, and T-REC has promoted the awards to biomedical and media students, aiming to cover both fields of science and communication.

In the first year of 2011, we received 12 applications with six awardees meeting the selection criteria. Five undergraduates and one Masters student were from the fields of medical laboratory technology, biomedical science, applied biology and parasitology.

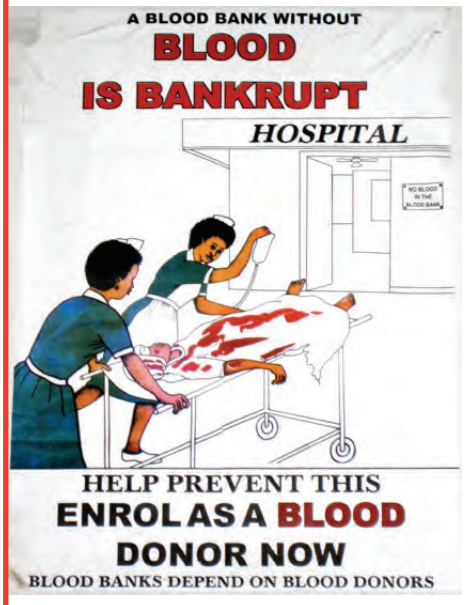
Bursaries helped the students explore the following:

- Evaluate blood components (whole blood and platelet concentrates) use in the Accra Area Blood Centre
- Screen for microfilaria in donor blood for transfusion in Northern part of Ghana
- Screening and genetic diagnosis of alpha thalassemia in Ghanaian blood donors
- Determine the level of knowledge, participation in blood donation and attitude towards donating blood among literate people
- Assess the effect of donor education on stock levels of blood and blood products.

In the second year, T-REC met with leaders of broadcasting houses and Deans of communication and social science departments in tertiary institutions. We explained the advocacy roles that the media can play in blood transfusion and how students could investigate factors that affect blood donation and transfusion practice.

In 2012, eleven bursaries were awarded. Areas of study include:

- The effectiveness of regular SMS reminders to encourage repeat voluntary blood donations
- The relationship between superstition and blood transfusion
- Evaluating the copper sulphate method of haemoglobin estimation for blood donors in Komfo Anokye Teaching Hospital
- Comparative analysis of haemoglobin genotypes in blood donors based on the haemoglobin level acceptability
- Investigating factors that motivate regular voluntary blood donors reasons why donors decline to donate blood in Komfo Anokye Teaching Hospital and Kumasi.



Poster

PhD Students in Ghana

Lucy Asamoah-Akuoko

Lucy Asamoah-Akuoko is researching the project: 'Evolving Evidence-Based Strategies to Encourage Repeat Blood Donations in First Time Voluntary and Replacement Blood Donors in Ghana'. The research seeks to identify factors that motivate or deter regular repeat blood donations and use these to develop appropriate models to increase repeat blood donations in Ghana. The study will apply both qualitative and quantitative methods with blood donors who have donated blood voluntarily or as replacement donors at blood donation sessions at the Accra Area Blood Centre. Since a donor's willingness to donate blood is determined by the net influence of motivating and deterring factors, it is expected that by implementing the interventions, the ratio of first time donors that return to donate blood will be increased.

"This opportunity to do a PhD through T-REC allows me to improve my knowledge and develop skills in blood transfusion and research. Opportunities to travel and study abroad, meet and network with other professionals and share ideas and experiences is very important. This is all part of acquiring the right skills to be a lead person in research in blood transfusion in Ghana and Africa. I am really motivated by this opportunity for further study and that I will be able to contribute effectively to better service delivery in the National Blood Service in Ghana.

I hope that the findings of my PhD project as well as the other T-REC funded projects of other colleagues (such as the DPDM) will have a direct impact on the policies, guidelines, standards and procedures of the National Blood Service. I hope my research findings about how to increase repeat blood donations will ultimately mean an improved blood supply and make service delivery more efficient.

My work will provide evidence for donor recruitment, motivation and retention strategies in Ghana specifically and also be relevant to other countries in Africa. It will support the National Blood Service to develop and sustain research and development and I also hope it will reinforce the culture of making evidence-based decisions. Through sharing the results with others here in Ghana, and using findings in training sessions, I hope that other staff at the Service will also develop new knowledge and skills.

Regionally and internationally, I hope I will help foster collaboration with other countries and other blood transfusion services. This will help to ensure we can harmonise standards according to our needs in specific regions."

Francis Sarkodie

Francis Sarkodie is researching the project 'Syphilis testing and cross reactions for syphilis in Ghanaian blood donors; development of a rational syphilis testing strategy'. The research aims to determine various syphilis test regimens and their performance across Ghana. It describes the true prevalence of syphilis antibodies and their cross reactions in Ghanaian blood donor population and intends to develop an appropriate algorithm for syphilis testing in donated blood. It is expected that at the study will generate new knowledge about prevalence of syphilis in Ghanaian blood donors, and the costs and performance of different testing regimes.

The findings of these two projects will serve as a basis for further research in blood transfusion, and ultimately be used to improve and sustain the blood transfusion supply and services in Ghana and elsewhere.

"Personally, I am so grateful for this opportunity. It has been so helpful to get funding and support from the T-REC management team. I have a chance now to educate myself, improve my research skills and broaden my research knowledge. I will be more efficient in the area in which I work. Previously, I was testing for blood and doing collaborative research projects. But now I have a chance to broaden my thinking not only on viral markers but also about the subject of syphilis testing and its cross reactions, communicate the research findings and approach other scientists and people working in blood transfusion service with more confidence. The development of appropriate algorithm for syphilis testing in donated blood and the findings of this project will serve as a basis for further research in blood transfusion, and ultimately be used to improve and sustain the blood transfusion safety and services in Ghana and elsewhere. I hope the findings of my research will be integrated into the mainstream activities of blood transfusion organizations and improve blood transfusion services and academic institutions in Africa and internationally.
I also think this project will uplift the image of biomedical scientists in Ghana and Africa continent as a whole. I hope this step will make more scientists become interested in blood transfusion research. I also hope it will benefit the institution where I work. Although Komfo Anokye Teaching Hospital is striving to be center of excellence, the knowledge and experience I am having will increase its efficiency and will make people more interested in transfusion research."

PhD Students in Zimbabwe

Nyashadzaishe Mafirakureva

Nyashadzaishe Mafirakureva's research is on the 'Health economics and safety of blood transfusion'. He is exploring the economics of blood transfusion, particularly the cost-effectiveness of available and proposed screening methods and algorithms. The 'safety' arm of the project will identify and quantify the risk associated with blood transfusion at the blood donor and patient level. This assessment will help set up and strengthen the haemovigilance activities in Zimbabwe. Nyashadzaishe will also conduct a blood utilisation study to investigate and describe the demographic and clinical features of recipients of blood components in Zimbabwean hospitals. This information will be used to analyse cost effectiveness and to assess and quantify current and future blood needs.

"I joined the T-REC consortium in September 2011 as a PhD student working on research in health economics and safety of blood transfusion. Prior to that I had recently graduated with my Masters, had not gained any working experience and most importantly knew very little about transfusion medicine. My participation in a project of this magnitude will without doubt help me acquire the necessary skills, appropriate knowledge and invaluable experience that will enable me, as a researcher, to perceive the balance between theory and practice, analytical rigor and intuition. This will help me to stand out as an independent researcher.

I am confident that the T-REC project will provide me with the necessary background, research and work experience. I expect to have the ability and the motivation to match the high standards and demands required to contribute towards meaningful research in transfusion medicine. T-REC will assist in finding out and resolving the unmet needs in transfusion medicine in Zimbabwe. This will involve the generation of much-needed data and evidence that will guide transfusion policies and practices. By becoming an independent researcher, I will be able to play a pivotal role in the advancement of the transfusion medicine research agenda in Zimbabwe and beyond."

Tonderai Mapako

Tonderai Mapako's research focuses on the 'Risk Modelling of Blood Safety in Zimbabwe'. He will examine HIV trends in the donor and general population, ultimately aiming to help select appropriate donors in a setting where there is a generalised HIV epidemic. The research will also determine the residual transmission risks of HIV, HBV and HCV through blood transfusion in Zimbabwe. Tonderai will carry out a cost-effectiveness analysis of the blood service's risk-based assessment policies and procedures. He will also evaluate current and prospective blood safety decisions to determine whether they are based on risk assessment. His work will provide a structured process to review the current policies and procedures in blood safety at the National Blood Service Zimbabwe.

Evidence from both studies will provide key information to help ensure that blood safety is achieved through standardised approaches in Zimbabwe and in the region.

"I joined the National Blood Service Zimbabwe (NBSZ) in 2001 and I completed a MSc in Biostatistics in Belgium in 2004. I developed a passion for risk modeling in blood safety and I was searching to pursue a PhD, but there were virtually no funding opportunities. When T-REC announced the PhD projects, I took this as a golden opportunity. In July 2011, when I received a letter of acceptance for T-REC PhD fellowship I was overjoyed. The PhD will prepare me to understand this subject matter in detail. It will allow me to develop personal networks with renowned risk modeling experts in blood transfusion. The experience to date has been encouraging.

I hope that NBSZ, as the sole provider of blood in Zimbabwe, will benefit immensely from my current work. To start with, the development of risk model is underdeveloped at NBSZ. Limited HIV risk modeling work was undertaken over 15 years ago with some international assistance. Since then there has been no work to quantify residual risk for transmission of HIV and other Transfusion Transmissible Infections (TTI's). The residual risk of Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) has never been established in Zimbabwe. The current work will contribute immensely to fill these gaps and enhance evidence-based decision-making processes. They will also include cost-effectiveness analysis for blood safety, which has never been formally undertaken in Zimbabwe.

I would like all blood safety decisions by NBSZ to be based on the appropriate application of risk models. This will provide a fundamental shift in the management of blood services in Zimbabwe. The obtained evidence will also be useful at regional and international levels. I hope this work will serve as an inspiration for other underdeveloped blood services in Africa to build their capacity in this area. I will be happy and available to provide the expertise and needed leadership in risk modeling to achieve this broad objective."

Sue Purnell

Daniel Armstrong

DPDM:

Blood transfusion staff members learn to do research

The Diploma in Project Design and Management is a one-year, part-time professional diploma that enables participants to undertake a small focused research project to enhance practice in their work environment. It was developed in partnership with the Kwame Nkruma University of Science and Technology, Komfo Anokye Teaching Hospital (both in Kumasi, Ghana) and the Liverpool School of Tropical Medicine (LSTM).

The course has been running in Ghana for ten years Kumasi and more recently in Accra and Harare, Zimbabwe. Originally, facilitators from LSTM, and then from Kumasi taught the DPDM. However T-REC funding has enabled training and support to extend to local facilitators in all three sites of Kumasi, Accra and Harare. Eventually it is planned that the Diploma will be administered and taught entirely by local personnel, with Programme co-ordination from Kumasi and quality oversight from LSTM.

T-REC has sponsored staff from local Blood Transfusion Services in Ghana and Zimbabwe to undertake the DPDM. They have carried out projects agreed with their employers, all of which are relevant in some way to enhancing the quality of services offered. Many of the DPDM projects are clinical/laboratory based, but some participants have explored topics such as the attitudes of donors to replacement donation, or the fall off in repeat donations.

Students of the DPDM present the results of their projects to their fellow students, and also in their workplace; a requirement of the DPDM. In 2013 T-REC will explore how many of the recommendations from these projects are being implemented in a meaningful way.

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BIO-RAD

Imelda Bates

Alison Dunn

T-REC: What have we learned so far?

In Africa, new and innovative approaches are needed to prevent needless deaths and illness due to unsafe blood. T-REC's approach is to work to build blood transfusion research capacity in Ghana and Zimbabwe. It has never been done before and for everyone involved in T-REC, it is a learning process. Challenges along the way include all the partners needing to understand and comply with the EU budgeting regulations, and delays in university registration for PhD students and in the ethics approval process.

Nevertheless, there has been much positive learning. In Ghana, genuine interest in blood transfusion services exists among the general public, academics, scientists and the media. This can help stimulate research and generate local evidence. For example, the Kwame Nkrumah University of Science and Technology approached the Transfusion Medicine Unit of the Kumasi Teaching Hospital to collaborate on a study about patients who develop antibodies from receiving multiple units of blood. These new forms of collaboration are exciting. However, it is important to reach out to everyone, not just bio-medical scientists. Reaching out to arts facilities will encourage future artists, journalists and communicators to engage responsibly with the topic of blood transfusion. Bernard Appiah, a media specialist, is working on projects in Ghana and Zimbabwe to bring together journalists and blood transfusion service staff to build relationships and work together to produce more responsible reporting about the topic.

The Diploma in Project Management Design has been running for 10 years in Ghana, but as part of T-REC, was introduced in Zimbabwe in 2012. Staff members at the National Blood Service Zimbabwe were keen to learn more about research and the DPDM attracted many applicants wanting to explore a variety of topics. In order for workplace research to succeed, all staff members must be supportive of the process. Sue Purnell[4], who supported the DPDM for T-REC, said, "This is a challenging and demanding course, and understanding and involvement of colleagues is critical."

David Mvere, Director of the National Blood Service Zimbabwe has learnt that working with colleagues from other parts of the world contains much potential. "The enthusiasm of our counterparts in Europe to support capacity building in research in blood transfusion is a lesson that we need always to seek partnerships across the globe. What seems of interest to Zimbabwe or Africa may actually also be of interest, albeit from a different perspective, to colleagues in Europe or elsewhere," he said.

For partners in Europe – University of Copenhagen, University of Groningen and the Liverpool School of Tropical Medicine – the learning experience is also extremely valuable. Henrik Ullum, who supervises PhD students in Ghana, said that EU colleagues also learn from the capacity building experience. For example, Lucy Asamoah-Akuoko gave a presentation to 200 people at the University of Copenhagen about her PhD research on repeat blood donations. Henrik said, "To learn about very different systems served as a source of inspiration in people's own work."

[4] Sue Purnell died suddenly while we were preparing this report. The T-REC team wishes to acknowledge her unique and invaluable contributions to the project.

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Peter Flanagan

The strategic vision for the society is currently *'Facilitating knowledge about transfusion medicine to serve the interests of donors and patients'.* The vision statement was developed some years ago and has not yet been updated following the strategic review that took place in Estoril in 2011. Nonetheless the current statement indicates that improving the standard of transfusion medicine and science through education is one of our key goals of the society. The congresses are clearly an important way by which we can achieve this. In recent years considerable efforts have been devoted to improving the scientific content of the congresses and this was clearly evident in Cancun last year. The key change that has enabled us to achieve this been the appointment of a Scientific Director, currently Martin Olsson, to take over development and co-ordination of the scientific programme. Martin took up the position in 2010 and his term will be extended to include responsibilities for the London congress in 2015.. The Board agreed that a managed transition will be important in assuring the on-going success of the role. Arrangements are now being developed to achieve this with the intention of appointing a successor during this year with a transitional period from the persons appointment until London 2015. A call for expressions of interest and nominations will take place during the next few months.

The current approach of a two year cycle for congresses with international congresses every two years and two regional congresses in the intervening years has been in place for some considerable time. This has worked well but a number of issues have been identified particularly regarding the sustainability of the non-European regional congress. These in part reflect the increasing popularity of the European regional congress. The board has established a small working group to look into this and identify options for moving forward. Change is by no means certain but it is important that we ensure a sustainable position moving forward.

During the first six months of my presidency I have been fortunate to represent the society at a number of national and regional congresses. These have been organised by the Philippines Blood Co-ordinating Council (PCCC), the Chinese Society of Blood Transfusion (CSBT) and the South-Asian Association of Transfusion Medicine (SAATM). I have been impressed by the overall organisation of the events and very appreciative of the welcome and generous hospitability provided at all of the events. Involvement in these meetings provides an opportunity not only to understand the challenges faced by blood services in the developing world but also to see the extraordinary commitment, enthusiasm and dedication of the individuals working to improve local blood service provision in often difficult environments. The involvement of ISBT in these activities is clearly greatly appreciated by the local delegates and in some ways is seen as a mark of recognition of their own success. The ISBT Academy was developed to enable the society to extend its reach and to improve educational activity beyond our own congresses. Significant success has been achieved and a number of Academy events are now held each year. The Academy programme is managed by the senior Vice-President with the support of an Academy standing committee. The successful re-establishment of the ISBT Foundation should increase the funding available to support Academy activities. Access to funding for Academy events requires submission of a proposal that includes an outline programme for the event. A number of applications fall at this first hurdle – organisations often have a strong desire to be involved but do not necessarily have the capability to develop a programme of the appropriate standard. We need to improve our own capacity in this area to develop better systems to work with the national societies to develop an effective programme. The Board has recently approved the establishment of a new position in Central Office to help address this. The position will also likely provide support to the Foundation and help the society move forward an important element of the strategic plan.

Peter Flanagan
ISBT President

In Memoriam

Written by: Kit Lin Che

Dr. Susan LEONG

JP, MBBS (RANGOON), FRCPATH ,FRCPA,
FRCP (EDINBURGH), FHKAM (PATHOLOGY)

Susan passed away peacefully on 21 December 2012 after a period of illness in Vancouver, Canada.

Susan was born on 23, January 1930 in Rangoon, Burma and graduated from the University of Rangoon. She received training in United Kingdom at the Hammersmith Hospital before arriving Hong Kong to join the Government Health Service in the early 1960s. She joined the Government Pathology service and, with the opening of Queen Elizabeth Hospital, worked in the Department of Haematology. She was a dedicated clinician who was generous with her time and always ready to serve the medical community.

Susan was extremely hard working but it was her determined nature that led to her assignment to develop a territory-wide blood transfusion service for Hong Kong. From the early limited beginnings at the Red Cross in Hong Kong, she established the foundation for a quality service. As the first Director of the Hong Kong Red Cross Blood Transfusion Service, she established a program that provided safe blood for all patients in both the public and the private sector without prejudice. Under her leadership, the Hong Kong Red Cross Blood Transfusion Service came to be recognized as one of the leading centers in Asia, if not the world.

She received world-wide recognition for her pioneering work, and as a WHO consultant, she was in demand throughout Asia to advise and consult on blood transfusion matters constantly. She was recognized by the International Society of Blood Transfusion for all her work and had been elected as its President from 1992 to 1994. She was also honoured for her inspiring service with numerous awards, including the Badge of Honour (Queen Elizabeth II), the British Red Cross Badge of Honour for Distinguished Service, and the Justice of Peace appointment in Hong Kong.

Susan mentored many generations of young professionals, from nursing staff to laboratory technicians, to doctors. A consummate professional whose varied interests in life (nature, cooking, eating, traveling, family and seeing people excel in their gifts), her network of friends both professional and personal is wide. A devoted Christian, she has served also with Christian Aid and numerous other non-governmental humanitarian organizations in various roles.
Her friends describe her as a gentle, sincere, kind and helpful person. When approached, whether personal or work related, she was always attentive and gave sound and practical advice. As a person, she was always optimistic and courageous; able to face and overcome difficult situations (personal and professional) with a steely will.

She was a devoted mother to her children, always a constant guiding light for them. She will be sadly missed by her family -- Chris, Tim, Kim and Matt, Jon and Kate, her grand children, Rebecca, Isaac, Natasha, and Harlan.

Geoff Daniels

Immediately before the Lisbon Congress in 2011, the ISBT Board got together for two days to discuss a new strategic plan for the Society. A central issue revolved around the Society's membership and how the Board needed to pay more attention to increasing membership, primarily by providing more value added services. In order to address that issue, the Board specified the following objectives.

- Establish how the ISBT can retain its current membership.
- Determine how it can give value added services to its members.
- Clarify who represents the target membership within the wider field of transfusion medicine.
- Identify a strategy for increasing recruitment.

In order to achieve these objectives the Society employed consultants who carried out research on the current membership database, performed in-depth interviews with some members, and distributed a survey to all members. This led to a number of recommendations for recruiting and retaining members – too many to list here – and the Board discussed these in November and initiated a plan to implement them.

Provision of educational resources was considered by both interviewees and survey respondents as an area where ISBT could provide a valuable additional service to its members. Members suggested that this could be provided by frequent updates on new facts and research, development of international standards and the provision of e-learning. The process has begun; ISBT introduced webinars of the plenary sessions during the Cancun congress, the Board agreed that ISBT will provide a repository of international standards, guidelines and regulations by the end of 2013 and there is a commitment to explore e-learning. The excellent on-line presentations from the Cancun Congress show what can be done. If you have not sampled them, you can find a link to them on the front page of the ISBT website. Providing you are a member you will be able to apply for a password to gain access. ISBT has put out a call for bids from companies for the provision of webinars from all future congresses. Educational provision also requires an active ISBT Academy, and this topic is addressed by Peter Flanagan in his President's report in this issue of Transfusion Today.

Every democratic professional society must have a set of statutes and by-laws to define how the society is organised and agreed by the membership. When I became Secretary General in June 2010, with the Society under the shadow of litigation for alleged irregularities in the Board elections, it was clear that the ISBT statutes and by-laws, that had served us well for many years, were now in need of revision. Analysis of the details of the statutes and by-laws, documents that for legal reasons are not always written in the plainest of English, is not a topic that excites much enthusiasm in many of our members, but the work had to be done. A small team of Peter Flanagan, Roger Dodd, Judith Chapman, and I drafted new sets of statutes and by-laws. Following consultation with the ISBT membership and our legal advisers, we then produced a set of documents that were agreed by the Board in November. The current statutes require that amendments to the statutes may be proposed by the Board of Directors and that the Secretary General must have received those amendments at least six months prior to the General Assembly. The proposed new versions of the statutes and by-laws were in my hands well before the six months' deadline. In due course they will be published on the Society website, ready for the vote at the General Assembly on June 4.

Since the modifications to the statutes and by-laws are numerous and the two documents are closely linked to each other, it will not be possible to present the changes to the membership as a series of amendments. Consequently, there will be just a single vote at the General Assembly in June, asking the membership to accept the new statutes and by-laws as a whole. I hope that as many members as possible will be in Amsterdam in June and will vote for the new statutes and by-laws in order to provide the two-thirds majority necessary for their acceptance.

Geoff Daniels
Secretary General

Scientific programme

The ISBT Academy day which will take place on Sunday June 2, will include sessions on quality, transfusion transmitted infectious diseases, use of genomics on decision making in transfusion medicine, fulfilling the needs for rare red cell products, blood supply management and information technology.

The main scientific programme offers a number of tracks: donor health and (product) safety, clinical transfusion science, basic transfusion science, transfusion technology and quality and new cellular therapies.

Each track will have an educational session and sessions with state of the art presentations from invited speakers and presentations from selected abstracts.

Highlights from the scientific programme include the three plenary sessions. The first is presented in association with the Lancet which will run a Clinical series on Transfusion Medicine in June, the second is on threats to blood safety and blood provision and third titled Great Science will include a 2011 Nobel Prize winner Professor Bruce Beutler.

Young Investigators Breakfast Session

For the scientific/medical researcher of 35 years and under who would you like to discuss their work with other peers and an expert mentor ISBT will organise a Young Investigators (YI) breakfast session at the 23rd Regional Congress in Amsterdam on June 3, 2013 at "Strandzuid".

To take part, complete the application form which is available on the congress website: www.isbtweb.org/amsterdam and submit Amsterdam@isbtweb.org

Strandzuid is a unique city beach covering an area of more than 2,000 m2 located between the RAI Convention Centre and Beatrix Park.

Exhibition

The Exhibition runs alongside the congress scientific programme. In the exhibition hall you will be able to find all the major suppliers of equipment and products associated with transfusion medicine and cellular therapies. Over 60 companies have already signed up. It will be your opportunity to talk to the suppliers about their latest developments within the field.

ISBT Working Party meetings

Many of the ISBT Working Parties will meet during the congress in Amsterdam. Some of the meetings will be open to non-members of the Working Party. Details of the Working Party meetings can be found on the congress and ISBT website.

Eastern Mediterranean Region meeting

Salwa Hindawi the ISBT Regional Director for the Eastern Mediterranean Region and Faten Moftah (Egypt) will organise a meeting for congress attendees from the Eastern Mediterranean region on Saturday June 1 from 2 – 5 p.m.

Important Congress Dates

Information about Abstract allocation	**April, 2013**
Deadline early registration fee	**April 21, 2013**
Deadline for online registration	**May 19, 2013**
Congress Dates	**June 2 - 5, 2013**

Invitation to renew ISBT membership 2013/2014

The new membership year starts on April 1, 2013 therefore we would like to invite all members to renew their membership.
Please login on our website www.isbtweb.org, and go to "Login" (top right).
Use your current email address and password to login and pay your membership fee for 2013-2014 by credit card online.

Are your details up-to-date?
To ensure that you continue to receive Vox Sanguinis and Transfusion Today and the monthly E-news, please check that your membership details e.g. postal and email addresses are up-to-date and complete. You can login on our website, using the email address that is currently in the membership database and your current password. Go to Edit Profile, change or complete your details and save it with "Update Profile".

Questions on membership:
If you have any questions on your membership, for instance logging in, forgotten password or membership fee, please have a look at our Frequently Asked Questions on the website (www.isbtweb.org - choose the Tab Membership and go to "FAQ").
Or contact the ISBT Membership Department by email: membership@isbtweb.org.

35 years and under fee:
People of 35 years and under can pay a discounted fee of € 55 per year. Please read more on this discounted membership on www.isbtweb.org, under Tab Membership - "35 years and under fee".

Fees:
The membership fees of ISBT are based on your age and on your country. Please read more about our fees on our website (www.isbtweb.org - Tab Membership - "Fees").

Benefits:
Being an ISBT member gives you these benefits:
- Registration discount at ISBT congresses
- Subscription to Vox Sanguinis, the ISBT journal *
- Receipt of Transfusion Today, the quarterly magazine *
- Receipt of the monthly E-news
- Online access to congress webcasts
- Online access to Working Party material
- Online access to member data

** Online access only for 35 years and under fee.*

You are requested to renew your membership by March 31, 2013.

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

Welcome to our new members

(Nov 2012 - Jan 2013)

Africa
- **ALGERIA:** Hassiba Soraya Iamara
- **NIGERIA:** Ebele Uche
- **SENEGAL:** Youssou Bamar Gueye
- **SOUTH AFRICA:** Tommy Scanes

Americas
- **ARUBA:** Stichting Bloedbank Aruba
- **BRAZIL:** Fábio Nastari
- **CANADA:** James Kerry MacDonald
- **USA:** Anthony Marfin

Eastern Mediterranean
- **LIBYA:** Nawal Rafie
- **SAUDI ARABIA:** Mubasshir syed Hussaini

Europe
- **BELGIUM:** Bjorn Penninckx, Olga Jiltsova
- **DENMARK:** Frederik Banch Clausen
- **GERMANY:** Susanne Wessel-Ellermann
- **LITUANIA:** Marijus Kasteckas
- **NETHERLANDS:** Jessie Luken
- **RUSSIA:** Isakin Stepan
- **SWEDEN:** Gustaf Edgren, Agneta Taune Wikman

South East Asia
- **INDIA:** Vijay Kumawat, Avinash Sapre

Western Pacific
- **HONG KONG:** Kin Fan Yan

The Original Touch of Excellence

ID-Card, 25 Years of Trust

1988

A revolution for blood group serology laboratories and a breakthrough for blood transfusion: DiaMed introduces the gel test and establishes itself as a world leader in providing diagnostics for immunohematology and blood bank laboratories.

2007

Bio-Rad Laboratories, a multinational manufacturer and distributor of life science research and clinical diagnostics products, acquires DiaMed, whose product line complements and expands Bio-Rad's existing business.

2013

ID-Cards' 25th anniversary celebration. Over one billion cards produced.

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

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WESTERN PACIFIC

From left to right: Wayne Dimech, Susan Best and Thu-Anh Pham.

Supporting the Quality of Transfusion-Transmitted Infections

Testing in the Asia/Pacific Region

In well-resourced countries, organisations screening blood for transfusion-transmitted infections usually employ highly sensitive and specific serological assays and nucleic acid testing (NAT) within a highly regulated environment. However, this is often not the situation for under-resourced countries where the testing infrastructure is underdeveloped and there are competing needs on a limited health budget. The Asia/Western Pacific region has countries representing all levels of financial capacity – from countries that are well-resourced through to resource-poor countries. This results in a discrepancy in the capacity to provide safe blood to each community.

Since its inception in 1985, NRL (Melbourne, Australia) has been at the forefront in supporting blood screening laboratories in the Asia/Western Pacific region in the development of quality laboratory testing. NRL is a not-for-profit organisation with a mission to promote the quality of tests and testing for infectious diseases globally. We take an integrated approach designed to suit the specific needs of blood screening laboratories, considerate of the resources and financial capacity available.

In resource-poor countries, it is often cost prohibitive for blood screening laboratories to participate in international quality assurance (QA) programs. Hence, a more sustainable approach is to identify and train a national centre to provide QA programs in-country and support them with troubleshooting and technical advice. Training is usually conducted in-country so that the level of resourcing is accounted for. NRL has published an approach to training called NRL STEPs (http://www.nrl.gov.au/Our+Services/NRL+Training). NRL STEPs is a structured, stepwise approach to strengthening laboratory systems. It requires the involvement of Ministries of Health and is implemented in harmony with existing national strategies for laboratory development. Using NRL STEPs, NRL has worked with partners and stakeholders to establish national QA programs for the blood transfusion laboratory networks in Vietnam and Mongolia.

In developed countries, participation in QA programs is highly recommended and is an accreditation requirement for many blood screening laboratories. Yet, most external quality assessment schemes (EQAS) and quality control (QC) programs available do not address the specific needs of blood screening laboratories. To address this gap, NRL developed programs specifically for blood screening laboratories using serology and/or NAT. Consequently, blood screening laboratories participating in NRL EQAS and/or QC programs are able to assess and benchmark their performance with that of other blood screening laboratories around the world using similar assays. Currently, NRL QA programs are distributed to more than 150 blood screening laboratories in over 30 countries.

The expansion of NRL QA programs in recent years has been possible through a collaborative and partnership approach. A major collaboration with the Shanghai Blood Service, a WHO Collaborating Center for Blood Transfusion Services, has facilitated the provision of NRL NAT and/or serology EQAS to approximately fifty blood screening laboratories in China. Through the financial support of various funding agencies, blood screening laboratories in Mongolia, Zambia and other countries throughout Asia have also been able to participate in NRL EQAS. This participation is vital in creating a support network as these laboratories develop laboratory capacity. NRL has worked with the blood transfusion network in Poland since 2004 to establish a national QC program. Using a similar model, NRL and the National Blood Centre, Malaysia began a national QC program for 17 blood screening laboratories in 2011.

As a WHO Collaborating Centre for Diagnostics and Laboratory Support for HIV and AIDS and other blood-borne Infections, NRL has been dedicated to supporting laboratories in the region. For over 25 years we have built an extensive network of laboratories. In 2013, NRL seeks to harness the strength of this network by developing a blood screening network, dedicated to supporting all laboratories screening for TTIs in blood. For further information about this network or other NRL services, contact info@nrl.gov.au or visit our website at www.nrl.gov.au.

ID-Card, 25 Years of Trust

1988 ***A revolution for blood group serology laboratories and a breakthrough for blood transfusion:*** DiaMed introduces the gel test and establishes itself as a world leader in providing diagnostics for immunohematology and blood bank laboratories.

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2013 **ID**-Cards' 25th anniversary celebration. Over one billion cards produced.

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EASTERN MEDITERRANEAN

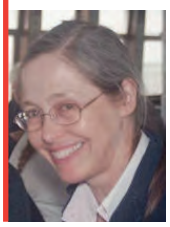
Global Consultation on Haemovigilance

Dubai, 20-22 November 2012

ISBT, together with the International Haemovigilance Network (IHN), joined the WHO division on Blood Transfusion Safety, Sharjah Blood Transfusion and Research Center and the Government of the United Arab Emirates (UAE) in organising a global consultation on hemovigilance (HV). Haemovigilance is a continuous process of data collection and analysis of transfusion-related adverse events and reactions in order to investigate their causes and outcomes, and prevent their occurrence or recurrence.

The event took place in Dubai last autumn under the formal patronage of HH.Sheikh Hamdan Bin Zaied Al Nhayan, Ruler Representative in Western region. Some 150 delegates from 46 developed and developing countries attended, representing blood services, hospitals, national haemovigilance systems as well as international expert organisations. The local organizing committee also invited the ambassadors of the participating countries to attend the festive opening ceremony, which highlighted the importance of goverments' support to national blood transfusion system and services.

Department of Public Relations, Ministry of Health, UAE.



Johanna C. Wiersum-Osselton

Salwa Hindawi

Erica Wood

with Amin Al Amiri, May Raouf, Neelam Dhingra, Noryati Abu Amin, Jean-Claude Faber

Day 1	Official speeches, presentation of objectives and international perspectives by WHO, IHN and ISBT
Day 1 - 2	Country presentations: Challenges, lessons learnt and strategies for implementation
Day 2 pm	Working groups: A) Setting up or strengthening national HV systems based on appropriate models B) Networking for sharing of data, information and experiences on HV C) A standardized definition and tools for global HV reporting D) Future perspectives: Scope of HV
Day 3	Feed back from working groups, recommendations and prioritizing actions

Programme Global Consultation on Haemovigilance

Objectives and programme

The initiative for this global event partly follows on from the 2010 World Health Assembly Resolution WHA63.12 concerning availability, safety and quality of blood products, which also urged member states to ensure the reliability of mechanisms for reporting serious or unexpected adverse reactions to the donation of blood, plasma or other components and to the transfusion of blood and blood products in patients. Throughout the meeting the emphasis was on interaction, sharing experiences and moving towards greater harmonization of definitions, so that more can be learned from data analysis and comparisons. The programme is summarised in the box. Many common challenges, and suggestions to address them, were shared.

As outcomes of the meeting, the Report of the global HV consultation as well as Recommendations for HV at hospital, national, and international level will be published as a WHO compilation of global strategies on haemovigilance. A WHO draft Aide-Mémoire outlining key strategies for establishing national haemovigilance systems was reviewed and endorsed. These WHO tools will be effective resources when working with governments and other international organisations, to back up advocacy for the establishment of national haemovigilance systems.

At the level of transfusion professionals, definitions and tools for haemovigilance data collection will be maintained and further developed by the ISBT haemovigilance working party with wide consultation to promote global harmonization of data collection. All participants at the meeting expressed commitment to building on existing networks and global mechanisms to expand haemovigilance networking for sharing of tools and experiences.

The participants of the global consultation also visited the state-of-the-art Sharjah Blood Transfusion & Research Center, the main blood transfusion center in Sharjah UAE, which serves as a WHO Collaborating Center for of training and research in Blood Transfusion.

EASTERN MEDITERRANEAN

SOUTHEAST ASIA

Neelam Marwaha
President,
Indian Society of Transfusion Medicine

1st National Conference of Indian Society of Transfusion Medicine

(TRANSMEDCON 2012), Jaipur, India November 23-25, 2012

Group picture Transmedcon 2012

The 1st National Conference of Indian Society of Transfusion Medicine was organized in Jaipur from November 23rd to 25th, 2012. It was preceded by three parallel one day workshops on 22nd November, 2012. The workshops were conducted on apheresis technology and its applications, advanced immunohaematological techniques and quality control in testing laboratories.

The conference was well attended by both medical and paramedical staff working in the transfusion services in the country. A total of 1060 delegates registered for the conference. Fifty technologists

Neelam Marwaha and Jean Claude Faber

and all postgraduate students whose scientific abstracts were selected for oral presentation were given free registration for the conference. Fifty-two distinguished speakers (forty-three national and nine international) made presentations on a wide range of topics covering the entire transfusion chain. There were sessions on strategies to improve voluntary blood donation, red cell and platelet serology, enhancing transfusion safety from the TTIs, haemovigilance, clinical aspects of blood transfusion, advances in apheresis and regulatory aspects of transfusion services. The sessions were well co-ordinated by the chairpersons who ensured that lively and meaningful discussions took place. The discussions often continued through the refreshing tea/coffee breaks and lunch. The whole atmosphere was one of learning and sharing experiences.

The session on haemovigilance was supported by the ISBT. Dr.Jean-Claude Faber, President, International Haemovigilance Network spoke on 'Steps in implementing haemovigilance in countries with limited resources'. He suggested a phase-wise approach, beginning with notification of serious adverse events in recipients and harmonization with global definitions. Dr.Erica M.Wood, Monash University, Australia deliberated upon and shared her experiences on 'Surveillance and management of errors in the transfusion chain'. Effective blood stock management was discussed by Judith Chapman, based upon her past experience as Manager, Blood Stocks Management scheme at the NHSBT, UK. The session was well attended. Ms.Akanksha Bisht, Member Secretary, Biovigilance programme, India informed the delegates during this session that the Indian Pharmacopoeia Commission in coordination with National Institute of Biologicals would be launching the Haemovigilance programme in the country. The first meeting of the Haemovigilance Advisory Committee was scheduled for 29th November,2012. Inputs from the ISBT speakers were thus most appropriate.

An exciting highlight of the conference was a national undergraduate and a postgraduate quiz competition (TRANSQUIZ 2012) conducted with a view to increase the focus and awareness of medical students towards transfusion medicine in the country.
In addition to the scientific events, sightseeing tour to the famous 'pink city' area of Jaipur was organized. The delegates also had a chance to shop for the exquisite handicrafts and ornaments for which Jaipur is well-known. The inaugural dinner and the conference banquet gave all the opportunity to enjoy the culinary delights and foot-tapping music-Indian hospitality at its best.

Well begun is half done! TRANSMEDCON 2012 was a good start for promotion of scientific interactions amongst the transfusion medicine specialists in India and forging professional ties with experts from abroad.

EASTERN MEDITERRANEAN

Reem Ali Al Radwan
Chairperson – Organizing Committee

10th Arab Transfusion Medicine Course

The 10th edition of the Arab Transfusion Medicine Courses (ATMC) took place November 29 – December 1, 2012 in Kuwait and is especially designed to target professionals working at transfusion services in the Arab region. These courses are organised annually in one of the 25 Arab countries stretching from the east by the Arabian Gulf in Asia to the west by the Atlantic Ocean.

ATMCs started in 2001 as focused scientific gathering targeting a small number of participants. Currently, ATMCs are considered to be one of the most important scientific gatherings with a wide range of participants. The courses get official support from regional and international organisations like the International Society of Blood Transfusion (ISBT) and Arab Blood Transfusion Association (ABTA).

The theme of this ATMC10 was "Regulation and Legislation" which for Arab countries is very important as there is a huge diversity of blood transfusion services. Services vary from centres that attained international accreditation and recognition to centres that hardly provide any essential testing and safety measures due to political barriers or lack of resources.

The course included a three days scientific programme, workshops on Hazards of Blood Donation and Error Management and lunch symposiums that combined international experiences with regional experiences from different Arabian countries. The aim was to create an opportunity for the international community to exchange ideas and develop a common vision for the future of Blood Transfusion Services in the Arabian countries.

All presentations of the course are available online

Participant group photo

ATMC Steering Committee

for those who missed the opportunity to attend via www.atmckw.com

The ATMC courses are supported by the International Society of Blood Transfusion (ISBT) and the World Health Organization (WHO).

Scientific program & Workshops
The organizers and the scientific committee had worked hard to make ATMC10 a truly memorable experience for all participants. It had been designed as a comprehensive three days scientific programme, workshops and lunch symposium that combine the international experiences with the regional experiences from different Arabian countries. This was to create an opportunity for the international community to exchange ideas and develop a common vision for the future of Blood Transfusion Services in the Arabian countries.
There were 2 Workshops (Hazards of Blood Donation and Error Management), In addition to 4 lunch symposiums.

Speakers
Total number of speakers reached 24; 7 Kuwaitis, 7 Middle East, 5 from the Gulf Area Countries and 5 international.

Speakers of the course include;
- Arabian;
  Kuwait, KSA, UAE, Egypt, Tunisia, Algeria, Morocco and Libya.
- International
  USA, UK, The Netherlands

Steering committee & Subcommittees
The steering committee is formed by enthusiastic volunteers of Arab professionals meeting in order to set objectives, theme and locations of these courses and to ensure the continuation of these scientific events. No government involvement in the steering committee formation this is to avoid political restriction for such scientific gathering.
In addition subcommittees are formed as focused group for hemovigilance, quality management and hazards of blood donation (HOBD). These subcommittees meet during each course to give updated reports of the participating countries.

Recommendations
At the end of the ATMC10, all committees propose recommendations to ensure that the objectives of the course is reached and to ensure the continuation of this scientific events. Such recommendations are brought to WHO, ISBT and ABTA for support.

Steering Committee Recommendations:
Proposed to form the Arab Transfusion Medicine Forum (ATMF) that gathers professionals from all Arab and regional countries. The forum will works as non-profit purely scientific and not related to any political boundaries.
The objectives of ATMF:
- Organize regional workshops, seminars, conferences and participating in international and regional congresses.
- Publish a scientific journal in printable and electronic material.
- Develop training in the field of blood Transfusion (BT).
- Encourage participants to implement QM systems with the aim to be accredited.
- Encourage participants to stimulate health authorities about implementing, regulate legislation, covering all the process of BT.
- Blood transfusion services should be run as business management by identifying the partners (Donor, patient, private) and on a manner that calculate cost vs. expenses.
- Explore community support.
- Advocate the highest ethical, technical and regulatory standards which are related to our region.
- Be a co-worker with ABTA.
- Establish pathways of collaboration of other organizations in the region like WHO, ISBT and ABTS.

HOBD subcommittee recommendations:

- The survey to be continued during the next year by the participating countries and result discussed during the next ATMC.
- The questionnaire has been reviewed by the participants of the survey and has been validated.

Hemovigilance subcommittee recommendations:
- Hemovigilance Website has been validated and it is ready for more participants.
- The results of the survey will be discussed during the next ATMC meeting

EASTERN MEDITERRANEAN

1-day national workshop on "Dengue Epidemic;

"A Challenge for Blood Transfusion Services in Pakistan"

The Pakistan Society for Blood Transfusion (PSBT) with the support of the International Society of Blood Transfusion (ISBT) organised a 1-day national workshop on "Dengue Epidemic; A Challenge for Blood Transfusion Services in Pakistan" on December 26, 2012 in Islamabad, Pakistan. The workshop was the first major activity of the recently established national society.

Since the last few years, dengue outbreaks have become a regular phenomenon in Pakistan, occurring with increasing frequency and intensity. Initially the outbreaks were restricted to the province of Sindh only but now Punjab, the most populated province, is also affected. In 2010, more than 21,204 people were reportedly infected in Punjab with more than 170 deaths. In 2011, more than 35,000 inhabitants were affected with 383 deaths, mostly in Lahore, Punjab. The dengue epidemic is placing an additional burden not only to the national healthcare services but also to the blood transfusion services.

To deliberate on this emerging challenge, the PSBT organised a national workshop attended by more than 60 experts and stakeholders which included haematologists, transfusion experts, clinicians, molecular biologists, medical technologists, blood bank managers etcetera. The specific objectives of the workshop were to provide an update on the dengue epidemic in Pakistan, improve clinical management practices; experience sharing and to promote rational clinical use of blood and blood components in dengue patients.

The workshop opened with an introductory presentation on "Development of National Blood Transfusion Services in Pakistan" by Prof. Hasan Abbas Zaheer, Founding President PSBT, in which he shed light on the government initiated blood safety systems reforms, the achievements of the blood project and the challenges faced. A global overview of the Dengue Epidemic was presented by Mr. Usman Waheed, Technical Advisor, GIZ SBT Project. The presentation on the molecular biology of the

Group Photo of the Workshop Participants

Hasan Abbas Zaheer
Project Director, Safe Blood
Transfusion Programme, Pakistan

Technical session in progress

dengue virus and the role of the vector was made by Dr. Arshad Malik, Assistant Professor Biotechnology, International Islamic University Islamabad, who described the molecular facets of the virus development cycle along with the immune cellular response against it.

Dr. Shajee Siddiqui, Assistant Professor Internal Medicine, Pakistan Institute of Medical Sciences, Islamabad, gave a general overview on the spectrum of dengue infection and highlighted some critical points in the management of dengue cases. Punjab and Sindh, the two most populated provinces of Pakistan, have principally been affected by the dengue epidemic. The epidemic scenario from these provinces was shared by Dr. Anwar Rafay, Epidemiologist, Punjab Health Department and Dr. Saeed Ahmed, Transfusion Medicine Consultant, Husaini Blood Bank, Karachi.

Mr. Asim Ansari, Manager Pathology Laboratory, Kulsum International Hospital, Islamabad, made a presentation on the laboratory diagnosis of dengue infection in which he emphasised the significance of strong clinical history of onset of disease while selecting a test to diagnose dengue infection since different indicators appear at various stages of infection. Prof. Brig. Farhat Bhatti, Commandant, Armed Forces Institute of Transfusion, Rawalpindi talked about the importance of blood component therapy in dengue infection and informed that currently irrational transfusion of platelets concentrates and FFP in dengue patients is being practiced which needs to be reviewed and best practices followed. Prof. Syed Irfan, a senior haematologist from Liaqat National Hospital, Karachi, shared his rich experience of managing dengue cases for the last many years in Karachi and presented some interesting short cases to highlight various aspects of management of dengue patients including the importance of fluid replacement in dengue patients.

EASTERN EUROPE

13th workshop on

"standards and individual approaches in clinical blood transfusion"

The Pirogov National Medical and Surgical Centre organised its 13th workshop on "Standards and individual approaches in clinical blood transfusion" which was supported by ISBT.
The workshop took place on December 12-14, 2012. With over one hundred participants from Belarus, England, Russia and Scotland the workshop was well attended.

Professor Eugene Zhiburt opened the workshop and noted that the life span of the Russian Blood Service will be determined by a new federal law called: "Standards and individual approaches in clinical blood transfusion" which will be applicable starting from January 20, 2013.
Andrew Karavaev CEO of the Tula Regional Blood Bank talked about the decreasing numbers of donors. The number of blood donors in 2010 decreased by 29% in comparison to 2005. Also plasma donors decreased by 38% in the same period. However, due to intensified donation management the number of blood donations increased by 13% and plasma donations by 14%.

The Russian Transfusionist Association presented a diploma called: "Blood Service innovation leader in 2012" to Sangvis blood bank, Ekaterinburg for the first implementation of Automated Centrifuge & Separator Integration which maximises the platelet yield of pooled platelet concentrates.

Hospitals in the city of Ekaternburgh are in need of platelet concentrates. The need is increasing by 25% on a yearly basis.
An evidence-based audit of blood transfusions in these hospitals identified 20-25% of unnecessary transfusions. According to Professor Michael Potapnev:

- The inventory of blood component planning should be carried out every day;
- A regional or inter-regional blood inventory management system should be implemented;
- Blood establishments must have a plan in case of an emergency.

Angus MacMillan Douglas owner of DGP UK talked about the EU project "EQUAL", designed to bring the best practices of the participating countries together to create a guide and a website that can help organisations to develop standard operating procedures (SOPs) for their blood service.

Development and implementation of SOPs involves 3 main phases:

Preparation Phase
- Identify the Objective and Scope of the SOP and draft a Title
- Assign responsibility for Writing the SOP

Writing Phase
- Use the BE's Master SOP to write an SOP
- Design a Process Flow chart

Training and Implementation Phase
- Initiate Document Change control
- Conduct Training of Staff in the use of the SOP

Professor Jean-Pierre Allain gave a presentation

Sergey Sidorov
Executive Director of Russian Transfusionist Association

about occult hepatitis B infection (OBI). Definition of OBI:
- Presence of HBV DNA in liver or plasma without detectable HbsAg
- Distinct from the pre-seroconversion Window Period (WP)
- Usually people with OBI carry anti-HBc (50% also carry anti-HBs)
- Rarely with only anti-HBs

Characteristics of OBI:
- Male donors (90%) ~ 50 years of age
- Median viral load ~20 IU/ml (<5-1000)
- Fluctuating level of DNA in 50% cases
- Normal ALT level
- Anti-HBc positive (>90%)
- Anti-HBc + anti-HBs (30-50%)
- Anti-HBs only (~ 5%)
- Multiple nucleotide and amino acid mutations.

OBI current summary:
- HBV is the highest risk of viral transfusion transmission
- HBsAg and NAT screening needed to achieve safety
- High NAT sensitivity is critical
- In East Asia, NAT yield around 1:1000 donations
- OBI diagnosis requires serology and follow-up
- Mutation accumulation explains diversity of mechanisms
- OBI is infectious by transfusion (20-30%)
- Median infectious dose ~1000 copies (range 100-4000)
- Anti-HBs in blood product or recipient is protective

Professor Valentin Migunov shared that in his clinic hepatitis in blood recipients developed in approximately 1 of 20 transfusions both before and after implementation of pathogen inactivation by amotosalen. According to Professor Allain this data was considered unique worldwide and he offered to help with virus sequencing and search for possible mutations.

The Russian Transfusionist Association will celebrate 10-years anniversary in 2013.

Traditionally the blood transfusion workshops in Pirogov will be held on May 15-17, 2013 and December 11-13, 2013.

EASTERN EUROPE

First Anatolian Blood Days

were organised in Turkey

Mahmout Bayik
President of BBTST and
Turkish Blood Foundation

The Blood Banking and Transfusion Society of Turkey (BBTST) launched the first Anatolian Blood Days in Antalya, Turkey to meet its international and regional responsibilities.

Representatives from transfusion services in the region surrounding Turkey were invited to participate in a two day meeting to explore the various approaches to establish the national policy and regulatory framework in their respective countries.

Participants from 9 services accepted the invitation to meet with experts from Blood Banks and BBTST. During two days, these experts shared and exchanged their experiences about challenges they faced while starting to set up the national regulatory frameworks and practical measures to establish safe, reliable and sustainable services.

Discussions revealed that the recommendations promoted internationally were not always “fit for purpose” in dealing with the wide range of challenges met in most of the countries participating in this gathering.

Representatives of Bosnia Herzegovina described difficulties of a different kind of fragmentation, this unusual form of state found itself emerging in the epicentre of the Balkan conflict with inherent internal malformations leading to its isolation. Trying, with great difficulty, in the midst of intense surrounding pressures, to establish viable services with normal acceptable criteria of quality, safety and reliability proved to be a daunting task.

The uphill struggle experienced by Albania, Egypt, Iran and Turkey, who were on the road to progress. Building the regulatory framework in these countries has taken time, effort and resources. The example of these four countries provided hope to participants from Afghanistan and Tajikistan where services were challenged by very limited infrastructure and lack of human and financial resources. It was clear that when local characteristics are taken in consideration, specific solutions would be discovered, and the appropriate system will eventually start to take shape.

This initiative led and supported by the BBTST provided the suitable forum to formulate a suitable generic “Blue Print”. It is hoped that it will prove useful to assist services in trouble and facilitate the efforts of others looking for ways to resolve the problems on the road to progress in order to achieve sustainability and good quality transfusion practice.

The social program was also rich and varied enough to suit all age groups and tastes. One evening was dedicated for the young, enjoying the standing and “hand-waving” concert atmosphere led by a Turkish well known popular “Diva”. The star of the second day was the Symphony Orchestra of Antalya with its impressive well-established conductor Emin Guven Yaslicam and Antalya Philharmonic Orchestra. The hall was packed with seated senior members as well as young professionals that would not release the orchestra before two encores!

It has been a revealing experience to share with the Turkish society their 5th Annual Congress as well as the launch of their neighbourly international initiative to help services in need and prepare the generic blue print for services and guidance for fellow professionals, to take them out of their isolation and share experience without intimidation of high tech, high power meetings, in order to find the way for development, progress and sustainability.

It was a non-threatening friendly forum where professionals from the “G 12” services could share their experiences without reservation or embarrassment and reveal their aches and pains, stumbling blocks, serious worries and concerns on the hope to find assistance from the experience of fellow colleagues who were there and just made it.

Consensus declaration of principles

1. A national blood policy should identify at a high level the direction and strategies to provide a safe and adequate blood supply to meet the needs of the population. The intentions of the policy should be expressed in legislation, supported where necessary by regulations and guidelines. The legislative framework reflects the agreed national policy and identifies clearly the issues that need to be protected and regulated through the legal system.
2. Health Authorities must endorse National laws, regulations and guidelines on blood banking and transfusion medicine and require that relevant institutions and personnel should comply with them
3. Professional bodies and experts in transfusion medicine should be proactive in initiating and supporting the formulation of the national policy and guidelines.
4. The whole process of transfusion from the donor to the patient - should be supported by national laws, regulations and guidelines
5. The application of National laws, regulations and guidelines on blood banking and transfusion medicine must be supported by an effective quality system and an effective regulatory framework
6. Every country must prepare its own national laws, regulations and guidelines on blood banking and transfusion medicine according to its own situation with regard to its own economic, socio-cultural and health situation. A country in the process of the formulation of national laws and guidelines should examine existing international and national laws and guidelines and may decide to adopt those elements that are considered to be appropriate for that country
7. Development of guidelines on blood banking and transfusion must be the responsibility of those with the relevant professional knowledge and expertise and should be based on the best available scientific and medical knowledge but must also be adapted to each country's health needs and resources
8. The regulatory framework may be published as a single document or as a series of individual documents covering specific topics or meeting the needs of specific user groups. Whatever format is used the documentation must provide all the detailed information required
9. During development of a guideline, it must be made available to relevant personnel for review and their comments must be taken into account in preparing the final document.
10. The completed guideline must be introduced to all relevant personnel by means such symposia, seminars and training courses. It should be widely distributed by appropriate means including making it readily accessible via the Internet.
11. As an essential part of risk reduction, compliance with the guideline should be rigorously monitored by periodic internal and external audit, with prompt feedback of findings to the audited institution and personnel.
12. The impact of the guideline should be evaluated periodically. Guidelines should be subject to a periodic review and should be updated according to the findings of audit and evaluation and new medical or scientific evidence. The review and updating process should enable relevant personnel to contribute their experience. A new edition or revision of a guideline should be effectively communicated to all relevant personnel.

Any comments will be appreciated and most welcome by the group and can be sent to:
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SOUTHEAST ASIA

Nabajyoti Choudhury

with Sangeeta Agarwal

Conference Report of

8th Annual Conference of SAATM

The 8th annual conference of South Asian Association of Transfusion Medicine SAATM was held in Colombo, Sri Lanka from December 6-8, 2012. The scientific programme started on December 6, with the pre-conference workshop conducted by Dr Jim Perkins, Director of Blood Bank & the department of Pathology & Laboratory Medicine, North Shore University Health System, Chicago, USA.

It was organised through the Indian Immunohematology Initiative (III), an international partner organisation of SAATM. It was the 5th such initiative between SAATM and III. The pre-conference workshop had interactive sessions on antibody screening, autoimmune haemolytic anaemia and immune mediated transfusion reactions with relevant case studies.

The conference was inaugurated in the evening of 6th by the honourable Health Minister of Sri Lanka and Deputy Health Minister was also present. Along with Health Ministers, the dias was shared by the Country Representative of World Health Organization (WR- Sri Lanka); the President of International Society of Blood Transfusion (ISBT); the President of International Hemovigilance Network (IHN); the President and Secretary General of SAATM. The inauguration programme was followed by a spectacular cultural programme by local artists and it ended with cocktail dinner.

The main scientific programme on December 7-8 provided a great platform for sharing of knowledge and experience in the field of Transfusion Medicine by the doyens of the speciality. The two day conference included two plenary sessions and six scientific sessions with fourteen speakers from four continents. The plenary session on 'Costing of Blood Services' by Dr Diana Teo from Singapore highlighted the practical issue about the lack of information of cost involvement in providing blood to the government and funding agencies which leads to inadequate resources to sustain blood support. In the second plenary session, Dr Peter Flanagan from New Zealand shared his experience of 'Disaster Management in the Christchurch earthquake' where he emphasised the significant role of having a well-defined protocol in all place to handle this type of sudden adverse events.

The scientific sessions provided an academic treat to the delegates on topics like Hemovigilance, NAT testing, pathogen inactivation, voluntary donation, cord blood banking, implementation of quality systems and quality management. The sessions were well attended and highly interactive which gave all the participants a forum to understand recent advances in transfusion medicine globally.

The three day Academic fete ended with a few recommendations:

1. Voluntary non remunerated blood donation should be encouraged in Asian countries
2. A Disaster Management plan for Blood Transfusion Services should be developed and should be in place for the Blood Banks especially in more disaster prone areas
3. Improvement in Immunohemotology techniques with regular SAATM Programmes.
4. It was decided during the annual general body meeting that the name of SAATM should be changed to Asian Association of Transfusion medicine (AATM) the Secretary General was authorized to do the needful.

2013

April 22-25

19th Annual ISCT Meeting
Auckland, New Zealand
http://www.celltherapysociety.org/index.php/meetings-events/ISCT2013

April 23-24

IPFA/PEI 20th International Workshop on Surveillance and Screening of Blood Borne Pathogens
Helsinki, Finland
http://www.ipfa.nl/events/ipfa-pei-workshop-2013-20th_anniversary

April 24 - 26

VIII Congress of the Ibero-American Cooperative Group & I Congress of Guatemalan Hemoterapy Association
Antigua, Guatemala

May 20-24

Hematology 2013
Havana, Cuba
http://promociondeeventos.sld.cu/hematology2013/

May 30- June 1

Symposium on Chimerism
Graz, Austria
http://chimerism.medunigraz.at/cms/website.php

June 2-5

23rd Regional Congress of the ISBT
Amsterdam, The Netherlands
www.isbtweb.org/amsterdam

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 Heamostasis
Amsterdam, The Netherlands
http://www.isth2013.org/

December 1-4

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

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