Australian and New Zealand Society of Blood Transfusion
East Asia, Pacific Island Travel Award

Travel Award Recipient Report

Location of meeting: Adelaide, South Australia

Date of Meeting: 16-21 October 2015

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Educational Activities at the meeting
1-Oral Presentation
I listened to presentations on critical bleeding and coagulopathy, and the experience of management systems and guidelines from various countries such as United Kingdom. The talks clearly explained management system, specific and detail guidelines, cooperation of specialties and value of point of care testing for coagulation indicators. The lectures on availability and evidence base analysis of ratio of blood components intended to be used in treatment of massive transfusion are supportive for us. Use of tranexamic acid and cryoprecipitate should be considered for implementation for our service as they can be used with confidence since we do not have ready access to prothrombin complex factor. The talks on implementation and interpretation of ROTEM (EXTEM, INTEM, APTEM FIBTEM) results in proper management of coagulation as well as evidences of fibrinolysis in emergency cases which favours rational use of blood components were interesting. Systematic management of Massive transfusion can be implemented.

The talk on the Coronial recommendations reminds us to record errors in patient management.

Fibrinolysis without fibrin gives important highlight in treatment of stroke and role of t-PA and tranexamic acid.
The detection of new blood group can be diagnosed by molecular genotyping and that is more cost effective than antigen phenotyping. This statement encourages us to proceed to genetic typing as future target both for antenatal care and blood group serology problem.
Usage of different antibody identification panels can differentiate clinically significant antibody from those of non significant types.
Regarding information about transfusion transmissible infections, vCJD is not important in our population but information about Dengue is valuable for us.
For IgA deficiency and CMV negative blood products, our situation cannot identify that problem.

Acquired thrombotic thrombopenicpurpura can be treated in our situation but diagnosis of congenital cases can't be done.

2 – Poster presentation

Poster presentation gave some highlight on analysis which does not need too sophisticated and expensive resources like analysis of characteristics of patients with a haematological diagnosis admitted to the intensive care unit etc.

Essential thrombocythemia cases are found in our country. Study of correlation between morphology status of essential thrombocythemia and myelofibrosis with mutation status show negative correlation in this study. Situation without capability to explore mutation status can depend on morphology.

Experience of PNH in tertiary hospital gave information about importance of clinical suspicion and frequent screening in diagnosis for early institution of treatment.

The study of Hyperfibrinogenaemia in an adult cohort at a tertiary hospital pointed out the high ferritin level could be used as a laboratory alert to prompt decision to consider the diagnosis of Haemophagocytolymphohistiocytosis.

Unexplained haemolytic transfusion reactions in a pregnant patient with thalassaemia rectified by transfusion of Sda non-reactive red cell alerts us to do extended antibody identification service because this antibody cant be identified in our country

Zeta potential changes with ABO incompatible red blood cell serum mixture showed interesting methodology.

Study of Platelet count changes in regular platelet apheresis donors encourages for lack of relation to physiological or biochemical changes with regular donation.

3 – New Technologies

New technologies like gene sequencing and drug for monoclonal antibody for specific mutation of appropriate pathways are quite exciting.

4- Information and knowledge gained from attending the meeting:

Information about blood patient management and point of care testing of coagulation status for emergency care are fundamental plan for our service.

Effective and national wide management of blood service is essential in recent situation of our service.

5 – Overall experience

In our recent situation in Myanmar, blood donor management is up to basic adequate level of standard but blood patient management area needs to be more emphasized.

For improvement of that area, cooperation between supportive service and patients' care service becomes crucial. Getting information, solving the cause of problem and education between both sides can give definite benefits which was showed by changing trend of one unit red blood cell transfusion service.

Communication with clinical services for appropriate use of blood will be introduced because of higher demand of blood and blood products in our situation. Monitoring of uses must be reviewed and discussed to ensure appropriate use. Patient blood management procedures which were obtained from conference are supportive for our service to be introduced.

Comments and Feedback

Information and knowledge gained from conference were definitely supportive for future plan of blood transfusion service because all the presentations were given by experienced professional persons from their respected fields. The opportunity to share the experience of blood transfusion at Flinders Medical Center gave strong confidence for patient blood management implementation.

My visit to Australian Red Cross Blood Service supports wider view of donor collection and overall view of HLA technologies. That grant is definitely supportive for our service .