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CIRCULAR 2

At this time there is no evidence that the corona virus may be transmitted through donated blood.

One visible danger is the possibility of under-transfusion during the epidemic due to blood donor reluctance or even infection. Shortage of blood is an issue to be discussed with international, national and local blood authorities and NGOs. Further information and guidance available through their public information sites/services (e.g. Centres for Disease Control and Prevention (CDC), the Advancing Transfusion and Cellular Therapies Worldwide (AABB, formerly known as American Association of Blood Banks), the European Centre for Disease Prevention and Control (ECDC), the World Health Organisation (WHO), the International Society of Blood Transfusion (ISBT) and Thalassaemia International Federation (TIF) will be shared.

Punjab Blood Transfusion Authority advises/suggests to its member patient associations to work very closely with their National Transfusion Services (BTS), Treating Physicians and National Healthcare Authorities (NHA) to:

- i. Continue empowering blood donors to give blood provided that safe blood donation environments are ensured for them. BTS and NHA should commit to providing such settings for blood donors.
- ii. BTS and NHA should make every effort to strengthen existing and developing new mobile unit services for facilitating blood donors to give blood.
- iii. Update and upgrade where necessary the blood donor's Questionnaire to secure the safety of the blood albeit the absence to date of any evidence of transfusion transmittance of this virus. Donor management/history should be more stressed. Donor assessment must be made by a qualified physician.
- iv. Routine blood donor history screening measures that are already in place should prevent individuals with clinical respiratory infections from donating blood. For example, blood donors must be in good health and have a normal temperature on the day of donation. The parameters must be strictly followed.
- v. The deferral period of 28 days represents twice the maximum reported incubation period (14 days) from exposure to onset of symptoms and is the surveillance interval being used in public health.
- vi. Blood establishments may consider donor educational materials to instruct individuals to self-defer and refrain from blood donation if they have:
 - vii. Cared for, lived with, or otherwise had close contact with individuals diagnosed with or suspected of having COVID-19 OR
 - viii. Been diagnosed with or suspected of having COVID-19.
 - ix. Have traveled to an area impacted by an outbreak of COVID-19.
- x. Blood establishments may wish to consider updating post-donation instructions provided to all/selected donors of blood and blood components to ask donors to report

- a subsequent diagnosis of COVID-19 infection as soon as possible to the blood establishment.
- xi. Continue to spread reliable and updated information to the patients and the community at large regarding the symptoms and risks related to this viral infection and precautions that should be taken in order to facilitate donors for self-deferral.
- xii. An initiative should begin in creating new and/or strengthening existing pools of donors from family members, friends. It is important to develop tools, questionnaires or other means to ensure knowledge of the history of the blood donors that are encouraged to form these pools. It is important to focus on the diversity of the blood groups in order to support coverage of blood groups of the greatest majority of patients using the different pools of donors and in addition on including also rare groups. Despite the fact that the WHO and TIF have always focused and strongly advocated for voluntary, non-remunerated blood donation practices in extreme circumstances that lead to severe shortages of blood, unfortunately we are left with no other weapons for our patients whose life is depended on lifelong blood transfusion. However, and under no circumstances any paid donation should be encouraged or even considered.



SECRETARY

PUNJAB BLOOD TRANSFUSION AUTHORITY
LAHORE

No. and Date even.

Copy is forwarded for information and necessary action to: -

1. Secretary, Specialized Healthcare & ME Department, Lahore.
2. Secretary, P&Sec Healthcare Department.
3. Director General Health Services Punjab, Lahore.
4. Additional Secretary (Technical), Specialized Healthcare and ME Department, Lahore.
5. Additional Secretary (Technical), P & Sec Healthcare Department, Lahore. (To be circulated at all DHQ hospital blood banks and THQ Hospital blood banks)
6. Director Institute of Blood Transfusion Service Punjab, Lahore. (To be circulated at all attached blood banks).
7. Director (Operations), Punjab Healthcare Commission.
8. Dean Institute of Public Health Lahore.
9. Prof. Dr. Saba Jamal Chief Consultant Haematologist Indus Hospital Karachi.
10. Program Manager Punjab Hepatitis Control Program, Lahore.
11. Project Director Punjab AIDS control program.
12. Manager Regional Blood Centers Multan.
13. Manager Regional Blood center Bahawalpur.