

MEMO

Date: February 8, 2019

To: Site and Regional CMOs and CNOs
Manitoba Pediatricians, Obstetricians and Gynecologists
Nursing Managers, Birthing Units
Manitoba Rh Clinical Program
Shared Health Blood Banks
Amin Kabani, CMO, Shared Health
Jim Slater, Shared Health

From: Charles Musuka, Medical Director, Transfusion Medicine

cc: Darcy Heron, Technical Director, Transfusion Medicine
Lee Grabner, Diagnostic Services Manager, Canadian Blood Services
Shauna Paul, Manager, Blood Management Services

Re: **Availability of Kell Negative Blood Units**

The most life significant cause of haemolytic disease of the newborn is due to rhesus (Rh) sensitisation. Measures have been put in place to reduce sensitisation due to the Rh antigen and these have been very successful. Attention now needs to focus on the second most significant cause of HDNB; the Kell antigen.

In an effort to minimize sensitisation to the Kell antigen, CBS implemented a revised Kell phenotype testing strategy on November 2018 whereby all donated blood units will from now onwards be Kell-typed. Please see CBS Customer Letter [#2018-46](#). This means the blood banks will henceforth have access to many proven Kell negative units.

In order to minimise sensitisation; with immediate effect, all females under 45 years of age whose Kell antigen status is either unknown or negative should receive Kell negative units where possible.

When a request for red cells is received by a Shared Health blood bank, the age, date and phenotype status, if available, of the patient will be reviewed. As noted above, the blood bank will endeavour to provide Kell negative units as required.

Thank you.