

## URGENT COMMUNICATION

Date: 26<sup>th</sup> November 2007

To: **All Transfusion Laboratory Managers in hospitals served by the National Blood Service (NBS)  
Consultants with responsibility for Transfusion  
HTC chairs  
Transfusion Practitioners**

Dear Colleague,

**Re: Non UK Group AB Methylene Blue treated and removed Fresh Frozen Plasma for Paediatric Use (MB FFP) – action required**

Since the introduction of MB FFP for paediatric Use, there has been high use of group AB. We last wrote to you about this matter in the monthly mailing to hospitals dated 23<sup>rd</sup> March 2007. This issue has also been discussed at User Group Meetings and by direct contact from Hospital Liaison Managers. Unfortunately there has been no significant reduction in the demand for group AB MB FFP that currently stands at 16% of all issues of this component. This is 5 times higher than the UK population prevalence of 3% and 2 times higher than the proportion of AB FFP received from the United States. The national stock of group AB non-UK MB FFP has now fallen to critically low levels. Negotiations with our USA plasma supplier have confirmed that they cannot increase supplies of AB plasma further. Stocks of A, B, and O non-UK MB FFP are satisfactory.

We recognise that FFP transfusion in children is a rare occurrence in many hospitals and yet the need for prompt therapy requires hospitals to maintain a stock of MB FFP. Unfortunately despite our previous communications a significant number of hospitals choose to only stock group AB MB FFP. However, it is unacceptable to use AB plasma for all children requiring FFP.

AB MB FFP is indicated for:-

- AB recipients
- When immediate FFP is required and a child's blood group is not yet known
- Some ABO mismatched transplants.

**We therefore propose to take the following action to encourage the appropriate use of AB MB FFP:-**

- Issue data from the last 2 years shows that 30 hospitals have requested more than 8 units of MB FFP with more than 60% group AB. We will issue these hospitals with one unit of group O, one unit of group A and one unit of group B MB FFP. This will allow these hospitals to comply with appropriate selection of MB FFP by blood group (see enclosed Table).
- Hospitals requesting AB MB FFP will be provided with group A and group B MB FFP unless the Blood Bank Manager is able to confirm that their Blood Bank currently holds a stock of non group AB MB FFP and guarantee that group AB MB FFP will only be used for the 3 indications detailed above. We do not expect many hospitals to hold more than 2 units of group AB MB FFP.
- The local Hospital Liaison Teams will hold discussions with individual hospitals who order a range of groups but still use an unacceptably high level of group AB MB FFP.

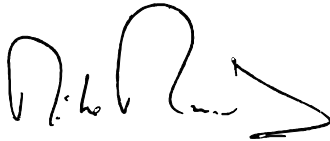
The stocks of group AB MB neonatal FFP are also at risk of falling to critically low levels and we may have to take similar actions to manage this component if ordering patterns are not modified.

We apologise for any extra work that this will cause, particularly for the hospitals that already use group AB MB FFP appropriately.

We will continue to monitor the issue data, and will update you on progress.

If you have any queries regarding the above, please do not hesitate to contact an NBS Hospital Liaison Manager. Alternatively please contact the Hospital Liaison Response Desk on - 020 8201 3107.

Yours sincerely



Prof. Mike Murphy  
Clinical Director – Patients  
Tel: 01865 44 7902  
email: [mike.murphy@nhsbt.nhs.uk](mailto:mike.murphy@nhsbt.nhs.uk)



Richard Gray  
Hospital Liaison Operations Manager  
Tel: 0191 219 4428  
e-mail: [richard.gray@nhsbt.nhs.uk](mailto:richard.gray@nhsbt.nhs.uk)

## NATIONAL BLOOD SERVICE

### Selection of non-UK sourced MB treated/removed Fresh Frozen Plasma for neonates and children under the age of 16 years

#### FFP selection by ABO Group

Recipient's group	O	A	B	AB
1 <sup>st</sup> choice	O*	A	B	AB
2 <sup>nd</sup> choice	A	AB	AB	-
3 <sup>rd</sup> choice	B	-	-	-
4 <sup>th</sup> choice	AB	-	-	-

\*Group O MUST NOT be given to recipients of other ABO groups

FFP is not considered antigenic for RhD, therefore RhD positive MBFFP can safely be given to either RhD pos or RhD neg recipients WITHOUT the need to give anti-D prophylaxis

Extracted from 'NBS Portfolio of Components and Guidance for Their Clinical Use' ([http://www.blood.co.uk/hospitals/products/blood\\_components/](http://www.blood.co.uk/hospitals/products/blood_components/)) and based on BCSH Transfusion Guidelines for neonates and older children (2004 and amendments 2005)

**Note: To more accurately describe current guidelines the heading to this table has been amended from that used in e-mail and fax communication**