

18 August 2020

Dear Colleague

**RE: Update on Coronavirus Disease 2019 (COVID-19) and the blood supply**

I am writing to provide you with a further update regarding COVID-19 and the safety and sufficiency of the blood supply, as well as additional support information relating to COVID-19 convalescent plasma.

Given the current situation in Victoria, some of this update will be of primary interest to our Victorian customers; however, it will also keep those not in Victoria abreast of the situation there and may be of particular interest to those customers in South Australia and Tasmania whose blood is supplied from our Melbourne Processing Centre.

This letter also summarises issues related to COVID-19 and the blood supply that have been previously communicated by Lifeblood, with updates where required.

***Victorian restrictions***

As you will be aware, on 3 August, the Victorian government implemented stage 4 restrictions for all Melbourne metropolitan suburbs and stage 3 restrictions for all regional Victorian locations which will run for 6 weeks until 13 September. Stage 4 restrictions mean that residents are only allowed to leave their house for four reasons: shopping for food and essential items, care and caregiving, daily exercise and work. There is now also a curfew on Melbourne residents between 8pm and 5am.

Lifeblood sought and obtained confirmation from the Victorian government as follows:

- Lifeblood is an essential service.
- The restriction on travel to a 5km radius from home does not apply to blood donors meaning donors can donate at their closest donor centre.
- Donors will need to have an appointment.
- Donors will need to be able to demonstrate that appointment (one day out SMS is enough).
- The 8pm curfew does not apply to those returning from donating.

Our Lifeblood Marketing Team is sending all Victorian donors with appointments an additional text message that they can present if they are stopped on their way to and from donating.

***Sufficiency of the blood supply***

There are no inventory shortages or restrictions outside the normal day-to-day fluctuations at this point in time. As noted above, Lifeblood has been deemed an essential service, and blood donation and supply are exempt from lock-down requirements.

Red cell stock levels are however trending towards the lower limits of our inventory bands, and for this reason we will be progressing a national media call for additional donor whole-blood and plasma appointments on Tuesday 18 August.

COVID-19 safety measures, in line with specific state public health recommendations, have been implemented in all our donor centres and blood processing centres around the country to ensure the safety of donors and staff, and continuity of operation during the pandemic.

We are continuing to very closely monitor blood product demand. To assist with our supply planning, please continue to advise us of any anticipated significant changes in your inventory requirements, including any patients who may require special transfusion requirements.

Lifeblood appreciates the ongoing focus on appropriate usage of blood and blood products within hospitals and healthcare organisations, especially managing use of O RhD negative red cells. Following patient blood management (PBM) principles remains important.

### ***Transport logistics***

The impact of disruptions to routine transportation services on our blood delivery logistics is being closely monitored. It should be noted that, as an essential service, Lifeblood is exempt from state border closures. Lifeblood has comprehensive transport contingency plans utilising a variety of transport methods and providers. These plans have enabled Lifeblood to adapt to logistics changes and challenges throughout the pandemic to date and our operations teams are committed to maintaining a safe and secure blood supply. We are continuing to work with transport providers and potentially affected customers to minimise the impacts of any transport changes, increasing stock levels in our regional distribution centres and hospitals as necessary.

### ***Coronavirus Disease 2019 (COVID-19) Convalescent Plasma***

Lifeblood commenced the collection of COVID-19 convalescent plasma on 11 May 2020. Donors are eligible for the collection of convalescent plasma if they:

- had a laboratory-confirmed COVID-19 infection
- are recovered from COVID-19 and non-infectious as evidenced by being symptom-free for 28 days, and
- otherwise meet our eligibility requirements.

As of today, there have been 1523 donor attendances with 1375 collections. To date, 14 units of clinical convalescent plasma have been issued to clinical trial sites and approximately 508kg of plasma has been supplied to CSL Behring, who have commenced their first manufacturing batch of COVID-19 immunoglobulin. Lifeblood is continuing to focus on increasing the number of donations suitable for clinical convalescent plasma. Any assistance which can be provided in helping us identify patients who have recovered from COVID-19 and may be suitable to donate convalescent plasma would be greatly appreciated.

Attached for your information is a list of Frequently Asked Questions (FAQs) relating to COVID-19 convalescent plasma which addresses some of the most common queries received by Lifeblood regarding this component. Please contact your local Transfusion Scientist if you require any further information.

### ***Blood Safety***

As previously advised, we have assessed the blood safety risk from SARS-CoV-2 to be low and expect it to remain low. Internationally, other blood services have independently and unanimously arrived at the same conclusion. There have been no reported cases of transfusion transmission of SARS-CoV-2 despite over 22 million confirmed cases of COVID-19 being recorded worldwide.

### ***Blood components returned from clinical area***

For information regarding the handling of blood components that have been returned to transfusion laboratories from clinical areas, I again include the following information that was provided in my previous letters.

We are unable to recommend any product to clean or disinfect blood component bags. There is no validated or approved product or method for this purpose.

The risk of contamination of the surface of blood component bags should be reduced by the following:

- Blood components should only be taken to potentially contaminated bedside clinical areas when they are definitely required for transfusion.
- Otherwise blood components should be kept on surfaces that have been cleaned and not at risk of respiratory droplet contamination (including satellite refrigerators, platelet incubators/agitators, transport containers or other cleaned surfaces).
- Hospital staff handling blood components should wear gloves where routinely required and practice good hand hygiene.

If blood components are issued to clinical areas in sealed plastic bags, these should be packed just prior to issue. Long term storage of platelet units in plastic bags is not recommended as this impairs oxygen exchange which is required for platelet viability. Lifeblood does not have any validation data to support the long term storage of red cell units in sealed plastic bags.

### ***Future updates***

We will be continuing to provide updates regarding COVID-19 and the blood supply. Thank you for your continued understanding, flexibility and co-operation during this challenging time.

### ***Resources***

Refer to <https://transfusion.com.au/coronavirus> for a range of resources related to COVID-19.

The Victorian Blood Matters Program also has a range of resources available at <https://www2.health.vic.gov.au>

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'J.M.P.K.', is positioned above the printed name of Dr Joanne Pink.

Dr Joanne Pink  
Chief Medical Officer