

In terms of perceptions of the risk of COVID-19, 195 (68.9%) respondents considered themselves to be working in a high-risk setting or have vulnerable family members, and 46% of these respondents indicated that they applied social distancing measures at home. Within the sample were 124 clinicians &/or nurses; only half of these (54%) indicated that they often had sufficient Personal Protective Equipment to protect themselves during work. The majority of these respondents (77.5%) had family/household members living with them, and 61.3% indicated that they were worried about infecting them because of the nature of their work. More broadly, over half of the participants (57%) wore a facemask at work because it was mandatory at their workplace, while 2.8% indicated that they did not have access to facemasks due to shortages.

In terms of the psychosocial impact of the changes brought about by COVID-19, almost half of the participants indicated increased stress levels, 16% indicated being depressed, and 2.9% recorded dysfunctional levels of anxiety on the Coronavirus Anxiety Scale (Lee, Sherman, *Death Studies* 44.7 2020 393-401). While some of this was attributed to work-related factors such as staff shortages, concerns about infection of themselves and family members, lack of childcare and homeschooling, respondents also highlighted the loss of social engagement with peers and colleagues (58%), increased pressure from information seen on media (36%), and difficulties in accessing basic supplies (22.3%) as factors that negatively impacted their psychological wellbeing.

Summary/Conclusions: COVID-19 pandemic had a major impact on young professionals globally. Measures are required to ensure that young professionals are protected and mentally supported while undertaking their duties in current and future pandemics.

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Effect of the COVID-19 pandemic on blood donation and transfusion in Nigeria – A multi-facility study of 34 tertiary hospitals selected for main programme



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Background: The COVID-19 pandemic affected blood donation activities. For countries like Nigeria that were already struggling with meeting blood needs, the possible impact on national blood supplies was terrifying. Mobile blood drive campaigns halted, and voluntary blood donations reduced, challenging available blood supplies. Furthermore, fears of the virus transmission led to deferrals of elective surgeries and non-urgent clinical procedures with noticeable declines in blood donations and transfusions.



Aims: We aimed to assess the effect of the COVID-19 pandemic on the number of blood donations and transfusions across the country by blood product type across departments including accident and emergency, obstetrics and gynaecology, paediatrics, surgery and internal medicine.

Methods: A retrospective descriptive study was conducted to determine the impact of the COVID-19 pandemic on blood services in thirty-four (34) tertiary hospitals in Nigeria, comparing January to July 2019 (pre-COVID-19) to January to July 2020 (peri-COVID-19). Data was collected from the country's web-based software District Health Information System, Version 2 (DHIS2), the platform for the National Health Management Information System (HMIS) and analysed using SPSS Version 25.

Results: A 17.1% decline in numbers of blood donations was observed over the study period, especially in April 2020 (44.3%). Similarly, a 21.7% decline was observed in numbers of blood transfusions over the same period, with the month of April 2020 experiencing the

sharpest declines (44.3%). The highest declines in transfusion were noted in surgery department for fresh frozen plasma (80.1%) $p = 0.012$ and accident and emergency department transfusion of platelets (78.3%) $p = 0.005$. The least decline of statistical significance was observed in internal medicine transfusions of whole blood (19.6%) $p = 0.011$.

Summary/Conclusions: The COVID-19 pandemic significantly affected the numbers of blood donations and transfusions in Nigeria. Strengthening blood services to provide various blood components and secure safe blood supplies during public health emergencies is therefore critical.

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A Scottish Collaborative Effort supported by National Data and Local Intelligence from Clinical and Laboratory Teams to inform demand planning for blood components during the COVID-19 pandemic *selected for main programme*

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Background: In an immediate response to the coronavirus pandemic, the Scottish National Blood Transfusion Service (SNBTS) SNBTS Transfusion Team (SNBTS TT) joined forces with SNBTS Supply Chain Analytics and hospital-based colleagues to gather rich and diverse data to understand the demand for blood in an unknown and drastically changing landscape of clinical activity, transfusion needs and blood donation.

Aims: To utilise comprehensive national data sources supported by local intelligence from clinical and laboratory teams to inform demand planning during the COVID-19 pandemic and meet the needs of Scotland's patients.

Methods: Scotland holds a wealth of exemplary national data sources relating to healthcare. The electronic Data Research and Innovation Service (eDRIS) updated data previously provided to SNBTS relating to clinical indications for blood component use, in which inpatient, outpatient, maternity, birth records and emergency admission data was linked with transfusion records from the SNBTS data mart Account for Blood to gain a comprehensive picture of recent clinical transfusion demand. Access was obtained to System Watch, the Scottish national tool for predicting and monitoring urgent care and emergency services across Scotland, and subsequently live, daily admissions data was provided directly from the Rapid Preliminary Inpatient Data (RAPID) data mart. This enabled SNBTS to identify trends in hospital activity and map that information to data on blood usage in specific clinical areas of interest.

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