

Introduction

S. Nance and C. Lomas-Francis

The International Society of Blood Transfusion (ISBT) Working Party on Rare Donors was established in 1985 and is composed of experts in rare donor activities from many countries; its main focus is to ensure the availability of rare red blood cell (RBC) units for transfusion. Alloimmunization to RBC antigens may occur following transfusion or pregnancy.

Provision of blood may become challenging when a patient has made an alloantibody to a high-prevalence antigen or made multiple antibodies to many more common antigens. To have blood readily available for such situations requires access to an inventory of extensively phenotyped blood as well as to a database of rare donors who can be recruited for donation. One way to accomplish this is to routinely screen donors to search for rare blood types. A library of these rare donors is maintained that contains information such as their antigenic profile, demographic information for recruitment, and the RBC units that they have donated (liquid and frozen). Managers who are members of the World Health Organization (WHO) International Rare Donor Panel (IRDP) can search the WHO IRDP database and request rare blood from the members in other countries who have the blood they need. Units are then shipped according to the specifications required by both the shipping and receiving countries.

This issue of *Immunohematology* contains articles from many of the members of the ISBT Working Party on Rare Donors, detailing aspects of their country's rare donor program(s) and their approach to making units from rare donors available for transfusion. The submitted articles appear alphabetically according to country name in issues Volume 32, Number 1, 2016, and Volume 32, Number 2, 2016, as Part I and Part II, respectively.

Part I

- World Health Organization
- Belgium
- Brazil
- Canada
- China
- Finland
- France
- Iran
- Israel

Part II

- Italy
- Japan
- Netherlands
- New Zealand
- Singapore
- South Africa
- Spain
- Switzerland, Germany, and Austria
- United Kingdom
- United States

The authors were asked to provide information on several topics. First, they were asked to give details on the type of rare donor program that exists in their country (national, regional, or local) and to outline the history of their rare donor program(s) (year started, and collaboration if regional or local programs). Second, they were asked to provide data on the number of active rare donors, the number of new rare donors added from 2012 to 2014, the number of rare units shipped (both domestically and internationally), and the number of requests for rare blood not filled. The authors were asked to review patient cases where incompatible blood had to be transfused because antigen-negative blood was not available and to provide details on the outcome, prophylaxis given, number of known cases, and other relevant details of these cases that can be shared. The authors were also asked to share information about the incentives used in their country for rare donor recruitment. The Rh_{null} phenotype is recognized as the rarest of the rare donors in the world; the members were asked to quantify the number of such donors and provide the molecular background, if known.

In the event that the readers of *Immunohematology* are caring for patients with rare blood requirements, we hope that this collection of articles will provide an insight into the challenges of providing rare blood and allow our readers to be better informed and knowledgeable about international activities in the area of rare donor programs. The articles in this issue also serve to highlight the similarities and the differences between the programs and how they are managed in other countries.

It is incredible and reassuring to observe the international support, cooperation, and collaborative efforts that occur across geographical and political boundaries when a patient is in need, especially when the need is for very rare blood.

We thank the authors of the articles for sharing their data and experiences and the entire ISBT Working Party for their commitment to making rare blood available whenever and wherever it is needed.

Sandra Nance, Immediate Past Chair (corresponding author), ISBT Working Party on Rare Donors, American Red Cross, 700 Spring Garden Street, Philadelphia, PA 19123; Christine Lomas-Francis, Chair, ISBT Working Party of Rare Donors, New York Blood Center, Laboratory of Immunohematology and Genomics, Long Island, NY.

Notice to Readers

All articles published, including communications and book reviews, reflect the opinions of the authors and do not necessarily reflect the official policy of the American Red Cross.

**Attention:
State Blood Bank Meeting Organizers**

If you are planning a state meeting and would like copies of *Immunohematology* for distribution, please send request, 4 months in advance, to immuno@redcross.org.