March 25, 2020

Bonnie McElveen-Hunter, Chairman of the Board, American Red Cross
Gail J. McGovern, President and Chief Executive Officer, American Red Cross

Dr. Beth Shaz, MD, President, AABB
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Mike Parejko, President, America's Blood Centers
Kate Fry, MBA, CAE, Chief Executive Officer, America's Blood Centers

Greetings,

On behalf of the American Society of Hematology (ASH) and the Sickle Cell Disease Association of America, Inc. (SCDAA), we would like to thank you for being here to support our hospitals and our patients. ASH and SCDAA recognize and commend you for all of the important steps your groups have taken to address the significant challenges to maintaining the national blood supply and collection as result of the COVID-19 pandemic. Hematologists and the SCD community hope to partner with you to conserve the blood supply and recruit donors. We are especially concerned about an adequate blood supply for individuals with sickle cell disease (SCD) for whom transfusions are life-saving and prevent complications, including devastating complications such as stroke.

Since patients with SCD are at a very high risk of alloimmunization, providing prophylactic C, E, and K matched red cells must remain the standard of care, and this requires minority blood donors. We urge you to implement programs to enhance minority donor recruitment during the COVID-19 pandemic. ASH and SCDAA are pleased to be part of the Sickle Cell Disease Coalition's Minority Blood Donation Workgroup, which your groups created and manage, and we encourage you to leverage the dedicated members of this group to help with that recruitment effort. ASH and SCDAA are committed to partnering with you as well.

Additionally, a committee of physician experts from ASH and SCDAA have developed the following guidance to providers who care for individuals with SCD to help conserve red cell units and encourage donation and recruitment. We plan to share this broadly with the SCD provider and advocacy community and encourage you to share it broadly with all of your constituents.

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1. Transfusions remain safe: COVID-19, along with other respiratory-borne viruses are not transmissible by blood.
2. Donate blood. Recruit donors. Host a drive with your local blood center at your hospital.
3. Inform potential donors that donor centers have already implemented measures to ensure donor safety, such as enhanced cleaning procedures and physical distancing.
4. Continue matching for CEK antigens, if that is your practice.
5. Do not transfuse unless clinically indicated.

6. Pre-operative preparation for urgent surgery, acute chest syndrome, multi-organ failure: optimize using simple transfusions and modified partial exchanges if baseline hemoglobin/hematocrit allows (generally hemoglobin < 9 gm/dl or hematocrit <27% for simple transfusions).
7. Delay elective surgeries and elective curative therapies to avoid need for transfusion.
8. Considerations for patients on chronic transfusion:
    a. Children with history of stroke/abnormal TCD: maintain HbS < 30% or continue current strategy*
    b. Adults receiving chronic transfusion for any neurologic indication: maintain HbS < 30% or continue current strategy*
    c. Patients receiving chronic transfusion for recurrent acute chest syndrome: continue current strategy*; individualize for maintenance of HbS < 30% vs < 50%; consider adding disease-modifying drug (i.e. Hydroxyurea)
    d. Patients on RBC exchange for iron overload: switch to simple transfusion or partial exchange for 3-6 months or until supply recovers if baseline hematocrit allows (individualize, generally maintain hematocrit <33%) and add iron chelation
    e. Patients on RBC exchange for end organ damage, priapism, or other non-neurologic indication: switch to simple transfusion or partial exchange for 3-6 months or until supply recovers if baseline hematocrit allows (individualize, generally maintain hematocrit <33%)

    *for patients that may be stable with a HbS goal that is ≥30%, maintain current goal

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Together, we hope that we can partner with you to overcome the challenges of COVID-19, maintain a strong blood supply, and practice judicious use of blood products while maintaining utmost patient safety and outcomes. Please consider ASH and SCDAA as resources and partners; we would be pleased to provide additional information or support. If you have any questions, please contact ASH Deputy Director of Government Relations and Public Health Stephanie Kaplan (202-292-0263 or skaplan@hematology.org) and SCDAA President and Chief Executive Officer Beverley Francis-Gibson, MA, (410-528-1555 or BFrancis-Gibson@sicklecelldisease.org).

Sincerely,

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