

Newsletter

November 2002



The President,
Council and
Secretariat
wish all Members
a Merry Christmas
and New Year





PRESIDENT' S REPORT

Well the annual scientific meeting has again come and gone. This was very successful meeting in terms of the quality of scientific material presented and the amount of abstracts presented. The social programme was also very well attended. I believe this meeting again reinforced the benefits of jointly meeting with HSANZ and ASTH. The format of this meeting is planned to continue. Thank you on behalf of members to the organising committee.

Several important issues were discussed at the annual meeting. Probably the most significant was the name of the Society. This was included with the papers for the ASM and after much discussion and a formal vote, including proxy votes the name will change to the Australian and New Zealand Society of Blood Transfusion. This will take a while to implement, as there are significant legal implications. Another important item that was raised was other organisations partnering the Society's Annual Meeting. Council has tried to incorporate all relevant topics into the main programme as we realise that there is already a significant time commitment to attend the meeting. We will again consider this issue.

The membership also has voted **James Isbister, Harry Kronenberg, Peter Schiff and Graeme Woodfield** as life members of the Society in recognition of their significant contributions.

In the near future the Foetomaternal Haemorrhage and the revised Pretransfusion Guidelines will be released. These have taken a huge amount of work by the Scientific Committee. The committee is now working on appropriateness of transfusion guidelines for paediatric practice.

Members should be aware that a Collaborative funded by the Commonwealth is currently investigating Haemovigilance systems. The ANZSBT among other groups has been consulted. The Society remains committed to this project.

The Council is half way through their term and will continue to focus on the issues as addressed in the strategic plan. We will shortly announce the successful applicants of the research fund and into the New Year the new web site. I wish you all the best over the Christmas and New Year period.

Mark Dean



We wish to thank Dr Tony Keller, the Ruth Sanger Orator for 2002, for donating his copy of "Blood Groups in Man" by Race and Sanger to the Society. Ruth Sanger signed this in 1991.

This book will be presented to the RACP library, as a loan from the Society, so that it will be accessible to those interested in reading it.



Reports From Recipients Of 2002 Asian/Pacific Islands Travel Award

Being a technician, I have been working at a Blood Center for over ten years. It was unexpected and marvellous for me to receive the ASBT Asian / Pacific Islands Travel Award and to attend the Annual Scientific Meeting after my first application. In China, there is little opportunity to attend international meetings that are held out of China.

From the time I was informed that I received the award to the registration of the meeting, there was only one month left. Time was very pressing to get my passport, visa and book the airline ticket. I was lucky that all things went smoothly. I flew from Shanghai to Brisbane and then from Brisbane to Adelaide, taking part in the meeting on time.

During the meeting, I attended lectures and symposiums, especially in the field of Immunohaematology. There were many good poster presentations to be viewed. I savoured an exotic atmosphere and different culture at the Welcome Reception and the Conference Dinner. What made me the most happy at the meeting, was to meet the President of ASBT, Dr Mark Dean, Prof Robert Flower of NSW, Prof Marie Lin of Taiwan, Ms Fang Fang Yuan of NSW, and of course the secretariat of ASBT, Mrs Ruth Guss, who kept in touch with me and helped me along at the meeting.

After the meeting was closed, I went back to Brisbane and visited ARCBS-QLD. Dr Yew

Wah Liew was very kind and I was deeply touched by his warm reception.

In a word, what I wanted to say is thank you to the ASBT for selecting me for the travel award this year. I have learnt much of recent developments in blood transfusion. I felt greatly honoured to attend such a scientific meeting and hope to have other opportunities to learn more knowledge about blood transfusion.

Aimin Tian
Nanjing Red Cross Blood Center
Nanjing, 210008
PR China
Oct.3, 2002



Mark Dean and Aimin Tian

Through Hong Kong Red Cross Blood Transfusion Service, we established some contacts with Australian Blood Service and planned to send some of our staff to Australia for further training. I applied for the 2002 ASBT Southeast Asian/Pacific Islands Travel Award, hoping to obtain opportunity to attend the Australian Blood Transfusion Annual meeting in Adelaide as well as to visit blood services in Australia and get some ideas on sending our staff for training.

It's my great honor and pleasure to receive the 2002 ASBT Southeast Asian/Pacific Islands Travel Award from Australasian Society of Blood Transfusion to attend the meeting and visit the Australian Blood Services.

Part I: Australasian Society of Blood Transfusion Annual Scientific Meeting

The meeting was a joint annual scientific meeting, which was held by Australasian Society of Blood Transfusion, Hematology Society of Australia and New Zealand and Australasian Society for Thrombosis and Homeostasis.

It's my first time to attend the Blood Transfusion conference in Australia. I was delighted to be able to attend this meeting. The scientific meeting concerning blood transfusion covered the theme of blood product quality and safety, blood conservation, risk management, immunohaematology as well as donor and regulatory issues. The lectures were of a high level. The invited speakers were well-known and highly respected experts from different countries. I mainly attended the topics about vCJD, Nucleic Acid Testing, haemovigilance, Immunohaematology, donor recruitment etc.

Highlights:

It was impressive to learn that the current epidemiology of vCJD in the world and knew that the patients who had been given blood from the confirmed vCJD cases did not develop vCJD.

It was also very interesting to listen to Dr. Burrell analyzing generally the current viral

screening testing and demonstrating the morbidity and mortality of different infectious disease and concluded with '..... as other expensive areas of modern medicine, mechanisms to quantitate the benefits should be applied to allow comparison of priorities between competing demands for health expenditure'.

It was very impressive and excellent to learn the 'Nucleic Acid Testing 2 years On' from Dr. Catherine Hyland, Australian Red Cross Blood service. Dr. Hyland gave an overview why and how did the Australian Blood Service manage to introduce NAT, what is their NAT screening strategy, how do they perform the monitoring, how the system works and the assay technology used for the NAT testing. To understand what kind of assay technology they do for the NAT testing, the analysis of 2 years' statistics results of NAT screening test among the donors and donations.

It was informative to learn from the session 'Transfusion Associated Sepsis—UK SHOT Programme' knowing the 21 reported cases of bacterial contamination over 2 billion donations of the 6 years from 1995 to 2001.

It was valuable to attend the Symposium Immunohaematology Science to know the marked differences in genotype and phenotype observed between Taiwanese and Caucasians. Learning from Dr. Flower, University of Sydney talked about 'the impact of Molecular techniques on Routine Blood Group Serology', knowing that the molecular basis of the polymorphism and nucleic acid amplification techniques can be used to genotype when anti-sera are not available or can be applied to resolve complications in immunohaematological investigations that may be caused by blood group antigens characteristically found in at higher frequency in specific ethnic groups.

Besides, I learned a lot from other lecturers that was impossible to tell one by one here.

In general, the conference was very well organized. The staff working for the conference were very friendly and helpful. I really enjoyed the meeting and the company of kind-hearted people.

Part II Visiting

1. Adelaide Blood Centre

After the conference, I obtained permission from Ms. Judy Aiello, the manager of donor service to visit the collection and promotion department of Adelaide Blood Service.

Ms. Bobbie Coughlan, the donor liaison & communication officer brought me to visit an mobile collection site. In addition, she introduced the structure and general operations of their department. I found that the staff of the department were very friendly and professional. The idea of giving the 2nd time donors a key chain with their blood groups inspired me. We shall adapt this idea in our practice. I also found the great idea of asking new donors to mark down if they mind or not to be called when the service needs their donations.

I also learnt some management practice from the mobile collection team. It was very impressive to see the donors receiving very good care and respect from the service after their blood donations.

2. Melbourne Blood Service

From 16th to 18th September, I visited Melbourne Blood Service mainly the marketing department, HLA and NAT laboratory.

- Marketing and Community Relation department:

I was arranged to visit the Marketing and Community Relation department for one day. Ms. Cathy Roberts, the manager of the department, generally introduced and gave an overview of the structure and the current situation of their department, their challenges, plans and strategies. Meanwhile, I also talked about the challenges we met in Macau and she gave me some valuable suggestions and advices. Later, the staff of Public relation, School Program, Community Relation and Telemarketing talked to me individually. I saw how the various professional teams worked to achieve the same goal – to promote and retain the blood donors. Thence, I got a lot of valuable ideas to improve the blood promotion and retention in Macau.

- Laboratory:

I spent the other two days in the laboratory. Firstly, Mr. Stephen Shanahan, the Laboratory Operations Manager and the senior staff of Virus Serology Unit explained the NAT system in Australia and the back-up strategies for screening within Australia. Afterward, Mr. John Tacey, the head of the NAT laboratory showed me the NAT laboratory and the operations. It's very helpful for me to have an idea of organizing and operating a NAT laboratory. The excellent and professional organization of the laboratory was most impressive.

The head of virus serology unit, Mr. Philip Kiely introduced his laboratory. Meanwhile, we compared and discussed the differences of the testing methods and costs between Macao and Australia. He gave me some new ideas about managing a good laboratory.

Finally, I briefly visited the Quality, Transplantation Immunogenetics and Training departments. The heads of these departments took precious times from their busy schedules to introduce their departments and answer the questions that I put forth to them. Meanwhile, they gave me a lot of materials and related papers.

3. Summary

I was very fortunate to have made this trip and met those generous, kind and professional people. Because of these wonderful people and the very well organized blood services, I learnt more than I expected from this visit. Through this visit, I learnt how to organize a professional and effective promotion team; knew the excellent services provided by the Australian blood services; knowledge of NAT laboratory; got detailed plans for training nursing staff and training for tissue typing; gained opportunities to exchange opinions with the experts.

So I have to thank again the ASBT Council to provide me the opportunity to make this fruitful trip.

Crystal, Ping HUI

Department: Macau Health Department,
Blood Transfusion Center

Interim Report of the 2002 Adelaide HSA NZ - ASBT - ASTH Annual Scientific Meeting

Dear Members, well the 2002 ASM is over and by all accounts it was an overwhelming success. The scientific content as initially planned, catered for all sectors of our discipline and proved to be rewarding for those attending the presentations. The various sessions detailing donor issues, blood conservation practices, immunohaematology and regulatory issues were well received by attendees and by the ensuring questions and discussions proved to be popular. Many thanks to Ken Davis, Pip Hetzel and many others who helped with the Programme.

The Venue, we all agreed, helped with the success of the Meeting - it was light and airy and provided a sense of openness to all attending - the exhibition hall with all its booths, was opened with a fanfare of entertainment which was unique and entertaining to many if not all. The splendid food served everyday for lunch and coffee breaks, that many commented as fantastic, was enjoyed in a very spacious seated area. The Dinner with its unique Latin dance floorshow and Latin band proved to be most popular, especially for the organisers that were chosen to demonstrate their dancing abilities. The band, whilst providing the perfect sound for the evening, did so without making those memorable dinner table conversations difficult.

I hope to have a more formal report that will include photos of the meeting for the next Newsletter, but for now best wishes for the coming festive season.

Rick Tocchetti

2002 ASBT Convenor



New Members

We welcome the following new members of ASBT

**A Annis (VIC), A Berry (SA), J-A Breese (SA), A De Conno (SA),
BS Ding (WA), F Georgiou (NSW), ME Haysom (WA), C Hogan (VIC),
SR Larsen (NSW), J Opie (NSW), LM Piscitelli (SA), K Quinn (QLD),
AJ Shearer (NSW), NM Staples (VIC), KJ Whitson (SA).**

7th European Symposium on Platelet, Granulocyte and Red Cell Immunobiology

By: Lin FUNG – ARCBS Queensland

Acknowledgements

I am very grateful to CSL and the ASBT for awarding me the CSL Bioplasma Travel Grant for 2001, which made this trip possible. In particular I would like to thank Ruth Guss, Dr.S. Ghosh and Dr. M. Dean for their support and assistance. This trip gave me the invaluable opportunity to meet, interact with and develop networks with key international granulocyte and platelet investigators.

Objectives for the trip

- 1) To participate in the discussion of 5th International Granulocyte Workshop that is a component of the Symposium.

- 2) To present 3 abstracts on our granulocyte immunobiology work.
- 3) To participate and learn about recent advances and research in the area of granulocyte immunobiology, and to develop networks in this area.

Symposium Statistics

211 attendants from 22 nations
(Australian attendees: Annette Hughes from Royal Perth, Helen Pearson from ARCBS-Endeavour and Lin Fung from ARCBS-QLD – photo attached)
36 lectures, 27 oral presentations and 73 posters



Annette Hughes (Royal Perth),
Helen Pearson (ARCBS-Endeavour)
and **Lin Fung** (ARCBS-QLD)

5th International Granulocyte Workshop

This workshop is convened every 2 years and is currently the only granulocyte quality assurance program available. Participation is important for accreditation as well as quality assurance purposes. There are 14 participants with 10 in Europe, 2 in USA, 1 in Asia and we are the only participant from the Australasian region. Therefore it provides an ideal opportunity to interact with colleagues in this specialised but important field of transfusion medicine. It is reassuring to know from the results of the workshop that our service is on par with international best practise.

Future Directions

In a positive forward move, future workshops will be coordinated by the current steering committee but go under the auspices of the International Society of Blood Transfusion (ISBT). It is planned that this granulocyte working party will oversee HNA nomenclature designation and also start a TRALI registry. And our participation in these programs will ensure an Australasian link in these important programs.

The following **abstracts** were presented:

1) Prophylactic filgrastim in maternal autoimmune neutropenia is safe and effective in the prevention of passively acquired neonatal neutropenia

Fung Y.L. *, Pitcher L.A., Taylor K., Bentley M., Minchinton R.M.

2) Transfusion-Related Acute Lung Injury - Under Reported Down Under

Fung Y.L.*, Goodison K.A., Wong J.K.L., Minchinton R.M.

3) Confirming an Alloimmune Neonatal Neutropenia due to Anti-HNA-4a (MART) by DNA Characterisation

Fung Y.L.*, Willett J.E., Pitcher L.A., Eiber G., Bux J., Minchinton R.M.

The organisers highlighted the significance of the findings of the third abstract, which describes the first clinical case of neutropenia associated with anti-HNA-4a, by making it an oral presentation.

Interesting topics

As a means of avoiding invasive and risky intra-uterine investigations, Italian and Dutch investigators are developing methods using maternal plasma as a source foetal genetic material. Both projects are in different stages of development but there are obvious anticipated benefits.

There is also a trend towards researching cell-to-cell interactions (eg. platelets with endothelial cells, WBC with thrombus), in particular with reference to inflammation and arteriogenesis. For example, platelet / neutrophil interactions can precipitate cytokine production and inflammation. Does this interaction occur with transfused blood products? These new findings therefore introduce new considerations for the therapeutic effectiveness of the blood products we regularly transfuse.

Key Learnings

- 1) The granulocyte reference testing service we provide is of international best practise.
- 2) The face-to-face interactions with all the people I met were invaluable for developing relationships for information exchange and key to future collaborations. Although networking and collaborating is easier in Europe because of the close geographical proximity between laboratories, all the scientists still put great emphasis on regularly attending meetings in Europe as well as in north America to gather and exchange ideas, and develop networks. This they believe is essential to staying at the leading edge of science.
- 3) Stop thinking about blood components (ie. RBC, WBC, platelets and plasma) separately and start thinking about their interactions.



NZ BLOOD SERVICE NAMES DR LESTER LEVY AS NEW CHIEF EXECUTIVE



Dr Lester Levy, one of the country's leading health sector managers joined NZBS in August as its new Chief Executive.

He had been Chief Executive of Mercy Ascot Hospital (formerly Ascot Hospital) since 1999, and previously served as Chief Executive with South Auckland Health (1993-1997) and Western Bay of Plenty Area Health Board (1990-1992).

Dr Levy, 48, undertook postgraduate studies in pathology at Auckland and Greenlane Hospitals and Auckland Medical School and earned his MBA from Auckland University.

"Dr Levy is a proven health and management professional who's keen to build on the successes NZBS has achieved since it was created in 1998", says Dr John Carter, NZBS Chair.

"NZBS' reputation as an excellent albeit young blood transfusion service attracted a remarkably high calibre of applicants. Lester is a trained clinician and has managed three hospitals. He has shown a commitment to safety, quality and public service, and he will fit in well with NZBS' Senior Management Team. In fact, he was particularly attracted to NZBS because of the calibre of the people. We believe Lester will help consolidate what has been achieved and further enhance our relationship with District Health Boards and private hospitals," said Dr Carter.

In the past four years, NZBS has:

- Created an integrated national Blood Service from what had been 23 separate hospital-based services

- Re-engineered the way blood is collected, tested and processed
- Implemented a national computer system similar to those used in other leading blood services
- Implemented leading edge technologies (including Universal Leucodepletion and Nucleic acid Amplification Technology (NAT) testing) to ensure that New Zealand's blood supply is amongst the safest in the world.

Dr Levy said: "I was attracted to the blood Service because it brings me right to the heart of the public good and service to my country. The Blood Service is key to quality of life and to life itself. NZS has achieved excellent results, and I'm keen to consolidate its gains and to keep our blood supply safe and available. I've led numerous quality initiatives in the hospital sector and fully understand the imperative of patient safety. Modern healthcare is driven by technology developments, and as a manager I find that an appealing environment."

In addition to working as a clinician and healthcare manager, Dr Levy has worked in clinical research, regulatory affairs and marketing for international companies including 3M and SmithKlineBeecham. Dr Levy, originally from South Africa, has been awarded Fellowships by The Royal Australian College of Medical Administrators, The New Zealand Institute of Management and the Kings Fund in London.

COMMENTARY FROM DR LEVY FOR ANZSBT

"I should say that I feel energised and proud to be part of NZBS which, in my view, holds a very special place in the New Zealand health system...with NZBS being responsible for the quantity of life, quality of life and life itself of those who receive our products and services. I believe this to be both inspiring and important and something that those of us in NZBS should never lose sight of.

Whilst I am spending the majority of my time developing an understanding of NZBS and our people, I am very focused on clarifying the future direction for NZBS over the long term. NZBS faces many challenges but there are also a significant number of exciting opportunities that we will want to be part of.

As part of its future development NZBS will want to retain and build on its strong links in the Australasian Blood Transfusion fraternity. I believe that collaboration in our region within our industry is vital for our future sustainable success.

I look forward to meeting those associated with ANZSBT in the future and look forward to welcoming any of you who wish to visit NZBS."

AUSTRALIAN & NEW ZEALAND SOCIETY OF BLOOD TRANSFUSION INC.

MEMBERSHIP INFORMATION SHEET

CRITERIA FOR MEMBERSHIP

1. MEMBER (Corporate)

A person shall be eligible for membership of the Association as a Member if he/she:

- a) demonstrates a substantial interest in transfusion demonstrated by past experience or present involvement.
- b) subscribes to the vision and mission of the Society.
- c) abides by the rules of the Society.

For Council to assess applications under Clause (a), information should be provided either on the extent of personal involvement in the clinical or laboratory practice of transfusion medicine and/or immunohaematology and/or administration of donor services and/or research in the field of transfusion medicine and/or donor recruitment or any other occupational involvement relevant to the field of blood transfusion. Please indicate the extent of personal contribution to papers, publications and other aspects relevant to the discipline.

2. CONCESSIONAL MEMBER (Non Corporate)

A person shall be eligible for Concessional membership of the Association if he/she demonstrates that he/she is a:

- a) resident in resource poor country.
- b) student
- c) retired from remunerated work in the field.

Non corporate members are not eligible to vote at any General Meeting.

MEMBERSHIP FORMS ARE AVAILABLE FROM:
ANZSBT SECRETARIAT
145 MACQUARIE STREET
SYDNEY NSW 2000

Prize Winners in 2002

Asia / Pacific Islands Travel Award	Ms Aimin Tian, Nanjing China Dr Hui Ping, Macau
ASBT Research Fund	Still to be decided
CSL Travel Grant	Miss D Grey, (WA)
Peter Schiff Award	Professor Bob Beal (SA)
Travel Grants to Adelaide ASM	Miss N Coulits (NSW) Mr D Ford (NSW) Dr R Sparrow (VIC)
Poster Award at Adelaide ASM Presidential Award at Adelaide ASM	Miss P Nicholson (WA) Dr J Eikelboom (WA)

Calendar of Scientific Meetings

2003



19 - 22 Oct 2003
Christchurch, New Zealand
ANZSBT/HSANZ Conjoint Meeting

November 1 - 4, 2003
San Diego, CA. USA
56th AABB Annual Meeting.

Have **your** say through the pages of the ASBT Newsletter

Your "Letters to the Editor", short articles on any aspect of the ASBT or blood transfusion medicine in general would be most welcome.

Please send all letters, articles etc to:

Derek S. Ford

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