

SEA-HLM-370
Distribution: General

Clinical Use of Blood

*Report of a Sub-Regional Workshop
Yangon, Myanmar, 8-11 April 2003*

WHO Project: ICP BCT 001



World Health Organization
Regional Office for South-East Asia
New Delhi
July 2003

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1. INTRODUCTION

WHO has identified blood safety as one of the priority areas and developed a global strategy to assure blood safety, especially in developing countries where not only the quality of blood is considered uncertain, its availability is also inadequate. It is estimated that the collection of blood in the SEA Region is able to meet only half the demand. Blood should be used only in those conditions when equally effective alternatives cannot be used. Moreover, the collected blood should be separated into its components and used in conditions with specific requirements for optimal utilization. However, in most of the countries of the Region, whole blood is used, irrespective of the clinical indications.

The WHO strategy for blood safety emphasizes the need to reduce unnecessary transfusions through the appropriate clinical use of blood including the use of intravenous replacement fluids and other simple alternatives to transfusion, wherever possible. Clinicians are primarily responsible for ensuring the appropriate clinical use of blood. There is a need for the clinicians and the BTS staff to work together in the development of policies, plans and strategies to ensure appropriate clinical use of blood. WHO organized a workshop at Yangon, Myanmar from 9 to 12 April 2003 to achieve the aim of reducing unnecessary blood transfusions and promoting the proper use of blood and blood components. Thirty one participants from Myanmar, Bangladesh, Indonesia, Nepal and Bhutan attended this workshop which was facilitated by experts from India and Thailand along with staff from the WHO Regional Office. The detailed plan of work and list of participants can be seen at annexes 1 and 2 respectively.

2. OBJECTIVES

The objectives of the workshop were as follows:

- (1) To orient blood bank officials and clinicians in appropriate clinical use of blood.

- (2) To introduce:
- Learning module on 'The Clinical Use of Blood'
 - Learning Handbook on 'The Clinical Use of Blood'
- (3) To identify a core group of facilitators who will act as national focal points to promote clinical use of blood.

3. INAUGURAL SESSION

The Deputy Health Minister, Myanmar, inaugurated the workshop. During his address, he stressed the need for awareness about blood banking and its importance in achieving blood safety. He mentioned that the government had formulated a National Health Plan (2001-06). In order to improve blood safety, the government enacted a Blood Law, which came into effect this year. A National Workshop on Formulation of National Blood Policy was also planned in the last week of April 2003. He felt that the workshop would contribute greatly to optimal use of blood in the Member Countries. He thanked WHO for giving the privilege to host the workshop in Myanmar. Address of the Regional Director was read out by the WR, Myanmar. In his address, it was pointed out that blood safety was one of the priority areas identified by WHO. A large number of activities to provide technical support to Member Countries in improving the safety, quality and appropriate use of blood products were being organized and this was one such endeavour with the objective of achieving optimal use of this scarce resource in the Member Countries. The rational use of blood would also help to reduce transfusion transmissible infections.

4. PROCEEDINGS

Dr S Kumari, Regional Adviser in Blood Safety and Clinical Technology, South-East Asia Regional Office highlighted the WHO global strategies for blood safety and global status of clinical use of blood. According to her report, except for Sri Lanka and Thailand, the usage of blood components was minimal in other Member Countries. In the countries of the SEA Region, 10% of blood was utilized for surgery, 30% for obstetric cases, 24% for paediatric cases, 7% for trauma and 32% for miscellaneous cases. She pointed out the activities undertaken by WHO to support clinical use of blood (CUB). The WHO books on CUB were distributed to all participants.

The programme consisted of various topics concerning appropriate clinical use of blood. It also included good transfusion practices and adverse transfusion reactions. The regulatory requirements and measures implemented for assuring blood safety and quality in India and Myanmar were also presented and discussed. All sessions during the four-day programme were well received by the participants and each subject was well deliberated on through detailed discussions with the facilitators and among the participants during the group work.

The participants also discussed in the group work the constraints in implementation of CUB in their countries and suggested recommendations to overcome these constraints. Lack of trained manpower, non-availability of blood components, assurance of safety and quality of available blood, lack of facilities for patients' evaluation, and lack of awareness of all concerned including health authorities, clinicians as well as the general public were some of the constraints pointed out by the participants.

The participants also prepared a draft action plan to implement the rational use of blood in their respective settings. The action plan proposed more interaction with colleagues who prescribe blood, formation of hospital transfusion committee and sharing the details of this workshop with their authorities for its wider application. Based on these discussions and to overcome the existing constraints, the following recommendations were made.

5. RECOMMENDATIONS

For Participants

- (1) The report of the Workshop should be presented to the health authorities.
- (2) The clinical use of blood should be advocated.
- (3) The formation of a Hospital Transfusion Committee should be suggested, and medical audit system introduced.
- (4) CME programmes must be conducted for their colleagues and the knowledge gained in this workshop disseminated.
- (5) Standard operating procedures (SOP) for good clinical practice should be prepared and used in their hospitals.

- (6) The proper use of blood in their hospitals should be ensured which includes avoiding use of fresh whole blood, using components wherever available, avoiding over and under usage of blood, and evaluating the patient rationally to assess the need for blood transfusion.

For Member Countries

- (1) A national blood policy and an action plan should be developed which includes clinical use of blood.
- (2) Blood transfusion services should be strengthened and component separation facilities provided.
- (3) An effective regulatory mechanism based on standards for blood transfusion services should be developed.
- (4) Guidelines for clinical use of blood should be prepared and a system of haemovigilance introduced.
- (5) Transfusion Medicine should be introduced as a subject in the medical curricula.

For WHO

- (1) WHO should continue to provide technical assistance to countries in strengthening their blood transfusion services and advocacy for clinical use of blood.
- (2) Additional training programmes on the clinical use of blood should be organized to develop a large core group of national trainers in this field.
- (3) Training materials on the clinical use of blood should be prepared to be utilized by participants for undertaking training programmes in their countries/ institutions.
- (4) A follow-up exercise should be undertaken with all the participants of the workshop through a structured questionnaire.

Annex 1
PROGRAMME

Tuesday, 8 April 2003

0900 hrs	<ul style="list-style-type: none">➤ Registration➤ Inauguration➤ RD's address➤ Objectives➤ Introduction of participants➤ Election of chair and rapporteur	
1030 hrs	WHO global strategies for blood safety Global status of clinical use of blood	Dr Kumari
1100 hrs	Overview of clinical use of blood and Thailand experience	Dr Viroje
1200 hrs	Clinical transfusion practices	Dr Bhasin
1400 hrs	Use of red cells	Dr Bharucha
1515 hrs	Transfusion trigger in patients with cardiac and respiratory diseases	Dr Viroje
1600 hrs	Plasma volume expanders in trauma and surgery	Dr Mukesh Desai

Wednesday, 9 April 2003

0900 hrs	CUB in thalassaemia	Dr Viroje
1000 hrs	Platelets transfusion risks/benefits	Dr Doda
1115 hrs	Apheresis	Dr Bharucha
1200 hrs	Pharmacological agents for haemostasis and blood substitutes	Dr Viroje
1400 hrs	Autologous transfusion	Dr Bhasin

1515 hrs	Paediatric and neonatal transfusion	Dr Desai
1600 hrs	Haemolytic disease of newborn	Dr Desai

Thursday, 10 April 2003

0900 hrs	Diagnosis and management of haemostatic disorders	Dr Desai
1000 hrs	Haemophilias	Dr Viroje
1115 hrs	Management of DIC	Dr Desai
1215 hrs	Medical audit	Dr Bharucha
1400 hrs	Haemovigilance	Dr Bhasin
1515 hrs	Transfusion reactions: sharing of experiences: Panel Discussion	Dr Viroje Dr Desai Dr Bhasin Dr Doda

Friday, 11 April 2003

0900 hrs	TTI and blood safety	Dr Viroje
1000 hrs	White cells and immunomodulation	Dr Desai
1115 hrs	Leucodepleted products	Dr Bhasin
1200 hrs	➤ Regulatory mechanism of QA of blood products	Dr Tin Nyuint Dr V Doda
	➤ Myanmar and Indian experience	
1400 hrs	Group work in identifying the constraints in clinical use of blood and development of recommendations	Dr Kumari
1515 hrs	Valedictory session	Dr Kumari

Annex 3

LIST OF PARTICIPANTS

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