AATM PREPARES BLOOD TRANSFUSION SERVICES 
GUIDELINES ON COVID-19

Taking precautions to avoid serious threats to the safe blood supply during the current pandemic situation, the Governing Council (GC) of AATM felt the urgent need for comprehensive guidelines for BTS. This is a critical document therefore, AATM-GC constituted one Technical Committee from seven countries to develop guidelines on COVID-19 and BTS. It comprised of:

1. Dr. C.Th Smit Sibinga, Netherlands, Chair; 
2. Dr. Zhu Yong Ming, China; 
3. Dr. Peyman Eshghi, Iran; 
4. Dr. Hind A. Alhumaidan, Saudi Arabia; 
5. Dr. Md. Ashadul Islam, Bangladesh; 
6. Dr. Nusret Nuri Solaz, Turkey; 
7. Dr. N. Choudhury, India;

Though there is no evidence of COVID-19 transmission through blood, proper blood safety measures must be taken. Blood transfusion services (BTS) must take care to mitigate transmission risks to blood donors and staff. The committee has completed the guidelines within record time due especially to the efforts of Prof. Dr. Cees Th. Smit Sibinga who recently received an International award for ‘International Education Of Transfusion Medicine” by AABB. AATM believes in continuous service to our members and also to the global BTS community.
AATM “GUIDELINES” (RECOMMANDATIONS) TO PREVENT COVID-19 INFECTION VIA BLOOD SUPPLY

AATM feels the responsibility to inform its membership without unnecessarily reinventing the Corona virus infection prevention wheel. So far there is no data that suggests transmission of COVID-19 through blood transfusion. The recommendations are precautionary.

COMMUNITY CONTACTS
1. Open an active COVID-19 information center for public and potential donors.
2. Avoid gathering of larger numbers of potential donors at donor sessions/camps; spread call up of donors and instruct them to come individually.
3. Discourage symptomatic common cold, flue or influenza (within the last 28 days) potential donors to attend a session/camp/donor center, but inform and keep in contact with the blood center.
4. During the fill up of questionnaire pay adequate attention to symptoms of common cold, flue and/or influenza and ask for recent (past 28 days) contacts with people (family, friends, others) with symptoms of common cold, flue and/or influenza, like coughing, sneezing, temperature, running nose, head ache and muscle aching; or have been diagnosed with or in contact with people with COVID-19 infection.
5. When a contact is mentioned or suspected explain temporary deferral for a minimum of 28 days while keeping in contact with the blood center.
6. Ask active donors to report in case of fever, common cold, flue or influenza within 48 hours after donation; collected blood should be discarded.
7. Inform potential donors with a risk factor for infection about a possible infection and advise them to consult their private practitioner.

FOLLOW UP OF POTENTIALLY INFECTED POTENTIAL
1. Ask deferred donors to keep in regular contact and report on their health condition and of those in close contact (family, friends, others).
2. Ask deferred donors to avoid direct contact with other donors over the deferral period (28 days).

CLINICAL USE OF BLOOD AND COMPONENTS
1. Inform the hospitals about the blood collection and the precautions to be taken.
2. Inform hospitals (prescribing clinicians) about the absence of evidence of COVID-19 transmission though blood transfusion.
3. Request hospitals to report back on patients suspected to have developed post-transfusion symptoms of COVID-19 infection to allow appropriate look back and collect evidence-based data.
STAFF AND VISITORS

1. When signs of common cold, flu and/or influenza have been present during the last 28 days, contact the medical director for instructions.
2. When having been in contact or lived with family/friends or others with signs or symptoms of COVID-19 infections, contact the medical director for instructions.
3. Visitors - Visit the blood center only when absolutely necessary; if contact is needed communicate through social media.

SIMPLE RULES TO OBSERVE AND FOLLOW

1. Avoid unnecessary contact with people having a common cold, flu or influenza signs and symptoms (temperature, running nose, productive coughing, head and muscle aching).
2. Wash hands frequently and disinfect, working surfaces and instruments.
3. Use gloves and paper tissues, avoid close contact e.g. shaking hands, hugging and kissing people.
4. Stay home when having symptoms of common cold, flu or influenza and inform your doctor.
5. Discourage potential donors to attend when over the past 28 days having travelled outside the country or inside to endemic areas; having lived with or been in close contact with persons with signs and symptoms of respiratory disease in particular common cold, flu and influenza types.
6. Distribute only evidenced information and avoid spreading fear fuelling rumors.

BLOOD BANK & TRANSFUSION SOCIETY OF TURKEY (BBTST)/ANATOLIAN BLOOD DAYS
XIII International Blood Banking & Transfusion Congress of BBTST and Anatolian Blood Days was held between 8-12 March 2020 in Antalya / Turkey. The basic idea of this Congress was to provide a satisfactory academic content to the Blood Banking & Transfusion Medicine (BB&TM) staffs.

Prof. Martin Olsson; President of ISBT gave the opening lecture; Importance of International Collaboration in TM; European School of Transfusion Medicine (ESTM), Asian Association of Transfusion Medicine (AATM), Africa Society for Blood Transfusion (AfSBT), Arab Transfusion Medicine Form (ATMF) and 15 national organizations from Adriatic Sea to Great Wall were contributed the Congress scientifically.

**Main Topics of Congress were as below;**

1. Education and Training
2. Hemovigilance
3. Quality
4. Cellular Therapies
5. Immunohematology
6. Cord Blood Banking
7. Plasma & Plasma Products
8. Apheresis Future of Blood Banking
9. Transfusion Practices in Different Situations
10. Blood Banking Systems, Regulations & Directives in Different Countries

BBTST dedicated a special panel session to Asian Association of Transfusion Medicine (AATM); Blood Banking in Asian Countries - AATM initiative. Dr. Nabajyouti Choudhury; President – AATM made a detailed presentation about AATM. Dr. Choudhury mentioned about vision and mission of AATM while emphasizing past, present and future projections of AATM.
Mongolian “National workshop of Blood service”

Mongolian National Blood Service belongs to Ministry of Health in Mongolia, including 3 stand-alone blood centers and 26 hospital-based blood centers which provide the resource and safety of blood and blood products to the whole nation. National Center for Transfusion Medicine of Mongolia organizes “National workshop of Blood service” in March of every year between National Center for Transfusion Medicine and the Blood centers. This year, it organized online workshop on 25th – 26th of March due to the impact of Corona virus outbreak and it was considered a suitable method economically.

The main aim to organize the national workshop of Blood service was to conclude annual report of Mongolian Blood services, to discuss the current state and prospects of blood transfusion practice nationwide, to share achievements and issues and to exchange good practices. During the workshop, the commission members of the workshop selected the best Blood centers of the year which led by their activities and achievements from other Blood centers in order to encourage and promote their operations. Furthermore, the national workshop of Blood service also focused on reinforcing collaboration at national level and continuous improvement in the safe and secure supply of blood and blood products. Due to this activity:

Mongolia issued recommendations for blood safety regarding Novel Corona virus (COVID – 19) outbreak

As the Corona virus outbreak is spreading rapidly world-wide, the National Center for Transfusion Medicine in Mongolia issued recommendations for blood safety to all hospitals in Mongolia and have been taken appropriate measures. The measures are divided into 2 main sections and 10 sub sections. Here are the indications of recommendations of some kind of measures:

1. Provision of up-to-date official recommendations for the blood donors and evaluation of blood donors, such as additional questions in the donor screening questionnaire regarding whether the donor or relatives have related symptoms, have traveled to suspected areas within 28 days or donors with high risk in order to evaluate and prevent disease spread through the blood donors.
2. Properly recruiting blood donors, such as:
   - Every blood donor has to wear a mask and disinfectant hands when entering blood
Donation section.

- Stay one meter or further from other donors while donating blood.
- Proper usage of official websites, social media for the preventive measures of COVID-19 to reduce people’s doubts and worries as well as in order to increase the knowledge of voluntary blood donation.
- Avoiding to organize blood donation camps in crowd.

3. Enhance the disinfection of blood transport boxes. Disinfect both the inside and the outside of the boxes after it is returned from blood establishment each day.

4. Getting a feedback from blood donors. Suggesting the blood donors the urgent need to inform the National Center for Blood Transfusion and the Blood centers via SMS, telephone, e-mail and the other possible addresses, if the blood donors have the similar symptoms of COVID-2019 disease after 14 days of blood donation or are in quarantine or isolation.

5. Keeping the balance of blood supply and demand. Frequently contacting the hospitals in order to know the demand fluctuation of blood as well as to predict the collection and demand of blood components and to make plans for blood collection and distribution.

6. Choosing a substitution method of blood transfusion due to the highest emergency preparedness and quarantine regimen.

7. Providing the resource of blood and blood products by the method of reinforcing collaboration between National Center for Transfusion Medicine and Blood centers in Mongolia.

All employees of the National Center for Transfusion Medicine are working as responsible - employees. The main duty of the employee is to monitor body temperature of all costumers and staffs. Furthermore, NCTM built a case management team to discuss the current condition of the center, to take proper precautions, to share official information of World Health Organizations and Ministry of Health in Mongolia in order to continuously prevent and monitor the outbreak.
Rumours, Myths, Precautions and Treatment of Covid-19 Corona Virus

Dr. Farrukh Hasan, executive Council Member and Immediate Past President of Asian Association of Transfusion Medicine (AATM) speaks about Covid-19 Corona virus in an interview with Imran Zakir from The Financial Daily International. He says excessive information along with misinformation coming from experts, lay persons, patient’s outcome and the world media, is the most troublesome and worrisome matter in dealing with Covid-19 corona virus disease. Too many cooks spoil the broth. Even in these dangerous times that the world is going through, there are scores of people and national and international organizations who are cashing the situation to the maximum. To further compound the issue and putting doubts in most people’s minds is the dilemma about the actual facts behind this out-break. While there is no certain known cure for this infection anywhere in the world, yet people from all walks of life have a suggestion for cure. Lay persons are putting forward various household remedies and the social media is full of it, religious leaders are suggesting various prayer while non-believers along with strong believers think it is all fake propaganda. To top it all the experts from developing countries facing the most serious threats and casualties are in disagreement about the approach in the management as well as the efficacy of various drugs tried by developed countries, be it anti-malarial or azithromycin or selenium.

Another strong group supported by pharmaceutical industry suggests vaccination as the ultimate preventive measure against covid-19 and seem to be in total ignorance to the medical treatment instigated even with success in many cases.

COUNTER ARGUMENTS:
Countering this line of action is, the past experience. That even with years of proper trials many vaccines have been the cause of many diseases and ailments and disastrous results. Vaccination against corona without proper trials (which usually takes at-least two years) and no knowledge of its delayed and unknown long term effects may prove to be fatal.
TREATMENT WITH PLASMA FROM PEOPLE WHO RECOVERED FROM CORONA VIRUS INFECTION

There is debate going on more so by local physician in under developed countries than at international level, to treat infected patients with plasma donated by people who have recovered from corona infection. Interestingly with support from some quarter some physicians are ready to use this plasma as a mode of treatment and also to provide material for research studies. Even there are appeals that are being made to people who have recovered from this virus to come forward and donate plasma.

COUNTER ARGUMENTS:  
There are some serious questions that suggests that rather than considering proper safety regulations and concern for the ailing patients, it would seem that personal gains is more important for some be it in term of monetary gains or publicity.

Points to ponder:

1. How can one start treatment without prior proper trials. More people are recovering from the disease by better supportive care. The mortality rate is as it is negligible and even now without clear diagnosis that it was due to the virus under discussion.

2. People may have recovered from the virus themselves, but it has not been established that they cannot transmit the virus and are not harboring it or are 100% free from it. In any case are not fit to donate blood and must be deferred for an unspecified period of time at least at present.

3. There are many people with hepatitis virus in their bodies and do not develop the disease as their immunity is good but they can transmit the virus.

4. Does the medical science or the health department allow transfusion of their plasma to other people as a part of treatment?

5. Usually purified immune-globulins (antibodies) are injected as a preventive tool and not crude plasma (which could be carrying many other diseases).

6. If a person has a needle prick from a diagnosed hepatitis B virus patient, immediately within 48 hours, immune-globulins are given i/v, but it is not prescribed for patients with full blown HBV infection.

7. Giving plasma to people when the incubation period as passed is unjustified.

8. Who bears the responsibility if the corona patient dies after receiving such plasma? Who decides whether it was due to the virus or the injected plasma?

9. Would the physician injecting such plasma be willing to give it to a member of his own family?

10. What is the curative dose of plasma? How often does it have to be given? Who decides it? As it is the amount of antibody in the plasma from different people is different.

11. This mode of treatment at present defies all safety regulations.
SUGGESTIONS:

1. Prevention is better than cure.
2. Everyone is free to try out any local household preventive measure for himself, but for the sake of responsibility please do not circulate it.
3. Obey, as a responsible citizen, the local government regulations which are being laid down for the safety and well being of the nation.
4. Practice patience and caution and let the experts in developing (research orients) countries come up with tried, tested and proven solution in time, while utilizing this free time constructively.
5. Take care and support your body to maintain health with safe, natural and balanced diet with addition of multivitamins, fruits and fresh vegetable consumption daily.
6. Exercise to promote stronger body, good circulation and development of better immune system.
7. Stay indoors and avoid unnecessary human interactions and give the virus enough time to die its natural death.
8. Let go the theories whether the virus is man-made (in laboratory) or a natural catastrophe. The fact remains that it is a real threat.
9. It is always better to be safe than sorry!!

Report of the Voluntary Blood Donation program on 17th Mach -2020-Dhaka, Bangladesh

March 17th is the birth day of the father of the nation of the Peoples Republic of Bangladesh, Bangabandhu Sheikh Mujibur Rahman. Every year nation celebrates the birth day of the father of the nation on this day. This year is the Mujib 100 year’s birth year. This year whole nation celebrates the Mujib 100 year’s birth anniversary of the father of the nation in a limited scale due to Corona epidemic. On this day in the university campus in front of the Department of Transfusion Medicine, Bangabandhu Sheikh Mujib Medical University organized voluntary blood donation program including free blood grouping, importance of voluntary blood donation as well as awareness regarding corona virus epidemic. Honorable Vice-Chancellor of the university Professor Kanak Kanti Barua formally inaugurate the voluntary blood donation program and stressed the importance of voluntary blood donation & appeal to all for donating blood in their next birth day as well as other national and international day.
He also said on 8th October 1972 our father of the nation Bangabandhu Sheikh Mujibur Rahman inaugurate and open the Department of Transfusion Medicine of our University (The then IPGM&R) as Central Blood Transfusion Centre of the country. From that time the department is working as National reference centre of the country.

Dean of different faculty, chairman and teachers of different department, registrar, additional registrar & ex-chairman Department of Transfusion Medicine and Vice-President AATM-International, proctor of the university as well as many staff of the university, blood donors peoples waiting for blood grouping present in the program.