

**IHN General Member Assembly February 20th 2013, 9am to 12 am,**  
**Hotel La Plaza, Brussels**

**Attendees:**

Jean-Claude Faber	JCF	President	Luxembourg
Jo Wiersum	JW	ISBT rep.	Netherlands
Paul Strengers	PS	Treasurer	Netherlands
Erica Wood	EW	Member	Australia
Paula Bolton-Maggs	PBM	Secretary	UK
Constantina Politis	CP		Greece
Christine Steinsvag	CS		Norway
Morven Ruesch	MR		Switzerland
Peter Flanagan	PF		New Zealand
Hitoshi Okazaki	HO		Japan
Kenji Tadokoro	KT		Japan
Naoko Goto	NG		Japan
Slavica Maver	SM		Slovenia
Guisseppina Facco	GF		Italy
Michael Strong	MS		USA
Barbee Whitaker	BW		USA
Matt Kuehnert	MK		USA
Miodrag Palfi	MP		Sweden
Alan Williams	AW		USA
James Berger	JB		USA
Maria Antonia Escoval	MAE		Portugal
Jorge Condeco	JC		Portugal
Matilde Santos	MS		Portugal
Tomislav Vuk	TV		Slovakia
Micheline Lambermont	ML		Belgium
Mickey Koh	MK		Singapore
Anita van Tilbogh	AT		Netherlands
Martin Schipperus	MS		Netherlands
Charlotte Ingram	CI		South Africa

- 1. Welcome by the President, JCF**
- 2. Adoption of draft agenda – agreed**
- 3. Apologies –from: Norway, Spain. Introduction of board members**
- 4. Welcome to newcomers**
- 5. Brief summary of IHN board activities (JCF).**

Meetings in Amsterdam 08.02.2011, Lisbon 07.2011, teleconference 01.12.2011, Montreal 24.04.2012  
Main priorities: IHS 2012 Montreal, ISTARE, IHN Website, consolidation of new Board, in Amsterdam 2011, 3/5 board members left (René de Vries, Clare Taylor, Pierre Robillard).

At Meeting in Lisbon at ISBT July 2011: mainly discussions about ISTARE.

The Executive Board met on April 24<sup>th</sup> 2012 in Montreal to prepare the agenda for this meeting and the conference. There were also discussions about ISTARE, IHN has a new website which is better to use, and consolidation of the new board. No questions were raised.

- 6. Approval of minutes from members meeting Amsterdam February 9, 2011.**

The minutes were reviewed and an amendment about the name of GBSN which needed to be written out in full "Global Blood Safety Network", composed of organisations, members of WHO Expert Panel and WHO collaborating centres. Page 3, one sentence was added under finances: the breakdown of projected expenditure of 2011 should be put on the website alongside accounts for 2010. Page 4 Nominations and suggestions for a 5<sup>th</sup> board member which have to be approved. Last page under 'other business' a typo 'IHO meetings' means 'IHN meetings'. The minutes were then approved by the assembly. Most actions in minutes referred to updating of the website.

## **7. Approval of the new members:**

Erica Woods, Australia and Paula Bolton-Maggs, UK. No objections.

Thanks were recorded by JCF to René de Vries, President 2006-2011 – he linked ISBT working party on haemovigilance to the IHN, working in complementary ways. He brought new colour into the organisation – an advocate for the clinical areas. During the official programme on Friday RdV will be awarded the IHN medal. Clare Taylor has worked closely and intensively with IHN taking care of secretarial actions and updating the website; IHN is very thankful to her as the website is an important and powerful communication tool between the network and members, and those with an interest in haemovigilance: grateful thanks were recorded. Pierre Robillard has always been very constructive on the board and was a guardian of good relationships between the network and ISBT working party, this together with the ISBT working party on standardisation of definitions has been important and outstanding. Many thanks to PR also for organising the Seminar here in Montreal, the first one outside Europe, and with a high quality programme, 'la crème de la crème'. The numbers are lower at 125 participants, but it is not always quantity that is important but quality which is great. PR received a round of applause.

## **8. Structure of the IHN:**

- a. Executive Board has 5 members. JCF has taken over as interim for 2 years and will hand over next year. Having only five members on the board is a bit low. JCF launched an appeal for nominations to the meeting and we should consider co-options, e.g. past president for some time, and envoyee for special missions/ targeted missions where leaders need to be close to the board. Members were asked to respond to this suggestion; Paul Strengers noted that there will be two vacancies next year, he PS is now past president and treasurer and he will retire next year also. CP asked whether we keep something from the tradition that the President should be European? The president is clear that we need fresh membership. Board members are elected by the members – European or non-European is not the most important issue, it rather needs a strong leader who can take the organisation forward. There are regions on the globe where we have no representation, whole continents which we plan to work on the next 12 months. Peter Flanagan agreed that the past president should be co-opted onto the board for continuity and so he would support this strongly. He also supported the role of a 'special envoyee' but increasing the board might cover this and he endorses both proposals. MS (Netherlands) asked what the procedure is to get another member on the executive board? JCF noted that we need some names/ suggestions to carry forward to next meeting. So there is no hurry. The current executive team have set their priorities. There will be a complete change in the board in the next two years. This should be regarded as an opportunity. There must be some continuity over the change period. PS expresses that this is an international organisation and that we need representation from the Asia/Pacific area, and the Americas. We want to become a truly international network. If there is a candidate before the meeting in Cancun, we can meet there to take it forward. PF asked to clarify the status of the chair of the ISBT working party on the IHN board – is it ex-officio? Would that person be able to stand for the presidency? JCF answered that an ex-officio member is not eligible for IHN presidency. The number of interested people is limited and it will be difficult to find suitable people. PF just wanted to understand the rules. People are elected to board, the board allocates the tasks internally. The 5 board members currently include the ex-officio member but the constitution does not clearly define how many there can be.
- b. Co-option is accepted by the members for continuity and an appeal is made for nominations to the IHN Board. It was decided to continue with the IHN working parties and their chairs. Working parties: MK (Singapore) commented on WP and their activities. An exhaustive list of all IHN WPs should be drafted and it should serve for an inventory. Should the chairs of the WPs be on the IHN executive board?
- c. WP on Donors - JW spoke to this. It is currently unclear whether work continues under ISBT WP or IHN. Donor section and recipient section are discussed. Peter Tomasulo has agreed co-option onto WP on Donors, which will consider in more details donor iron status and donor needle injury. JW is clear that we don't want to duplicate work or come up with two sets of standards. Where should this

WP sit? Under ISBT or in IHN. PS remarks that this is a difficult question to answer. Several other groups have started up after the IHN and it is not clear who is leading on which task. This is the only WP where new developments in haemovigilance are discussed and it has triggered the development of haemovigilance systems in various countries. It should be noted that the ISBT WP on haemovigilance membership and IHN membership are not totally overlapping which leads to question what is our focus? What does the membership think about this? JCF thinks that there is a risk of duplication and that we should infuse the knowledge and expertise into the ISBT WP on HV as this WP on donors is embedded in a much broader environment. We should focus on subjects more specific to our network where we can achieve something. PF speaking as president- elect of ISBT sees an opportunity to engage to produce clarity on how together we can achieve what needs to be achieved. He agreed that duplication is unhelpful in terms of limited professional skills and is destructive. He suggested benefit in a meeting at Cancun between IHN Board and ISBT Exec to define roles and to see if there are real opportunities to work more collaboratively together, he would be keen to facilitate this. JCF noted that this is not a new issue and asked what are the advantages? It depends on the players. To be discussed in the IHN Board. EW noted that the IHN members present here represent their national HV organisations. What should be the role of an ongoing WP? Some activities have been task-focussed, such as ISTARE. BW proposed that the Donor WP could be a data collection arm, about interventions and improvements. CP noted that there is already a module within ISTARE. MK (USA) suggested to examine data from different countries and to proceed to comparison of definitions – he does not necessarily see a conflict if the 2 organisations' WP have different functions. JCF noted that the WP is not 'filled with life' for the moment. CP described the whole page in the ISTARE system which collects donor information: this will be presented tomorrow afternoon. The ISTARE group has not yet done a thorough analysis. The questions have to be revised each year and data was being entered up to last week. CP also informed that Greece has been taking an interest in Donor events, educate colleagues from blood centres to know how to report this properly, association with pathologists and physicians who are specialised for donor sessions and have published two booklets on how to identify and report and also how to prevent complications. She proposed that as our work relies on donors we must protect and educate them. At annual meetings in Greece they always ask donors to be represented. This needs further elaboration. JCF agreed this may be a new field to explore. ISTARE data will be considered later on the agenda. Should this be under ISTARE or do we need another group (WP on donors) to consider guidelines and recommendations? CS from Norway agreed that there should not be duplication.

- d. MK noted first that the IHN has members from national systems. So there is a resource of data collection and education out to countries, whereas the ISBT is larger, involving individuals but not necessarily national representatives. Secondly, on education he asked whether we want to concentrate on this and also on dissemination? Thirdly, he was not in favour of separation of donor WG from recipient WP: this would be a retrograde step. He also believed that one cannot separate data collection from analysis. IHN concentrates on HV as country based structure, education and dissemination. The discussion then moved to biovigilance. JCF recognizes that we all agree donors and recipients should not be separated. Mike Strong from the USA noted that biovigilance is not currently among our WP. Tissues, cells collection systems, etc. are going into the haemovigilance groups. This is an opportunity which we are not taking advantage of. CP made a comment on good work in ISTARE especially about donor surveillance and she would like to invite participants to become new members. JW thinks that the ISBT side could concentrate more on applications and interventions arising from data analysis. JCF proposes that we will discuss within the executive board where this should go and asks whether we can find a new orientation for the WG on Donors to make sense, or should we hand it over to the ISBT WP on HV. No further discussion.
- e. WP ISTARE is doing well and we acknowledge it needs more individuals to collaborate in this WG, which is the ISTARE Steering Group.
- f. WP on website was chaired by Clare Taylor and we need to work continuously on it. Membership of this group was discussed. PBM committed to continue with this important task. PBM to follow up

with the members.

- g. WP on rapid alert system existed –in the past. JCF noted that this is down now and asked the question whether we want to re-activate this? It will not be an easy thing to do.

## **9. Finances:**

PS presented the 2011 accounts. Portugal was not included in the table, apologies for this. Income from fees 2011 still to come in. Expenses are complete with 179,709.24 Euros. Membership fees for 2012 are not intended to rise this year. The IHN membership fee is composed of a fixed fee plus a variable amount proportional to the number of whole blood donations in a country. Therefore it varies for the 28 countries represented. Travel fellowships for Montreal: none was requested. 5000 Euros are available in principle per IHS. Similar plan for Brussels meeting. Financial review committee DP, OF. DP commented that the statement had been reviewed. PF advised that tax laws in The Netherlands have changed and this will have implications for IHN? PS did not know. PF was not clear whether IHN will remain tax exempt and PS will investigate this. The question relates to the definition by the Dutch Laws about charitable organisations: it may relate to the volume of the financial reserves. PF noted that it is difficult to obtain information about this. Finances 2011 are approved by the meeting.

## **10. International HV seminars**

- a. Montreal 2012 – needs extra funding from IHN due to poor attendance.
- b. Brussels 2013 –end of February, probably 20-22<sup>nd</sup> ; in association with local Red Cross and eventually the federal agency for medicines, and even the European Commission.
- c. IHS 2014 - candidates are sought, preferably outside of Europe – open for nominations.
- d. IHS 2015 - in Europe? We also want candidates. Comments on location: JW proposes to alternate IHS in Europe when ISBT is outside Europe. PF noted that ISBT is in Seoul, South Korea in 2014. Main clashes would be for regional meetings of ISBT, 2013 in Amsterdam, 2015 for European ISBT Congress; this subject will be decided in Cancun, July 2012.

11. **ISTARE** – IHN took over the financial responsibility for this and invested some money, 20,000 Euro which is 10% of our total reserve. Several other organisations have approached IHN to collaborate. CP presented an update on behalf of ISTARE WP. The members are PR, JW, Danielle Rebibo, France and Clive Richardson, Greece. There are several reasons why an international web-based haemovigilance tool is useful. The works began in 2010, and to date, 15 countries have entered data for 2006-2009 and 22 countries have entered data for 2010. Full data will be presented during the Seminar. Online official launch was on 6 February 2012 and data was accepted up to March 30, 2012 for analysis for this meeting. A paper was distributed defining who can use the database with access levels 1 to 4. Screenshots were shown. So far there are 77 country reports, 51 from Europe. Results: 74 incidents per 100000 units issued, and (233 reports) 0.28 deaths per 100000 units issued. Total donor complications over all these years: 242,889. It seems that overall units issued are 84 million but only about 20 million were transfused (N.B. this needs to be checked as it appears improbable). 87% countries have complete HV systems, 13% incomplete. Vigilance for materials/reagents: answer was yes 52% and no 48%. Proposal: what should be the next steps? Several points on final slide. More data could be submitted for 2006-2009 if available. Complete submission for 2010. Receive feedback from users. Continuous update. JCF thanked and congratulated CP and her group on this complex work. PF asked about the large difference between issues vs transfused? CP said that the rates are calculated from issued not transfused rates. JCF reminded that there is a presentation during the IHS where more questions can be asked then. PS commented that there are databases on treatment etc. Information from these was limited because the goal was not precisely defined at the start. What is the future goal for ISTARE? Do we need a group to make analysis and come back with suggestions for treatment of guidelines based on the data? CP replied that it is first the working group's task to look at the data and see e.g. what are the most frequent adverse reactions? There are variations between countries. Clive Richardson, the ISTARE statistician, expresses that other experts are needed to make analysis and interpretation. We are not ready for this step yet until the data collection is complete. CP will be pleased to have additional people who are willing to assist. The executive board and the general assembly need to decide about publication, where and who owns

the data? JCF emphasized that the IHN members want the data to be used and that they are expecting publication. Is the group meeting soon? Until now 4 meetings took place in Europe, which were very helpful. The ISTARE group should organise another meeting and propose what to do with the information and submit the proposals to the executive board. We need to act quickly. EW agreed with publication in peer-reviewed literature and noted that the data will be updated year on year. She suggested also a publication on the lessons on the methodology (from establishing the database) as a guide for other countries setting up their own national registries. CP replied that people have already asked for permission to use the data. JCF noted that many organisations struggle with setting up data collection and analysis. CP thanked JCF and colleagues for assistance particularly in relation to the financial crisis. Office staff in Athens are working voluntarily.

12. **IHN website** - no comments or suggestions apart from Barbee Whitaker offering assistance from AABB
13. **Haemovigilance book** : today is the deadline for reviewing the proofs. The book will be ready for the AABB Annual Meeting in October 2012. It will certainly increase the visibility of the IHN. It is a comprehensive book and has the risk of outdating of the data but not of the principles governing HV.
14. **Relationship with other organisations.**
  - a. WHO – there is a MOU on haemovigilance between WHO and IHN which has been circulated covering 6 different areas. WHO will organise a global consultation on haemovigilance in September 2012: IHN will be an important partner in this. Especially when it comes to capacity building and publications and others. WHO has now re-emphasized the importance of haemovigilance. How will this penetrate into the developing countries? This is a task for IHN to look at in details as HV has possibly in low HDI countries the maximum impact.
  - b. European Commission – IHN has helped set up of EU reporting system. There have been changes in staff at EC so that now there is no direct link for consultation although the EU is open to receive input from people who are active. JW has participated in EC works and suggested we should be more active in the collaboration with EC. JCF suggested that our next meeting in Brussels could be a good opportunity to move forward with the relationship EC-IHN. We should search for good contacts through Stefaan van der Spiegel. PS has contacts with him. The ministries of health are the partners who are very interested in knowing what is really happening. Great willingness for our input. JCF noted that the European CDC in Stockholm is mainly about infectious events . We do not have ongoing contacts with them. PS remarks that they are interested mainly in data on medicinal products. MK thinks that they would be interested in further collaboration. A plasma master file is planned including information on donors and their infectious status, for example higher incidence of HBV in some areas of Europe. The question is asked what are these collection centres doing to reduce this? JCF noted that one of our former contacts (Dragoslav Domanovic from Slovenia) is working with them in Stockholm and could be a good link. CP posed the question about pathogen reduction technologies and mentioned that a statement will be issued by Council of Europe. PF commented that a seminar about 2 years ago acknowledged that we need better systems to capture long term complications from pathogen-reduction methods. No definite outcomes are known at present. PS noted that the EMA/FDA have a blood consultation group. We should consider to make links with these groups and be at the right position. The FDA representative commented that he can assist with this.
  - c. ISBT - collaboration already discussed before
  - d. AABB – Barbee Whitaker stated that AABB is very supportive of IHN and enjoys the two way communication. JCF asked the question how we can get the Americans more involved? The US Government is well represented in this meeting. It was suggested to actively promote the HV book at the AABB Annual Meeting in Boston October 8-10, 2012.

- e. BEST – there is no established collaboration at present but our research strategies may develop further. Should we have a more formal collaboration? JW heard that BEST is thinking of doing some work on donors. Where do they find scientific assistance to discuss research questions? BEST are well placed to discuss this with us. The proposal is not further defined. PF is a member of BEST and informed that a meeting was held last week in Leuven. A BEST donor group is being established. JW is more interested in the general question. EW supported the idea that BEST have good expertise in developing such questions. JCF suggested further discussion in Cancun.
  - f. NATA – no real collaboration exists at present, It used to be closer. There was some discussion to go forward with increased collaboration. NATA meeting is attended by clinicians, anaesthetists, surgeons. Strong focus on alternatives to blood. NATA has open-minded people who are interested in discussion on this. JCF proposed to try to re-activate our past NATA-contacts.
15. A **Global Consultation on Haemovigilance** (GC on HV) will be organised by WHO in cooperation with IHN and ISBT over 3 days in Dubai, UAE September 24 to 27, 2012.
17. **IHN decorations** – no obligation to have an IHN Award every year. This year the IHN Medal will acknowledge the work of René de Vries and the ceremony will be in the official program with higher visibility. For the selection criteria for the IHN Award one sentence will be added 'from a scientific point of view' whereas for the Medal this is for contribution to our society, the IHN. In the future, both will be honoured within the main IHS program.
18. **AOB**: None
19. **Next meetings**
- a. General Member Meeting: at 15<sup>th</sup> IHS in Brussels on Wednesday February 20, 2013 (09:00-12:00)
  - b. Executive Board Meeting: at ISBT Cancun Sunday July 8<sup>th</sup> 2012
  - c. Executive Board teleconference mid September 2012.