Table 6. Recommendations for transfusion support

GENERAL PRINCIPLES	
Indications and timing	**Therapeutic considerations**
• Any patient with severe anemia • Patient within 12 months of life • Patient not responding to steroids or experiencing significant side effects • Patient responding to steroids and experiencing acute Hb drop (e.g., due to viral illness) • Patient on steroid holiday (to improve growth during adolescence) • Pregnant patient with anemia	General: • Hepatitis B vaccination • RBC antigen typing and repeat RBC antibody screening Hb goal prior transfusion (nadir Hb): • **≥9-10g/dL** or a higher level at which the patient is asymptomatic, independent of age Transfusion process: • [1]Volume: 10-15ml/kg (children), ~2-3 RBC units (adults) • [2]Interval: every 3 (2-4) weeks
ADVERSE EFFECTS AND CLINICAL PROBLEMS	
Iron overload	Start early chelation (**Table 8**)
Clinically significant anemia, especially days before transfusion	Increase transfusion volume or decrease transfusion interval, "catch-up" transfusion
Blood-transmitted pathogens	Hepatitis B vaccine Virus testing (HIV, Hepatitis B and C) at least yearly
Higher transfusion requirements	Rule out alloimmunization and hypersplenism (rare in DBA syndrome), hemorrhage

[1] Higher transfusion volumes occasionally required across all ages (i.e., ~20ml/kg).

[2] Interval may be longer in patients with some erythropoiesis who maintain Hb $\geq$9-10g/dL for longer period of time.