



**16TH INTERNATIONAL
HAEMOVIGILANCE SEMINAR**
Barcelona March 5th - 7th, 2014

IHN International
Haemovigilance
Network



Sociedad Española de Transfusión
Sanguínea y Terapia Celular

*Plenary Session: Haemovigilance in Latin American
Countries*

An overview about HV in Latin American Countries

Dr. Oscar Walter Torres
Buenos Aires - Argentina

An overview about HIV in Latin American Countries

1-Some considerations about Latin American Countries and Transfusion Medicine in the región

2- The survey carried out on Hemovigilance Systems in Latin America

HV in Latin American Countries



- 20.000.000 km²
- 18 Spanish speaking
- 1 Portuguese speaking
- Population: 597.526.000

Although we have a lot of characteristics in common for historical reasons, each country has its own special features in geographic, cultural, social and economic terms.

HV in Latin American Countries

PAHO's Regional Plan for Transfusion Safety 2006-2010

- September 2005, the 46th Directing Council of the PAHO approved the Regional Plan of Action for Transfusion Safety 2006-2010.
- **Purpose:** to contribute to the reduction of mortality and the improvement of patient care in LA and the Caribbean by making safe blood for transfusion available in a timely manner for all patients who need it
- **Objectives:**
 1. Assure appropriate collection and preparation of blood components in sufficient quantities to treat the patients who need blood transfusions.
 2. Assure timely access to blood components in the patients who need blood transfusions.
 3. Assure the highest level of safety of blood products to avoid the transmission of infectious diseases and other untoward effects associated with transfusions.
 4. Promote the appropriate clinical use of blood.
 5. Improve the efficiency of national resources.
- **Strategies:**
 - A. Planning and management of the national blood network system.
 - B. Promotion of voluntary blood donation.
 - C. Quality assurance.
 - D. Appropriate use of blood and blood components.
- **Ten indicators of progress:**

100% of the countries will have established a haemovigilance program to assess the impact of transfusions on patients' health.

HV in Latin American Countries

Evaluation of PAHO's Regional Plan for Transfusion Safety 2006-2010

Conclusions:

While some countries had advanced greatly in achieving 100% voluntary donations, progress had been slow and insufficient in the majority of the countries.

Haemovigilance ????????

Prof. Dame Marcela Contreras
Dr. Ashley Duits
Dr. Elena Franco
Dr. Marcia Otani
Dr. Gabriel Schmunis

HV in Latin American Countries

PAHO's Regional Plan for Transfusion Safety 2006-2010

Table V-1. Regional Summary, 2011

Variable	Caribbean Countries	Latin American Countries	Caribbean and Latin American Countries
Blood units collected	134,757	9,141,157	9,275,914
Number of voluntary, non-remunerated donors	75,771	3,767,731	3,843,502
Voluntary, non-remunerated donors (%)	56.23	41.22	41.44
Number of remunerated donors	0	7,124	7,124
Remunerated donors (%)	0	0.08	0.08
Screening for HIV (%)	100	99.71	99.71
Screening for HBsAg (%)	100	99.71	99.71
Screening for HCV (%)	99.23	99.68	99.68
Screening for syphilis (%)	100	99.7	99.71
Screening for <i>T. cruzi</i> (%)	NR	92.38	NR
Screening for HTLV I-II (%)	81.52	67.54	67.74

NR = Not reported.

No data about number of units transfused

HV in Latin American Countries

PAHO's Regional Plan for Transfusion Safety 2010-2014

■ Conclusions:

While some countries had advanced greatly in achieving 100% voluntary donations, progress had been slow and insufficient in the majority of the countries.

.....and nothing about HV

HV in Latin American Countries

PAHO's Regional Plan for Transfusion Safety 2014-2019

- *Strategy 4:* Health Surveillance, hemovigilance, risk management, monitoring and evaluation.
 - Goal 1. to intensify the national blood system with the inclusion of health surveillance in blood services.
 - Goal 2. Encourage the national blood system to enable the implementation of Hemovigilance in blood services.
 - Goal 3. Develop a mechanism that could allow countries to monitor the implementation of the national plan.
 - Goal 4. Develop risk management plans based on the information generated by the HS

HV in Latin American Countries



In some countries, current legislation in Transfusion Medicine requires mandatory reporting of adverse transfusion reactions.

Even so, a Haemovigilance activity of varying magnitude started developing only a decade ago

HV in Latin American Countries



- **Objective:** to describe the current situation of Haemovigilance in Latin America.
- **Methodology:** We conducted a survey using a questionnaire of 5 close-ended questions and 2 open-ended ones.

According to the responses obtained in 3 of the close-ended questions, participants were asked to fill out a table with dichotomous responses or quantitative data (numerical and percentage values).

In two of the close-ended ones, room was allowed for comments

N= 18 countries

HV in Latin American Countries

Blood Transfusion Services Information

- In all countries, Ministry of Health collects data periodically (usually monthly) from BTS activities in standardized electronic (61.53%), manual (7.69%) or both (23%) formats.
- In 9 countries, MH receives 80-100% BTS data
- In 1 country, MH receives 40% BTS information
- In 4 countries, this information is unknown
- 1 country did not respond

HV in Latin American Countries

Hemovigilance Systems (HS)

- Only Brazil (2006) and Colombia (2009) have a HS
- Cuba: regional pilot plan (2003). In nationwide expansion
- Chile, Guatemala, Venezuela and Mexico: although it is mandatory to notify HV data, few institutions send information regularly.
 - Chile is improving its communication network to extend it nationwide.
 - In Venezuela the official agency showed no interest in developing a national plan presented by the Scientific Society in 2011.
 - In Mexico it is mandatory since 2012, but the National Centre of Blood Transfusion does not have the format for recording data yet. Only some institutions have a HS
- Argentina and Honduras record some data voluntarily.
- Costa Rica, Ecuador and Peru record HV data in some institutions, but do not report to the government agency because it is not mandatory.
- Caribbean area: there is no a HS

HV in Latin American Countries

Transfusion Reactions (TR)

Country	Acute	Delayed	Infectious
Argentina (n:45.097)	1167 (2,58%)	----	1 (0,002%)
Brazil (N:3.567.720)	5279 (0,14%)	53 (0,001%)	12 (0,0003%)
Colombia (N:900.640)	1168 (0,12%)	13 (0,001%)	17 (0,001%)
Costa Rica (N:1930)	19 (0,98%)	1 (0,05%)	1 (0,05%)
Cuba (N:176.269)	781 (0,44%)	7 (0,003%)	14 (0,007%)
Chile(N:380.870)	1020 (0,26%)	107 (0,02%)	---
Guatemala (N: 171.244)	48 (0,02%)	---	---
Peru (N:210.000)	38 (0,001%)	---	1 (0,0004%)
Venezuela (N:484.449)	449 (0,09%)	3 (0,0006%)	9 (0,001%)

HV in Latin American Countries

Blood Donors Reactions (%)

Country	Acute reactions	Delayed reactions	Local reactions	Vasovagal reactions	Others
Argentina N:26.805	1,66	0,16	0,63	1,52	0,007
Costa Rica N:2890	0,65	0,28	0,10	1,24	--
Cuba N:272.379	0,25	--	0,04	0,21	--
Chile N:279.107	--	--	--	1,58	0,55
Peru N:100.000	0,62	--	0,46	0,72	--
Venezuela N:43.993	0,38	0,06	0,81	1,01	0,009

HV in Latin American Countries

There was a coincidence among the respondents:

“Underreporting”

HV in Latin American Countries

Why is there a lack of a HV System?

■ Political:

- Either absence of an operative blood programme or of national legislation;
- lack of political initiative;
- HV importance is underestimated;
- non-existent centralized processes, or
- a programme has not been developed yet.

■ Resources: insufficient human resources (general and/or specialized for specific functions), and funding.

■ Culture of responsibility: fear of punitive actions.

HV in Latin American Countries

Obstacles to implementing a HV System

- No regulations demanding this kind of activities.
- In those where there are, there is no institutional commitment
- Not enough staff to carry out the various activities involved
- Lack of hospital transfusion committees;
- Health professionals have no interest in keeping records or writing reports
- There is no interrelationship between the physician who assesses a reaction in a patient and the blood bank.
- There are neither assignments of hospital tasks, nor authorities to enforce them.
- Lack of a staff and the training involved and absence of automated processes.
- No legal protection.

HV in Latin American Countries

Conclusions I

- Fortunately HV activities are already emerging in many LA countries
- It is necessary to change some paradigms in many countries: HV will not lead to a punitive action
- There are numerous factors that affect the consolidation of the HVS in the region; in some cases there is not a National Blood Programme.
- However, in all countries, there is a growing awareness of the need of its implementation, despite the lack of political initiative.
- General interest in HV is present in LAC

HV in Latin American Countries

Conclusions II

- PAHO, Scientific Societies (ISBT + IHN) and professionals have to work jointly in order to demonstrate and persuade health authorities about the importance of HVS for transfusion safety
- To guide them and seeking solutions to minimize the obstacles that prevent its implementation and deployment with concrete actions, but according to the possibilities of each country

HV in Latin American Countries

■ We appreciate the cooperation of:

1. Dr. Hilda María Silva Ballester - Cuba
2. Dr. María Cristina Cárdenas Cárcamo - Chile
3. Dr. Armando Cortéz - Colombia
4. Dr. César Cerdas-Quesada - Costa Rica
5. Dr. Myriam Eleonora Juarez Vielman - Guatemala
6. Geni Neumann N. de Lima Camara/Dr. Anna Proietti- Brazil
7. Dr. Carolina Molas- Paraguay
8. Dr. María Dolores Nieto -Ecuador
9. Dr. Ina Pérez- Perú
10. Dr. Ismael Rodríguez-Uruguay
11. Dr. Inés Adela Zelaya Pineda -Honduras
12. Dr. Héctor Baptista, Ana D` Artorte, Araceli Malagón, Julieta Medina. Mexico
13. Dr. Graciela León - Venezuela
14. Argentinean Association of Hemotherapy - Argentine

Tribute to Dr. Luis Agote

Buenos Aires, November 9th, 2014



Centennial of the first blood transfusion
using non-toxic doses of sodium citrate as anticoagulant



Thank you!!!!!!