Session on Blood Transfusion

Day 2 November 15th

13.30-14.50

13.30-14.50	**Session on blood transfusion** (supported by a grant from ISBT) **Chairs**: Mickey Koh (Singapore/UK) and Karen Shoos (USA)
13.30-13:50	**Access to safe and effective blood transfusions including blood component therapy** Justina Ansah (Ghana)
13.50-14:10	**Guidelines for blood transfusion including guidelines for transfusion in HCT and the need for special products** Dora Mbanya (Cameroon)
14.10-14:20	**Safe blood supply during infectious disease outbreaks** Rudolf Schwabe (Switzerland)
14.20-14:50	**Roundtable discussion: Challenges of blood support in Africa** **Moderator:** Mickey Koh (Singapore/UK) **Panelists:** Justina Ansah (Ghana) Saliou Diop (Senegal) Dora Mbanya (Cameroon) Said Yousuf Mohamed (Egypt) Nosa Bazuaye (Nigeria) Rudolf Schwabe (Switzerland) Karen Shoos (USA) Jean Baptiste Tapko (Cameroon) Charlotte Ingram (South Africa)

Transfusion Panel Discussion (30 min):

1 **Transfusion is a critical component of many modern therapies, particularly stem cell transplantation but also haemoglobinopathies and bone marrow failures**

-What is the role of Governments/Health Authorities in ensuring a safe and sufficient supply of components?

-Any novel ways of ensuring safety and self sufficiency?

-Risk Assessment and Management: How safe is Blood?

-Clinically focused

-Cost of Blood

Transfusion and Transplantation:

2 **Many of the lessons learnt in setting up a transfusion programme for the country apply to stem cell transplant:**

-Donor safety, donor qualification, efficient/closed system processing, labelling, transportation and storage, monitoring efficacy and safety of cell infusion and haemovigilance, procurement issues, training

-The importance of implementation of a quality system to ensure program safety, efficacy and sustainability

- How can transfusion infrastructure be used to optimise a transplant programme?
Apheresis, stem cell processing/storage, testing, staffing?

-Any innovative strategies or important issues you have encountered

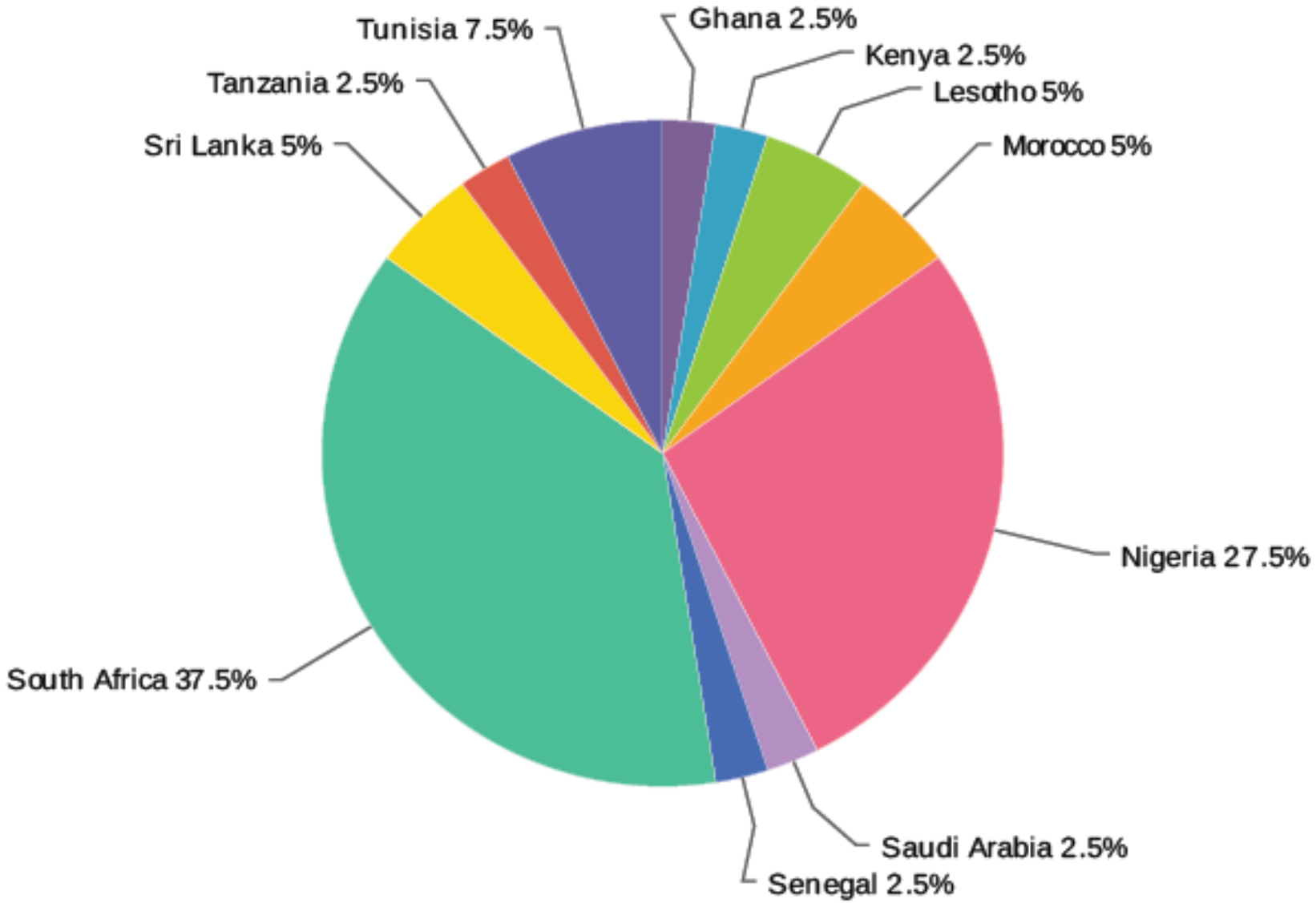
Transfusion Panel Discussion (30 min):

3 What are the minimum capabilities a transfusion service should have to support a safe transplant programme:

-Irradiation, management of CMV issues, Prevalence of blood groups and alloantibodies, platelet support and platelet refractoriness, availability of FFP/cryoprecipitate.

-Additional considerations if considering haemoglobinopathies and bone marrow failures

4 More contentious topics: Infectious disease and transfusion/transplant; pathogen inactivation


Ghana 2.5%
Kenya 2.5%
Lesotho 5%
Morocco 5%
Nigeria 27.5%
Saudi Arabia 2.5%
Senegal 2.5%
South Africa 37.5%
Sri Lanka 5%
Tanzania 2.5%
Tunisia 7.5%

Survey

- **Blood Products: >80% some costs involved for patients:**
- 25% patient pays and 60% combination of patient and private insurance
- Govt pays 12%
- Same as chemotherapy and transplant

- **Blood seems reliable.**
- 50% get it ASAP for emergencies
- Access to blood within 12 hours: 100%
- 90% trust their blood supply

- **Some guidelines do exist (90%)**

Survey

- **Special Components:**
- Majority have access to blood components (>95% RBC; 75% platelets/FFP and 67% cryo):

- Nonetheless- a significant15% only have whole blood

- **Capabilities:**
- CMV neg products: 23%
- Irradiation: yes for 70%
- 25% can filter.

- 70% identified CMV as a major infection complication post transplant So is CMV a problem? (75% cannot filter and only 23% provide CMV neg products) and

HSA
Health Sciences Authority