

The impact of COVID-19 outbreak on the Transfusion Medicine Unit of a Northern Italy Hospital and Cancer Centre

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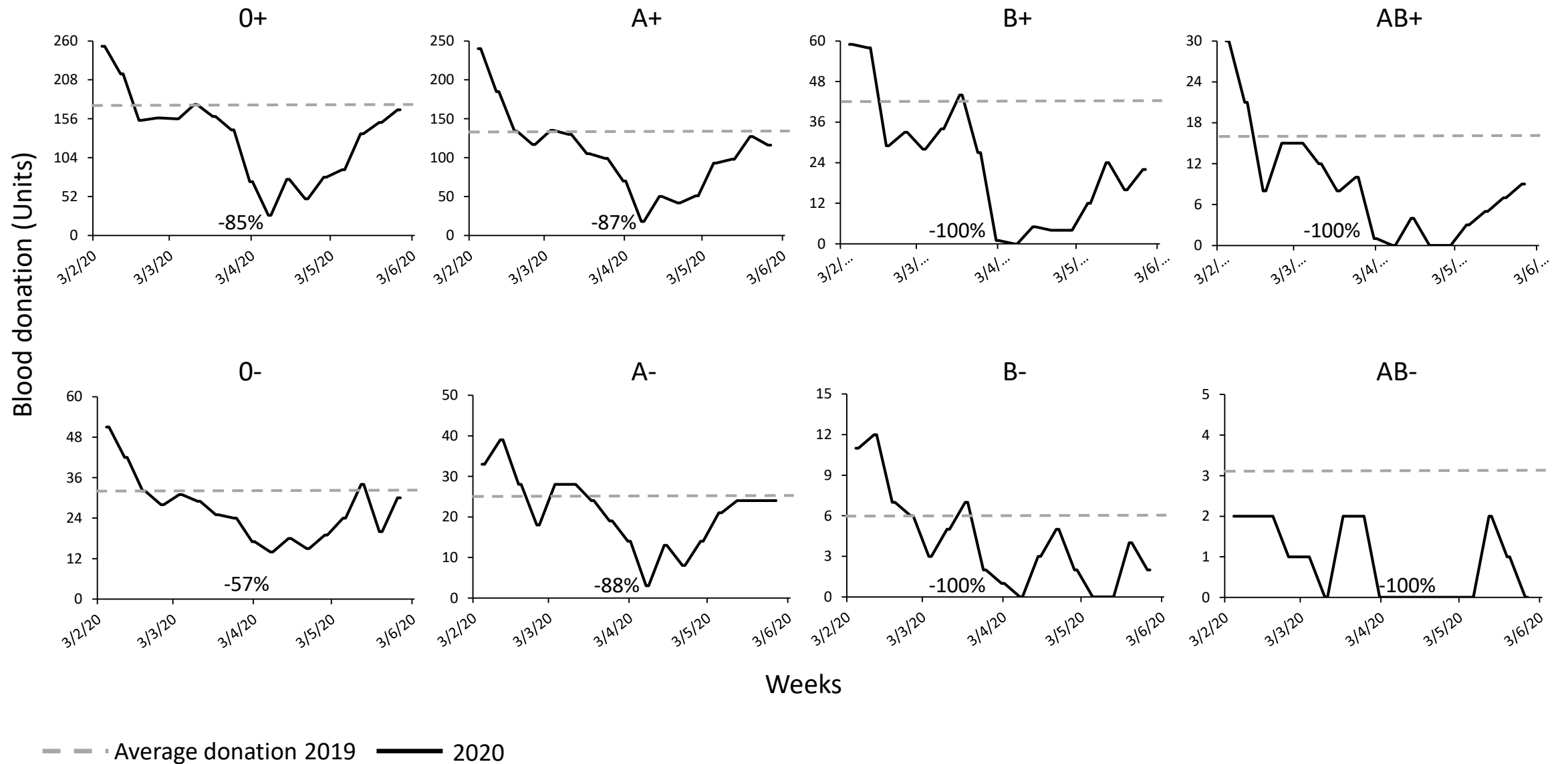
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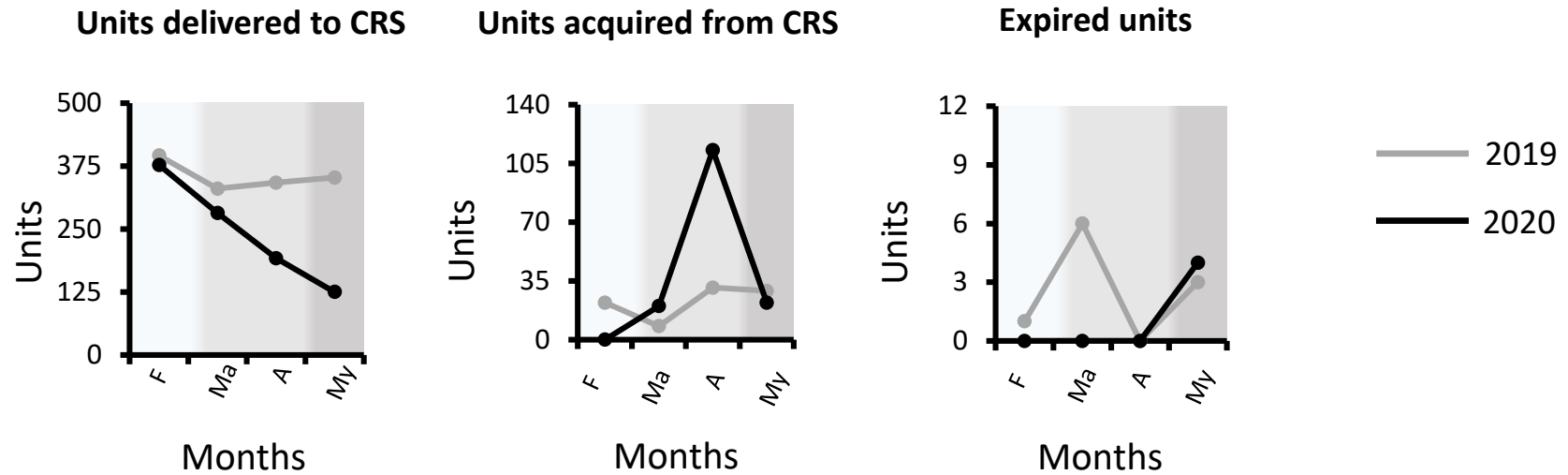
Supplementary Figures and Tables



Supplementary Figure I: Collected units of blood for each AB0/Rh group in in the 3/2-3/6 period of 2020 (Black line). Grey dotted lines represent the average number of donations for the same period in 2019. The percentages report the maximum difference between 2020 values and the 2019 mean donations.

February-May	2017-19			2020		
	Mean No. of hospitalizations	Mean days of hospitalizations	Days/ number	No. of hospitalizations	Days of hospitalizations	Days/ number
Surgery	4962	26971	5.4	3064	16269	5.3
Medicine	10809	81209	7.5	7456	52838	7.1
Surgery+Medicine	15771	108180		10520	69107	6.2
Covid	-	-	-	1720	23665	13.8
Total	15771	108180	6.9	12240	92772	10.0

Supplementary Table I: Number of hospitalizations, days of hospitalizations and their ratio in the 2017-19 triennium and 2020, for surgical, medical and covid patients. The number of Surgery+Medical hospitalizations decreased in 2020 (-5251) and were only partially compensated by Covid-19 hospitalizations (1720). The hospitalization days for Covid-19 patients were almost twice as many as those for surgical and medical patients.



Supplementary Figure II: RBCs units acquired and delivered to the Blood Regional Centre (CRS) and expired units in February-May 2019 and 2020.

Other areas of the same region (Emilia Romagna) faced a less serious pandemic wave and did not significantly interrupt blood collection, although facing a general decrease of blood request. Hospitals in fact maintained only the not-postponable medical interventions throughout the national territory, as indicated by the Ministry of Health. CRS buffed these discrepancies in blood collection redistributing excesses from the less to the most affected areas (for example Reggio Emilia). In this way a central coordination had a key role in both decreasing the burden for the most affected areas and avoiding blood waste.