



HAEMOVIGILANCE NEWSIETTER

MATION STITUTE OF BOOK

National Institute of Biologicals, NOIDA (NCC- HvPI) Ministry of Health and Family Welfare, Govt. of India

Haemovigilance Programme of India



Dr. Mansukh Mandaviya, Union Health Minister, Ministry of Health & Family Welfare, Government of India was the chief guest for the conference & addressed the First National Conference on Haemovigilance organized by National Institute of Biologicals (NIB), NOIDA From 09th-11th December, 2021 via (Online Mode)

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First National Conference on Haemovigilance "The aim of the newsletter is to disseminate information on Haemovigilance Programme of India so as to create awareness amongst healthcare professionals & other stakeholders on safe Blood Transfusion & Blood Products' Administration Practices"

Editor:

Dr. Akanksha Bisht, Scientist Grade-II & Head, Haemovigilance Programme of India (HvPI), NIB, NOIDA

Editorial Board:

- Prof.(Dr.) Ravneet Kaur,
 Head, Department of
 Transfusion Medicine,
 Government Medical
 College and Hospital,
 Chandigarh
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 NOIDA
- 3. **Mr. Reetesh Kumar,**Laboratory Technician, NIB,
 NOIDA

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Haemovigilance Programme of India - Milestones

Haemovigilance Programme of India was launched on 10th December, 2012 at the National level in 90 medical institutions across the country by National Institute of Biologicals (NIB), NOIDA, Ministry of Health & Family Welfare, Government of India as the National Coordinating Centre (NCC). The objective of this programme is to track Adverse Reactions associated with Blood Transfusion and Blood Donation.

Haemovigilance is defined as 'a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of its recipients i.e. from the vein of the donor to the vein of the recipient. It is intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence and recurrence'. Haemovigilance is a tool to improve the quality of the blood transfusion chain, primarily focusing on safety.

- 1. The recipient's arm i.e. reporting of Adverse Reactions with respect to Blood Transfusion in the patient is being covered under **Haemovigilance Programme of India (HvPI)** with the launch of the programme on 10th December, 2012 in the country.
- 2. The donor's arm i.e. Reporting of Adverse Reactions associated with Blood Donations is being covered under **National Blood Donor Vigilance Programme (NBDVP)** which was launched on 14th June, 2015 on World Blood Donor Day at Science City Kolkata under the ambit of HvPI.
- 3. Reporting of Adverse Transfusion Reactions is done online via Haemo-Vigil software & reporting of Adverse Blood Donor Reactions is done via Donor-Vigil software available on NIB website www.nib.gov.in

Implementation and coordination of activities of Haemovigilance Programme of India became one of the Mandate's of NIB as per its bye-laws 3.4.1 of the Institute as approved in the Governing Body meeting of NIB held under chairpersonship of Secretary (Health & F.W.)/ Chairman, Governing Body of NIB on 12th Dec, 2014

DCG (I) issued an office memorandum dated 4th December, 2015 w.r.t. enrolment of all licensed blood centres under HvPI. These licensed blood centres are required to obtain their user ID and password from NIB to uplink their adverse transfusion data to Haemo-Vigil software under HvPI.

National Accreditation Board for Hospitals and Healthcare Providers (NABH) in its third edition of accreditation standards on Blood Centres and transfusion services issued in year 2016 has included enrolment by Blood Centres under National Haemovigilance Program of India and monitor adverse donor reactions and adverse transfusion reactions as per the direction issued.

NCC-HvPI, NIB issues certificate of participation to the centres who are actively reporting under Haemovigilance Programme of India.

Online Webinar/CME under Haemovigilance Programme of India (HvPI)

- 1. Federation of Blood Donor Organizations of India in association with National Institute of Biologicals supported by Mani Trust Kalimpong organized a National Webinar on Voluntary Blood Donation (VBDS), Haemovigilance Programme on 24th July, 2021 (Online Mode).
- About **60 participants** from **19 states** all across the country attended the said online webinar.



- 2. An online webinar for participating centres on Validation of Donor Adverse Reaction Severity Grading Tool (SGT) study was organized by Haemovigilance Division of National Institute of Biologicals on 27th July, 2021.
- About 60 officials from blood centres of different part of the country participated in the said webinar.



3. Virtual Continuing Medical Education (CME) on Haemovigilance Programme of India was organized by National Institute of Biologicals in collaboration with CDSCO, East Zone Office, Ministry of Health & Family Welfare Government of India on 16th September, 2021.

Objective of the CME was to enrol & encourage reporting by the blood centres under HyPI in the respective states/ UTs

Salient Features

- A Total of 1258 registered delegates attended this virtual CME.
- The Director NIB gave welcome address which was followed by technical sessions.
- The Opening Remarks & Presentation on New G.S.R 166 (E) on Blood Centres and Its Importance in Safe Blood Transfusion Practices.

Lectures:

- Update on Haemovigilance Programme of India (HvPI) including Haemovigilance Software Demonstration.
- Classification, Definition, Severity of Blood Transfusion Reactions & Scope in HvPI.
- Blood Donor Haemovigilance under HvPI Scope, Terms, Definitions.
- Analysis of Haemovigilance Data & Recommendations.
- Analysis of Donor Data & Recommendations followed by Panel Discussion & Question Answer Session.



Institutional representation under Haemovigilance Programme of India (HvPI)

1. Presentation on the topic of Haemovigilance Programme of India by Head HvPI on 14th August, 2021 in National Workshop on Clinical Pharmacology and Therapeutics (NWCPT) organised by Department of Pharmacology, Postgraduate Institute of Medical Education & Research, Chandigarh held on 09th - 14th August, 2021 via online mode.





2. Head- HvPI virtually attended inaugural ceremony of National Pharmacovigilance Week from 17th-23rd September, 2021 held on 17th September, 2021 at National Coordination Centre-Pharmacovigilance Programme of India, Indian Pharmacopoeia Commission, Ghaziabad.



3. Talk on "DONOR VIGILANCE" delivered by Head HvPI in the World Health Organization, South-East Asia Region Training Series "Towards 100 percent Voluntary Blood Donation - Understanding Challenges and Barriers in the South-East Asia" organized on virtual platform by the Department of Transfusion Medicine, PGIMER, Chandigarh, on 08th October, 2021.



Blood Cell-National Health Mission & National Institute of Biologicals Organized "Two days Online and three days' residential hands on Training Programme on Training of Trainers for Strengthening of Blood Services" For Blood Bank Officials

S.No.	State	Date of training programmes
1.	Haryana	07th, 14th, 28th July, 2021 & 4th August, 2021
2.	Chhattisgarh	27th October, 2021 & 17th November, 2021

- One session during these training programmes were kept for Haemovigilance Programme of India.
- About 68 blood centres' officials & lab technicians of Haryana & Chhattisgarh participated in these said training programmes.
- During the HvPI session participants were apprised about Haemovigilance Programme of India followed by hands on training.



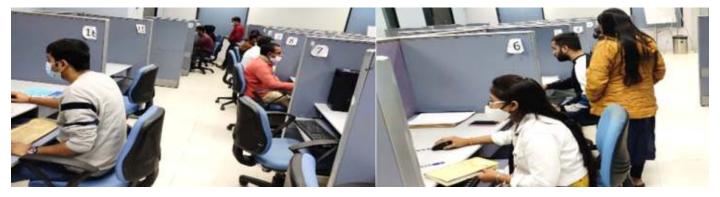


Haryana

Chhattisgarh

National Skill Development & Hands-on Training Programme on Quality Control of Biologicals for M.Sc. Biotechnology Students

The students from Vinoba Bhave University, Hazaribag, Jharkhand were apprised about Haemovigilance Programme of India, followed by Hands-on training on Haemovigilance Software during this National Skill Development & Hands-on Training Programme on Quality Control of Biologicals from 22nd November to 03rd December, 2021.



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First National Conference on Haemovigilance organized by NIB, from 09th – 11th December, 2021 (Online Mode)

Haemovigilance Programme of India entered into 10th year on 10th December, 2021 & on this occasion the First National Conference on Haemovigilance via online mode was organized by NIB for 3 days from 9th-11th December, 2021.

The conference was organized with the following objectives:

- > To create awareness about the HvPI.
- > To encourage reporting under HvPI.
- To sensitize and train the Blood Centre officials w.r.t. guidelines, definitions.
- Improving quality of data submitted by the centres.
- > To promote voluntary blood donations & promote safe blood donations.
- > To strengthen blood services in the country.

Inaugural Ceremony: Dr. Mansukh Mandaviya, Union Health Minister, Ministry of Health & Family Welfare, Government of India was the chief guest for the conference & addressed the fraternity about utmost significance of Haemovigilance Program and urged for 100% enrollment by the Blood Centres to NIB so as to report the adverse reactions on Blood Donations & Transfusions. He also stressed upon that NIB along with other stakeholders should design some training module in medical course on Haemovigilance so, that to inculcate the culture of understanding reporting & preventing the occurrence & recurrence of adverse reactions and aid to strengthening blood safety in the country.

The other guests who were the part of the inaugural ceremony & addressed the gathering were Shri. Rajesh Bhushan ji, Secretary, Ministry of Health & Family Welfare, Government of India; Dr. Mandeep Kumar Bhandari, Joint Secretary (R), Ministry of Health & Family Welfare, Government of India; Dr. V. G. Somani, Drugs Controller General (I), CDSCO, New Delhi and Dr. Rajeev Singh Raghuvanshi, Secretary-cum-Scientific Director, IPC, Ghaziabad.

Dr. Anup Anvikar, Director NIB welcomed the dignitaries & the participants.













Salient Features of the First National Conference on Haemovigilance

- A well-structured 3 days program was organized which includes technical sessions on National Haemovigilance Programme, Recipient Haemovigilance, Donor Haemovigilance, Blood Safety with multiple discussions, debates and competitions.
- The conference was conducted virtually through online platform.
- A total of 47 experts which included 13 Chairpersons, 20 speakers, 8 selected abstract presenters & 6 Jury Members (for reviewing the abstracts submitted) actively participated for the said conference from all across the country.
- An overwhelming response to this conference is evident from fact that about 2763 number of registrations were done for the conference & about 70 abstracts were submitted for the conference. Apart from online platform many participants participated the conference through the live streaming on you tube channel of the First National Conference on Haemovigilance.

The best Abstracts selected for the oral presentations during the conference:-

S. No.	Donor Category Selected Abstracts	Authors Name	Institute Name
1.	Study of Plateletpheresis Donor Hemovigilance and Materialovigilance in a Quaternary Care Centre in South India.	Deepti Sachan, Deepthi Krishna G, Kuralarasi Priyadarshini, Sheik Barith	Dr. Rela Institute & Medical Centre, Chennai
2.	Analysis of frequency and risk factors of vaso-vagal reaction in whole blood donors.	Radheshyam Meher, Gopal K Patidar, Rahul Chaurasia, Hem Chandra Pandey, Anzali Hazarika, Vidushi	AIIMS, New Delhi
3.	Effective implementation of 'Donor Safety Culture' strategies to monitor and minimize Donor Adverse Reactions in a tertiary care hospital Blood Centre.	Dr Lincy Jacob, Dr Akshata Parab, Jayashree Nawar, Manish Yadav	Dr L H Hiranandani Hospital, Powai, Mumbai
4.	Experience of donor adverse reactions at Regional Blood Transfusion Centre.	Dr. Abhay Jhaveri Dr. Sumit Bharadva	Surat Raktadan Kendra and Research Centre, Gujarat

S. No.	Recipient Category Selected Abstracts	Authors Name	Institute Name
1.	Posterior Reversible Encephalopathy Syndrome (PRES).	Preeti Budania, Saket Yadav, Madhu Mathur, Priya Marwah	Mahatma Gandhi Hospital, Jaipur
2.	Are we missing reverse-TRALI?	Debapriya Basu, Suvro Sankha Dutta, Sabita Basu	Tata Medical Center, Kolkata
3.	Delayed Hemolytic Transfusion Reaction with Compatible Blood– An Interesting Case Report.	Deeksha Singh, Sangeeta Pahuja, Geetika Sharma, Ram Vilash	Lady Hardinge Medical College & associated hospitals, New Delhi
4.	Is crossmatch compatible blood enough to prevent Hemolysis? Two eye-opening incidents reported at a tertiary care center in Eastern India.	N Datta, S Mukherjee, S Prakash, A Sahu, N Das, A Bose	AIIMS, Bhubaneswar

A glance from the First National Conference on Haemovigilance showing various Chairpersons, Speakers & Jury Members.

FIRST DAY (09th December, 2021)

SECOND DAY (10th December, 2021)





THIRD DAY (11th December, 2021)

JURY MEMBERS





Meeting

Meeting of the Experts to Analyse Donor Data Submitted via Donor-Vigil Software for year 2018-2019 under National Blood Donor Vigilance Programme (NBDVP) was held on 29th- 30th September, 2021 from 10:30 am to 05:30 pm at Haemovigilance Division, Administrative Block, 2nd Floor, National Institute of Biologicals (NIB).



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New Members Enrolled under Haemovigilance Programme of India (59)

Andhra Pradesh

- 1. Blood Centre, All India Institute of Medical Sciences, Mangalagiri, Guntur
- 2. Doctors Blood Bank, Vijaywada, Krishna

Assam

1. Dr. B. Borooah Cancer Institute, Dist-Kamrup (M)

Bihar

1. Prathama Blood Centre, Patna

Chhattisgarh

1. District Hospital Blood Bank, Balod

Gujarat

1. Sardar Vallabhbhai Patel Blood Bank, Surat

Harvana

1. Regional Blood Transfusion Centre, Karnal

Himachal Pradesh

1. Bhagwan Buddha Charitable Blood Centre, Kangra

Jharkhand

- 1. Raj Hospitals Blood Centre, Ranchi
- 2. Maa Ram Pyari Super Speciality Hospital Blood Centre, Ranchi

Karnataka

- 1. Manipal Hospital Jayanagar, Bangalore
- Sagar Blood Centre, (A unit of Sagar Health Care and Diagnostic Services Pvt. Ltd.), Bangalore
- 3. Aster CMI Hospital Blood Centre, Bangalore
- 4. Manipal Hospital, Whitefield Bangalore
- 5. ESIC Medical College & PGIMSR, Rajajinagar, Bangalore
- 6. Ranebennuru Blood Bank, Haveri Dist.

Kerala

- 1. Almas Hospital Blood Bank, Kottakkal
- 2. Al-Azhar Medical College Super Speciality Hospital, Iddukki
- 3. Muthoot Health Care Private Limited, Kozhencherry
- 4. Aster Medcity Hospital, Blood Centre, Kochi
- 5. Indo American Hospital, Kottayam
- 6. Gimcare Hospital Blood Centre, Kannur
- 7. Mar Sleeva Medicity Hospital, Koottayam
- 8. Sunrise Institute of Medical Sciences, Kochi
- 9. High Range Hospital, Munnar
- 10. Polakulath Narayanan Renai Medicity, Kochi
- 11. Avitis Super Speciality Hospitals Pvt. Ltd., Palakkad

Ladakh

- 1. Distt. Hospital, Kargil
- 2. 153 General Hospital, Leh

Maharashtra

- 1. Rao Nursing Home, Pune
- 2. Riddhivinayak Hospital Services Public Charitable Trust, Palghar

- 3. M/s MIMER Medical College and Dr. Bhausaheb Sardesai Talegaon Rural Hospitals Garware Blood Bank, Pune
- 4. KEM Hospital, Pune Mathurabai Vashistha Blood Centre, Pune
- 5. Tata Memorial Hospital, Mumbai
- 6. Jain Social Federation's AnandrishiJi Blood Centre, Ahmednagar

Odisha

1. Saheed Laxman Nayak Medical College & Hospital, Koraput

Punjab

1. Grecian Super Speciality Hospital, Mohali

Rajasthan

1. Nahar Blood Centre, Bhinmal

Tamil Nadu

- K.Govindasamy Naidu Medical Trust- K. G Hospital Blood Bank, Coimbatore
- Government Medical College Hospital, Virudhunagar
- 3. MIOT Hospitals Blood Centre, Chennai
- 4. Annai Teresa Blood Bank & Apheresis Centre, Chennai
- 5. Kumaran Hospital Blood Bank, Chennai
- 6. Chennai Blood Centre, Chennai
- 7. VS Hospitals, Chennai
- 8. International Centre For Cardio Thoracic and Vascular Diseases (A unit of Frontier Lifeline Hospital), Chennai
- 9. Meenakshi Mission Hospital & Research Centre-Regional Blood Transfusion Centre, Madurai

Telangana

- 1. KIMS Hospital Blood Bank, Hyderabad
- 2. Thumbay Hospital Blood Centre, Hyderabad

Uttar Pradesh

- 1. Prakash Hospital Blood Bank, NOIDA
- 2. Prayag Hospital & Research Centre Pvt. Ltd., NOIDA
- 3. Heritage Hospitals Blood Centre, Varanasi
- 4. Bhagwan Buddha Charitable Blood Bank, Vasundhara, Ghaziabad

West Bengal

- Medica Superspecialty Hospital Blood Bank (A Unit of Medical Hospital Pvt. Ltd.), Kolkata
- 2. Siliguri Terai Lions Charitable Trust Blood Bank, Siliguri
- 3. North Bengal Medical College and Hospital Blood Centre, Darjeeling
- 4. Maharaja Jitendra Narayan Medical College and Hospital, Cooch Behar
- 5. Ashok Laboratory Centre for Transfusion Medicine and Clinical Research, Kolkata
- 3. Rashmi Blood Centre, A Unit of S. S. S. S. Bardhaman



National Institute of Biologicals Ministry of Health & Family Welfare, Govt. of India NATIONAL BLOOD DONOR VIGILANCE PROGRAMME



(Haemovigilance Programme of India) Adverse Blood Donor Reaction Reporting Form

Version 2

A) Donor Information	
	Whole Blood (b) Apheresis(Platelets/Plasma/Plasma + Platelets/RBC/ l Blood StemCells/ COVID-19 Convalescent Plasma)
Sex * (Male/Female/Other)	1 blood stellicells, covid 17 convalescent Hashiaj
Weight of Donor (kg) *Height of Donor(cm)*	Donor Type* (a) Voluntary (b) Replacement (c) Family Donor (d)Autologous (First Time/Repeat)
Age/ Date of Birth * Yrs: Month: Days: OR	
Pre-Donation Vitals*Pulse: per min BP (Systolic): mmHg	Date of Donation *
BP (Diastolic): mmHg	Time of Donation Hr Min
B) Whole blood Details of Blood Collected/Apheresis Deta	ils of Blood Collected
(a) Whole Blood	
Lot No. of Blood Bag* (Terumo Penpol Limited/Mitr	Volume Collected (ml)*
HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)	Expiry Date of Blood Bag*
(b) Apheresis	Expiry back of Blood Bag
Lot No. Kit* Volume Collected (ml)*	Expiry Date of Kit*
C) Adverse Reaction Details	
Date and Time of reaction* HrMin_	
Vitals at the time of Reaction Pulse: per min BP (Systolic):	mmHg Data Captured* (Onsite/Call back by donor/
BP (Diastolic):	
`	Reaction Time*(Pre-Donation/During
	Donation/After Donation)
Venipuncture Site*(Left/Right/Both)	Injury*(Yes/No)
Venipuncture*(1/2/>2)	Site of Reaction*(At Donation Site/ Outside Donation Site)
	Donation Completed* (Yes/No)
D) Type of Complications:*	
Localised Complications	
☐ A1-Complications mainly characterized by the occurrence of blood or	tside the vessels
(a) 🗆 Haematoma (bruise)	
(b) Arterial puncture	
(c) ☐ Delayed(bleeding/Re-bleeding) ☐ (Within 30 minutes of D	onation/After 30 minutes of Donation)
☐ A2-Complications mainly characterized by pain	
(a) □ Nerve injury/irritation	
(b) □ Other Painful arm	
☐ A3-Localised infection/inflammation along the course of a vein	
(a) ☐ Thrombophlebitis	
(b) Cellulitis	Madical Adhasiya Madicatad Tana/Shin Disinfection Area)
 □ A4- Allergy (local): Itching and redness at the □ (Venipuncture Site/N □ A5-Other major blood vessel injury -Serious conditions needing speci- 	
(a) Deep venous thrombosis (DVT)	inst incurcal diagnosis and attention
(b) ☐ Arteriovenous fistula	
(c) ☐ Compartment syndrome	
(d) ☐ Brachial artery pseudoaneurysm	



National Institute of Biologicals Ministry of Health & Family Welfare, Govt. of India NATIONAL BLOOD DONOR VIGILANCE PROGRAMME



(Haemovigilance Programme of India)
Adverse Blood Donor Reaction Reporting Form

Version 2

Generalized Con	mplications				
□ B1-Vasovagal re	eactions				
(a) Generalized V	Veakness	(b) ☐ Anxiety		(c) □ Dizziness	(d) Nausea
(e) □ Vomiting		(f) □ Pallor(skin an	nd lips)	(g) ☐ Rapid Pulse	(h) \square Convulsions
(i) ☐ Cold extremiti	ies	(j) ☐ Hyperventilat	ion	(k) ☐ Hypotension	(l) \square Low Vol Pulse
(m) ☐ Feeling of wa	armth	(n) \square Tetany		(o) \square Loss of bowel or bladder control	(p)□ Cyanosis
(q) Sweating		(r) \square Loss of Conso	ciousness(LOC)	(<60 Sec/>60 Sec)	
☐ B2-Allergic reac	ctions (Generalized)				
(a) Cyanosis		(b) \square Wheezing		(c) \Box Flushing,swelling of eyes,lips or to	ngue
(d) ☐ Chest tightnes	ss	(e) Cardiac a rres	st		
☐ B3-Other seriou	s complications relate	d to blood donation			
(a) Acute cardiac	symptoms(other than r	myocardial infarction	or cardiac arrest) (b) \Box	Myocardial infarction(MI)	
(c) Cardiac arrest	t	(d) Transient Iscl	hemic attack (TIA)	(e) □ Death	
Apheresis Comp	olication Yes/No				
☐ C-Complication	s related to apheresis				
(a) □ Citrate reaction	on				
□ tingling/vibra	tions-lips,fingers		☐ light-headedness	☐ Metallic taste	☐ Muscle twitching
☐ Carpopedal sp	oasm		□ Shock	☐ Cardiac arrest	☐ Tetany
☐ Prophylactic (Calcium given before re	eaction [(Yes/No)			
(b) ☐ Haemolysis d	luring procedure				
(c) Air embolism					
(d) □ Unable to ret	turn red cell(>200ml)				
Other Complica	ntion				
☐ D-Other Reaction	ns Please Specify				
	is ricase specify				
				□ Recovered with Sequelae	
Outcome*	□Resolved on donate	tion site Resol	ved on follow up	□ Recovered with Sequelae	
Outcome*	□Resolved on donat □ Permanently disal	tion site	ved on follow up n following the adverse n	reactions Unknown	
	Resolved on donat Permanently disal	tion site	ved on follow up following the adverse the second		
Outcome*	□Resolved on donat □ Permanently disal	tion site	ved on follow up following the adverse the second	reactions Unknown	
Outcome* Imputability*	□ Resolved on donat □ Permanently disal □ Definite (Certain) □ Unlikely (Doubtfi	tion site	ved on follow up n following the adverse nable (Likely) nded	reactions Unknown	
Outcome* Imputability*	Resolved on donat Permanently disal	tion site	ved on follow up n following the adverse nable (Likely) nded	reactions Unknown	
Outcome* Imputability*	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubtfi	tion site	ved on follow up n following the adverse nable (Likely) nded	Possible	ort
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Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubtfination or Predisposing about All Donor the month (of reporting In (Total)* In (Total)*	tion site	ved on follow up n following the adverse nable (Likely) nded	Date of Repo	
Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubth ation or Predisposing about All Donor the month (of reporting n (Total)*	tion site	ved on follow up n following the adverse nable (Likely) nded ed Reactions:	Date of Repo	
Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation Apheresis if aph	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubtfination or Predisposing about All Donor the month (of reporting In (Total)*	tion site	reent Plasma	Possible Date of Report No. of 450 ml bags Platelets Plasma Granulocyte Peripheral Blo	
Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation Apheresis if aph Gender of Donor(Total Dono	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubth ation or Predisposing about All Donor the month (of reporting n (Total)* Peresis	tion site	reent Plasma Female	Possible Date of Report No. of 450 ml bags Platelets Plasma Granulocyte Other Other	od Stem Cells
Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation Apheresis if aph Gender of Donor(T) Type of Donation(T)	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubtfination or Predisposing about All Donor the month (of reporting In (Total)*	tion site	eent Plasma Female Replacement	Possible Date of Report No. of 450 ml bags Platelets Plasma Granulocyte Peripheral Blo	
Outcome* Imputability* Any Other Inform Reporter Denominator Data Total Donation in to Whole blood Volume of donation Apheresis if aph Gender of Donor(Total Dono	Resolved on donat Permanently disal Definite (Certain) Unlikely (Doubtfination or Predisposing about All Donor the month (of reporting In (Total)*	tion site	reent Plasma Female	Possible Date of Report No. of 450 ml bags Platelets Plasma Granulocyte Other Other	od Stem Cells
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TRANSFUSION REACTION REPORTING FORM (TRRF VERSION-2)



National Institute of Biologicals

Ministry of Health & Family Welfare, Govt. of India (National Coordinating Center)



HAEMOVIGILANCE PROGRAMME OF INDIA Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products (Version-2) * Mandatory Field Hospital Code No.: Gender*: Blood Group* Patient Initials* Hospital Admission No.* Age/Date of Birth*: .Month ...Days Primary Diagnosis* Medical History: Was the patient under anaesthesia during transfusion: Yes/No if Yes type: GA/Spinal/LA Pre-transfusion Vitals: Pulse: SPO2: Temp: Vitals at the time of reaction: RR: SPO2: Temp Pulse: Please tick mark the relevant signs and symptoms listed below Respiratory Circulatory Generalised Renal Chest Pain Dyspnoea Haematuria Tachycardia Fever Anxiety Hypertension Itching (Pruritus) Chills Abdominal Wheeze Haemoglobinuria Hypotension Back/Flank Pain Rigors Edema (Site) Cough Oliguria Infusion Site Pain Hypoxemia Raised JVP Juandice Other Nausea Arrhythmias Urticaria Other Other ___ Bilateral Infiltrates on Other | Flushing Restlessness Chest X-ray Other Vomiting Any Other(Specify): (C) Transfusion Product(s) Details' Date & Time Batch / Date & Time Expiry date Manufact 1st time/ Select Select of Issue of Unit Id Blood Lot No. of Select* of onset Transfused of Blood urer of Component Indication Blood (Transfused) Group the Blood repeat Transfusion Transfusion (ml) Component **Blood Bag** Component Bag Saline Washed Red Cells COVID-19 Convalescent Plasma 1st Time Whole blood Packed Red blood cells (PRBC) Buffy coat depleted PRB0 Leucofiltered PRBC Random Donor Repeat 1 to 10 platelets/ pooled **Apheresis** Platelets Fresh Frozen Plasma Repeat > 10 Cryoprecipitat Any Other Add New Plasma Product Expiry Date of Batch No. Select Plasma Product Indication **Date of Administration** Manufacturer the 1st Time / Repeat / Lot No. Plasma Product 1st Time Repeat 1 to 10 Repeat > 10

TRANSFUSION REACTION REPORTING FORM (TRRF VERSION-2)

(D) Ir	ive	stigations												
		Clerical Checks						Specify Er	ror F	ound if any: _				
		Investigation	1			P	re-tr	ransfusion sampl	e			Post-tra	nsfusion sam	ple
	⊒	Visual Check												
*	_	Repeat Blood Grouping			0+,	/A+ /B+ /AB+ ,	/O- /	A- /B- /AB-	_				/A- /B- /AB-	
*	4	Repeat Crossmatch				Compatible	닏	InCompatible	L	Not Done	Compa		InCompatible	_
*	4	Repeat Antibody screen			Ш	Negative	Ш	Positive		Not Done	Negati	ve	Positive	Not Done
<u> </u>	4	Antibody Identification			_		_		_	1				_
*	4	Direct antiglobulin test			Ш	Negative	Ш	Positive		Not Done	Negati	ve	Positive	Not Done
<u> </u>	4	Hemoglobin												
┝	4	Plasma Hemoglobin												
<u> </u>	4	Urine hemoglobin												
-	4	Bilirubin (Total/conjugated)												
- - - -	┽	Platelet count PT/INR												
*	╡	Blood culture of Blood Bag				Negative	П	Positive		Not Dono	Specify Org	ranism if n	ocitivo	
*	=	Blood culture of Patient			H	Negative	Ħ	Positive	H	Not Done	Negati		Positive	Not Done
-	_	blood culture of Fatient			Sne	cify Organism	if no			Not bone	Specify Org			Not boile
Г	Т	Chest X-ray of the patient in cas	e of suspected	d TRALL	Spc	city Organism	прс	J3111VC			Jopenny Org	samsin ii p	0311140	
In cas	e 0	f Non-immune hemolysis (which			e?)									
Т	T	Hemolysis due to freezing of PR		ing was the tas	,									
Ī	Ħ	Hemolysis due to inappropriate		RBC Units										
Ť	┪	Hemolysis due to infusion of an			set.			Specify Flu	ıid:					
	Ħ	Mechanical damage	,											
In Cas	se o	f ABO Mismatch (which of the fo	ollowing was	the case?)										
	\Box	Wrong Blood in tube		•										
		Grouping error												
		Labelling error												
		Wrong unit transfused												
(E) N	atu	re of Adverse Reaction(s)*												
										Data & Time	-f O+ -f	Date &		
Selec	t			Reaction					ľ	Date & Time		Time of	Ou	ıtcome
										React	ion	Recovery	,	
	7	Febrile Non Haemolytic Reactio	ns (FNHTR)											
_		1° C rise in temperature												
		2° C rise in temperature											1. Death	following the
		Only Chills & Rigors	\blacksquare											Reaction(s)
\vdash \vdash	1	Allergic reaction	<u> </u>											()
-	┪	Anaphylaxis												
┝	┪	Immunological Haemolysis due	to ABO Incom	natihility					_					
┝┢	┿	Immunological Haemolysis due												
-	┪	Non Immunological Haemolysis		Antibodies					-				1 1	
-	┪	Hypotensive Transfusion Reacti											2 R	ட்ட ecovered
⊨	╡	Transfusion Related Acute Lung		\					_				2.10	ccovered
L	_	Definite Definite	ilijury (TRALI,	,										
		Possible												
	_	<u>—</u>	(TAD)											
-	╇	Transfusion Associated Dyspnor		(TACO)					_					
┢	┿	Transfusion Associated Circulate Transfusion Transmitted Bacter		(TACO)									2 Page	uorod with
⊢⊢	╡			Aslaria)					_					vered with guelae
-	┫	Transfusion Transmitted Parasit	ic infection (N	/Ididiid)									Se	queiae
⊢⊢	┿	Post Transfusion Purpura Transfusion Associated Graft ve	reus Host Disc	ase (TAGVUD)					\dashv					
┝┝	_	Other Reaction (s)	- Jus HUSL DISE	ase (TAGVID)			_	1	\dashv				4 1	ات Jnknown
lг	7		L											
_	_	Add New												
IMDI	TA	BITLITY ASSESSMENT										<u> </u>	1	
		tability Assessment*												
						ion President	C				*Impu	tability As	sessment	
S. N	0.	Reaction Term		Irai	nstus	ion Product/	com	iponent			•		the below lis	st)
								·						
*Imp	utal	oility: 1. Definite (Certain), 2. Pro	obable (Likely), 3. Possible, 4.	. Unli	kely (Doubtfi	ıl), 5	. Excluded, 6. No	t As	sessed				
				Мо	nthl	y Denomina	tor F	Reporting Form	*					
Hosp	ital	Code :					Mon	th/Year:						
		Blood (Component							No	of Units Iss	ued		
1) Sal	ine	Washed Red Cells												
_		-19 Convalescent Plasma						·				·		
		rozen Plasma												
	_	Blood						·				·		
	ole												-	
4) Wh 5) Pac	kec	l Red Blood Cells (PRBC)												
4) Wh 5) Pa	kec	Red Blood Cells (PRBC) Coat Depleted PRBC												
4) Wł 5) Pad 6) Bu	kec													
4) Wh 5) Pac 6) Bu 7) Lec	ked ffy (ucof	Coat Depleted PRBC												
4) Wh 5) Pac 6) Bu 7) Let 8) Rai 9) Ap	ffy (lcof ndo here	Coat Depleted PRBC iltered PRBC m Donor Platelets/ Pooled esis Platelets												
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How to Enroll your Centre under HvPI

Who can enrol?

Head/In-charge of Transfusion Medicine Department/Blood Centre

How to enrol?

- 1) Head / Incharge of Transfusion Medicine Department / Blood Centre provides the necessary details to the National Coordinating Centre (NCC) Haemovigilance Programme of India (HvPI) by sending the duly filled Enrolment Form either to NCC at National Institute of Biologicals, Ministry of Health & Family Welfare, Plot No. A-32, Sector-62, Institutional Area, NOIDA 201 309 (U.P.) or via E-mail to NCC at haemovigilance@nib.gov.in
- 2) NCC verifies the details provided by the centre.
- 3) After verification, NCC issues the User Id and Password to the Head / Incharge of Transfusion Medicine Department / Blood Centre to access the (a) Haemo Vigil Software (b) Donor-Vigil Software for onward Submission of Transfusion Reactions Reports and Adverse Blood Donor Reaction Reports to NCC.

Download Enrolment Form from the website:- http://nib.gov.in/media/Annexure7.pdf How to Report?

Reporting of Adverse Transfusion Reactions via Haemo-Vigil Software & Adverse Blood Donor Reactions in donation via Donor-Vigil Software.

- a) Centres enrolled under HvPI receives unique User Id & Password from NCC-HvPI, NIB.
- b) User Id & Password is same for both the Softwares i.e. Haemo-Vigil (to report adverse transfusion reactions) & Donor-Vigil (to report adverse donor reactions).
- c) Software(s) link is available at NIB website i.e. www.nib.gov.in under the tab of Haemovigilance Programme of India.
- d) The adverse reaction reports can be uplinked and submitted online via the above mentioned software(s) to NCC-HvPI, NIB.





National Institute of Biologicals- National Coordinating Centre-HvPI

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National Institute of Biologicals

Ministry of Health and Family Welfare, Government of India A-32, Sector-62, Near NH-24, Noida - 201309, Uttar Pradesh

NIB website: http://nib.gov.in/ Email: haemovigilance@nib.gov.in

Tel: 0120-2400072, 0120-2593612 Fax: 0120-2403014

Toll free No. 1800-180-2588 [Mon to Fri (9:00 a.m. to 5:30 p.m.)] query related to Haemovigilance Programme of India.

For any other Information/ Suggestions/ Query related to Haemovigilance Programme of India kindly contact: Dr. Akanksha Bisht, Scientist Grade-II & Head-Haemovigilance Programme of India, NIB, NOIDA at: haemovigilance@nib.gov.in