

Two Days Residential Training cum Workshop for the Blood Centre officials of the Reporting Centres under Haemovigilance Programme of India



File No. N-1.0059/5/2024-HvPI-NIB (Computer No. 456)

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 Donation Practices



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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 Mandates 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 reaction datato 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 in compliance to the issued directives.

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

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Continuing Medical Education (CMEs) Organized by NIB to create awareness about the Haemovigilance Programme of India(HvPI)





- A Continuing Medical Education (CME) on Haemovigilance Programme of India organised by National Institute of Biologicals (NIB), NOIDA in collaboration with Hind Institute of Medical Sciences (HIMS) Sitapur, Uttar Pradesh on 24th March, 2023 at HIMS Sitapur, Uttar Pradesh. Head HvPI gave the presentation on "Haemovigilance Programme in India & Networking" in the said CME.
- About 180 participants which included Blood bank officials, clinicians, technicians, nurses, PG students & officials from drugs control department attended the said CME.

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- A Continuing Medical Education (CME) on Haemovigilance Programme of India organized by National Institute of Biologicals (NIB), NOIDA in collaboration with Punjab Institute of Medical Sciences (PIMS), Shrimann Superspeciality Hospital & Indian Medical Association (IMA) Jalandhar on 26th May, 2023 at PIMS, Jalandhar. Head HvPI gave the presentation on "Update on Haemovigilance Programme in India" in the said CME.
- About 200 participants attended the said CME.

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Two Days Residential Training cum Workshop for the Blood Centre officials of the Reporting Centres under Haemovigilance Programme of India on 29th & 30th May, 2023 at NIB, NOIDA

Objective

The objective of this training cum workshop was to sensitize and train the blood centre officials of reporting centres under HvPI w.r.t. latest updates, definitions, guidelines and reporting of adverse blood transfusion reactions with special emphasis to improve the quality of data being submitted under HvPI.

- Haemovigilance Division of National Institute of Biologicals (NIB) organized Two Days Residential Training cum Workshop for the Blood Centre officials of the Reporting Centres under Haemovigilance Programme of India on 29th & 30th May, 2023 at NIB, NOIDA.
- About 38 participants including blood centre officials, technical officials from 14 states of the country and 07 experts had participated in the said Training cum Workshop.





Registration



Inauguration



Group Photograph

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Technical Session

Day 1

- Update on Haemovigilance Programme of India and its impact.
- Classification and Workup of Transfusion Reaction.
- FNHTRs & Allergic reactions -definitions, grading, imputability followed by case discussions.
- Introduction to adverse events with cardiorespiratory symptoms followed by Case /report discussions on TRALI, TACO, TAD, hypotensive transfusion reaction.
- Haemolytic transfusion reactions Case /report discussions.



Day 2

)6

- Donor Vigilance in India: Introduction & Experience of initial two years of implementation.
- Donor adverse reactions: Classification & Definitions.
- Severity Grading Tools in Donor adverse reaction.
- Uploading of Donor adverse reaction on Donor Hemovigil software: Challenges in Data Analysis.
- Case Discussion: Localised donor adverse reactions.
- Vaso Vagal Reactions: Case based approach & Prevention strategies.
- Discussion on Haemo-Vigil software(s)

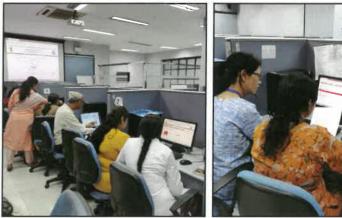






Visit to Immunodiagnostic Kit Laboratory-WHO collaborative centre Offline Demonstration of Haemovigilance Software(s)





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NIB- National Health Mission (NHM) Collaborative Six Days Residential Training Programme for Strengthening of Blood Services for the state Chhattisgarh & Telangana

The medical officials & lab technicians of the Chhattisgarh state participated in the aforesaid training. One session during this training programme was kept for Haemovigilance Programme of India on 10th January, 2023 & during this session about 41 participants were apprised about Haemovigilance Programme of India followed by hands on training. Head HvPI gave the presentation on Haemovigilance Programme of India and software demonstration on 10th January, 2023.





Chhattisgarh on 09th - 14th January, 2023

• The medical officials & lab technicians of the Telangana state participated in the aforesaid training. One session during this training programme was kept for Haemovigilance Programme of India on 13th May, 2023 & during this session about 40 participants were apprised about Haemovigilance Programme of India followed by hands on training. Head HvPI gave the presentation on Haemovigilance Programme of India and software demonstration on 13th May, 2023.





Telangana on 08th - 13th May, 2023

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National Skill Development & Hands-on Training Programme on Quality Control of Biologicals for M.Sc. Biotechnology Students from 22nd May to 02nd June, 2023 at NIB, NOIDA

The students from Guru Ghasidas Vishwavidyalaya, Bilaspur (Chattisgarh) participated in the said training programme. One day session during this training programme was kept for Haemovigilance Programme of India on 01st June, 2023. During this session about 30 students including 01 faculty were apprised about Haemovigilance Programme of India followed by hands on training.









Online Webinar meeting on the occasion of World Blood Donor Day

Head HvPI attended the Online Webinar meeting on the occasion of World Blood Donor Day held on 07th June, 2023 organized by Blood Transfusion Services, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.



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10.4103/0973-6247.375889

Pilot study to understand and compare challenges being faced in reporting of transfusion reactions in various types of blood banks enrolled under Haemovigilance Programme of India

Rayaz Ahmad Bhat, Vishal Tiwari, Satyajeet Singh, Ruchi Rao, Akash Chaudhary, Akanksha Bisht

Abstract:

BACKGROUND: Hemovigilance has become one of the important quality check systems of blood transfusion process, but under/nonDreporting of transfusionDassociated adverse reactions despite the presence of reporting systems emphasize the need to understand the challenges being faced in active reporting of adverse transfusion reactions.

AIM: To identify and document the possible factors leading to under porting and impacting the quality of blood transfusion reactions being submitted under Haemovigilance Programme of India (HvPI).

SETTINGS AND DESIGN: This was a crosslisectional, observational type study, carried out in six blood banks, two each of government, private, and standlialone sectors in Delhi National Capital Region enrolled under HvPI.

MATERIALS AND METHODS: The study was carried out for a period of 6 months with allmonth residence in each blood bank. During this period, data related to adverse transfusion reactions and their reporting were collected using a designed data collecting form and a validated questionnaire from all the six blood banks.

STATISTICAL ANALYSIS USED: MS Excel Ver. 2007 was used for compilation and descriptive analysis of collected data, and SPSS Ver. 25.0 was used for determining the Cronbach's alpha for the questionnaire which was statistically significant ($\alpha > 0.7$).

RESULTS: In a period of 6 months, a total of 5136 blood products were issued from these blood banks along with 5136 reaction reporting forms, but only 515 transfusion reaction report forms were returned to these blood banks. It was found that each blood bank faces some challenges with respect to identifying and reporting adverse transfusion reactions.

CONCLUSION: Addressing the gaps identified during this study will result in robust hemovigilance system in our country and having reliability of data being reported under HvPI.

Keywords:

Adverse transfusion reactions, blood banks, challenges, hemovigilance, reporting

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Introduction

Blood transfusion, indeed a blifelsaving medical intervention, but

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a same lifeDsavior intervention, can be lifeDthreatening with many risks associated with this, ranging from mild allergic reactions to fatal anaphylactic reactions visDaDvis transfusionDtransmitted infections.^[1] The

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New Members Enrolled under Haemovigilance Programme of India (63)

	8 8 7
Andhra Pradesh	Meghalaya
1. New Vision Blood Bank (Unit of Rural and Urban Development	1. Nongstoin Civil Hospital Blood Centre, West Khasi Hills District
Society), Prakasam District	
 M/s Udayananda Hospital Blood Centre, (A Unit of Udayananda Health Care Pvt. Ltd.), Noonepalli, Nandyal 	New Delhi
	1. Blood Center, Jai Prakash Narayan Apex Trauma Center, AIIMS, Raj
Assam 1 S. M. Dev Civil Hospital Blood Centre, Silchar, Cachar	Nagar
 Hayat Hospital Blood Centre, Guwahati 	<u>Odisha</u>
3. Blood Bank Apollo Hospitals, Guwahati	1. JP Blood Centre, Jai Prakash Hospital & Research Centre Pvt. Ltd.,
	Sundargarh
Bihar	2. Hi-Tech Medical College and Hospital, Rourkela
1. Jay Prabha Medanta Blood Center (Jay Prabha Medanta	Dunich
Hospital), Patna	Punjab 1. M/s Karan Hospital Multispeciaty Centre, Samrala, Ludhiana
2. Bharat Blood Centre, Patna	2. Civil Hospital, Khanna, Ludhiana
	3. Red Cross Blood Centre, Ludhiana
Chhattisgarh	4. Parkash Hospital, Amritsar
1. SCCH Blood Centre, Raipur	5. Blood Centre Civil Hospital, Batala
 M/s The Civil Surgeon Cum Chief Hospital Superintendent, District Hospital Blood Bank, District Hospital Ambikapur, 	6. Oxford Hospital, Jalandhar
Surguja	7. Smt Parvati Devi Hospital, Unit-2, Blood Centre, Amritsar
ouiguja	8. Park Hospital, A Unit of Park Medicity (World) Pvt. Ltd., Patiala
Gujarat	9. Blood Centre Guru Nanak Dev Superspeciality Hospital, Tarn-Taran
1. Nukem Blood Bank, Haria L.G. Rotary Hospital, Vapi	Tamil Nadu
2. Polycab Social Welfare Foundation Blood Centre, Panchmahal	1. Lions Blood Bank and Research Foundation Trust, Ambattur,
Blood Centre GMERS Medical College and Hospital, Dharpur,	Chennai
Patan	2. Dr. Kamakshi Memorial Blood Bank and Blood Component Research
4. Kumarpal Gandhi Blood Centre, Ankleshwar	Centre, Chennai
New york	3. Kauvery Regional Blood Centre (Kauvery Hospital), Chennai
Haryana 1. Bhagwandas Hospital Blood Centre, Sonipat	4. Apollo KH Hospital, Melvisharam
 Bhagwandas Hospital Blood Centre, Sonipat Blood Centre FIMS, Sonipat 	5. Sri Narayani Hospital and Research Centre, Vellore
3. Mahatma Gandhi Blood Centre, Hisar	6. Maruthi Blood Centre Run by Maruthi Blood Bank & Research
4. Signature Hospital, Blood Centre Park, Medicity (North) Private	Foundation Trust, Krishnagiri
Limited, Gurugram	Telangana
Amrita Institute of Medical Sciences, Faridabad	1. Pranaam Blood Centre (A Unit of Jeevan Society), Ranga Reddy
6. SGT Medical College, Hospital & Research Institute, Gurugram	Dist.
Jammu & Kashmir	2. Malla Reddy Narayana Multispeciality Hospital, Hyderabad
1. Govt. Medical College, Doda	3. Yashoda Hospitals, Hitech City, Blood Centre, Ranga Reddy Dist.
	Uttar Pradesh
Jharkhand	1. Yagya Charitable Blood Bank, Lucknow
1. Paras HEC Hospital Blood Centre, Ranchi	2. M/s Apollomedics Super Speciality Hospital (Blood Centre), Lucknow
	3. Sri Sai Hospital & Blood Center, Moradabad
Karnataka	4. S.S.B. Trauma Centre, Firozabad
1. Jindal Sanjeevani Multispeciality Hospital, Ballari District	5. Jaswant Rai Speciality Hospital, Meerut
 BIMS Blood Centre, Belagavi Sri Madhusudan Sai Institute of Medical Science & Research 	
 Sri Madhusudan Sai Institute of Medical Science & Research Blood Centre, Chikkaballapura 	West Bengal
· · ·	 Sri Ramkrishna Institute of Medical Sciences & Sanaka Hospitals (A Unit of Sanaka Educational Trust) Blood Centre, Dist. Burdwan,
Kerala	Durgapur
1. Mothercare Blood Centre, Palakkad	Bulgapui
2. Blood Centre District Hospital, Vatakara, Kozhikode	2. CSDH Blood Centre, South 24 Parganas
Madhya Pradesh	
1. Bhandari Hospital & Research Centre (Mohit Blood Centre),	
Indore	
2. Jabalpur Blood Centre, Jabalpur	
a	
Maharashtra	
1. Bharati Vidyapeeth (Deemed Tobe University) Medical College	
 & Hospital, Blood Center, Sangli New Arpan Voluntary Blood Center, Ahmednagar 	
2. New Arpan Voluntary Blood Center, Ahmednagar 3. Symbiosis Medical College for Women, Pune	
 Plasma Diagnostic Laboratories and Blood Centre, Dombivli (E 	
), Thane	
5. Shri Satya Sai Blood Centre, Sambhajinagar	
6 Jupiter Lifeline Hospital Blood Centre, Pune	

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Ministry of Health & Fa NATIONAL BLOOD DON((Haemovigiland	itute of Biologicals amily Welfare, Govt. of India DR VIGILANCE PROGRAMME e Programme of India) or Reaction Reporting Form
V	ersion-2
A) Donor Information	
Donor Id *:	(d) Autologous (First Time/Repeat) Site of Donation*(Blood Centre/Camp) Hg Date of Donation *
B) Whole blood Details of Blood Collected/Apheresis Details of E	Blood Collected
 (a) Whole Blood Lot No. of Blood Bag* Manufacturer of Blood Bag* (Terumo Penpol Limited/Mitra In HLL Lifecare Ltd/Fresenius Kabi (b) Apheresis Lot No. Kit* Volume Collected (ml)* 	Volume Collected (ml)*
C) Adverse Reaction Details	
Date and Time of reaction* HrMin Vitals at the time of Reaction Pulse: per min BP (Systolic): BP (Diastolic): Venipuncture Site* (Left/Right/Both) Venipuncture* (1/2/>2)	Type of Reaction*(Localised/Generalized/Both/ Other Reactions) Data Captured*(Onsite/Call back by donor/ Call back by Blood Centre) Reaction Time*(Pre-Donation/During Donation/After Donation) Injury*(Yes/No) Site of Reaction*(At Donation Site/ Outside Donation Site) Donation Completed*(Yes/No)
D) Type of Complications:*	
 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 	nation/After 30 minutes of Donation) e/Medical Adhesive Medicated Tape/Skin Disinfection Area)
(d) Brachial artery pseudoaneurysm	

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Minist NATIONAL	National Institute ry of Health & Family BLOOD DONOR (Haemovigilance Pro Adverse Blood Donor Rea Versio	y Welfare, Govt. of Ind VIGILANCE PROG gramme of India) action Reporting Form	
Generalized Complications B1-Vasovagal reactions (a) Generalized Weakness (e) Vomiting (i) Cold extremities (m) Feeling of warmth	 (b) □ Anxiety (f) □ Pallor(skin and lips) (j) □ Hyperventilation (n) □ Tetany (r) □ Loss of Consciousness(LC 	 (c) □ Dizziness (g) □ Rapid Pulse (k) □ Hypotension (o) □ Loss of bowel or bladder co OC) □ □ (<60 Sec/>60 Sec) 	 (d) □ Nausea (h) □ Convulsions (l) □ Low Vol Pulse ntrol (p)□ Cyanosis
 (q) □ Sweating B2-Allergic reactions (Generalized) (a) □ Cyanosis (d) □ Chest tightness B3-Other serious complications related to (a) □ Acute cardiac symptoms(other than m 	 (b) □ Wheezing (e) □ Cardiac a rrest blood donation 	(c) 🗌 Flushing, swelling of eyes, lip	
 (c) □ Cardiac arrest Apheresis Complication Yes/No □ C-Complications related to apheresis (a) □ Citrate reaction 	d) 🗌 Transient Ischemic attack (TI	A) (e) 🗆 Death	Muscle twitching
 □ tingling/vibrations-lips,fingers □ Carpopedal spasm □ Prophylactic Calcium given bef (b) □ Haemolysis during procedure (c) □ Air embolism (d) □ Unable to return red cell(>200ml) Other Complication □ D-Other Reactions 	☐ light-headedness ☐ Shock Fore reaction ☐ (Yes/No)] Muscle twitching
Outcome*	te	n follow up wing the adverse reactions	Recovered with Sequelae Unknown
Imputability* Definite (Certain) Unlikely (Doubtful)	□ Probable (L □ Excluded	.ikely)	Possible

Any Other Information or Predisposing Factors for Submitted Reactions:

Reporter			Date of Repor	t
Denominator Data about A	ll Donor			
Total Donation in the mont	h (of reporting)			
🗋 Whole blood				
Volume of donation (Total)*	No. of 350 ml bags	No	. of 450 ml bags	
Apheresis if apheresis	RBC Plasma+Plate COVID-19 C		ranulocyte Periphe	lasma eral Blood Stem Cells
Gender of Donor(Total)*	Male	Female	Other	
Type of Donation(Total)*	Voluntary	Replacement	Family Donor	Autologous
Donor Types(Total)* First	-Time Donors	Repeat Donors		
	od Centre	Camp		

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	Tra	nsfusion Re	action Repo	orting Form	(TRRF) For Blo	od & Blo	od Compo	nents & Pla	sma Proc	ducts (Ve	rsion-2)
(A) Pati	ent Informatio	n									* Mandatory Field
	Code No.: nitials*:		Gender*:			Blood Gro	200*1			_	
Hospital	Admission No.*	:	dender .	Age/Date of	Birth*:	TBIDOG GIG	Yrs	Month	Days	Hrs	Mins
	Diagnosis*: History:										A
(B) Trar	sfusion Reacti										
Pre-tran	sfusion Vitals:		ng transfusion:	Tes/NO_IF TO	es type : GA/Spina	I/LA		Temp:	Pulse:	BP:	RR: SPO2:
	the time of react ick mark the rele		symptoms list	ed below				Temp:	Pulse:	BP:	RR: SPO2:
General	lised			Pain		Respirat		Renal	1	1	Circulatory
8	Fever Chills	Anxiety	(Pruritus)	Chest		- pressed	spnoea neeze	Haema Haema	aturia oglobinuria		Tachycardia Hypertension
\square	Rigors Nausea	Edema Juandic	(Site)	Back/	Flank Pain	Co	ugh	Oliguri			Hypotension
<u> </u>	Urticaria	Other_	.e	Other	on Site Pain	Ну	poxemia	Other_			Raised JVP
8	Flushing Restlessness					Bilateral II Chest X-ra	nfiltrates on				Other
	Vomiting					Oth	ier		_		
	er(Specify) : sfusion Produc										
Select*	Select Component	Select Indication	Date & Time of Issue of Blood Component	Date & Time of onset Transfusion	Unit Id (Transfused)	Blood Group	Volume Transfused (mi)	Expiry date of Blood Component	Manufact urer of Blood Bag	Lot No. of	1st time/ repeat Transfusion
	Saline Washed Red Cells				-						
	COVID-19										
	Convalescent Plasma										
	Whole blood Packed Red										1st Time
	blood cells (PRBC)										
	Buffy coat depleted PRBC Leucofiltered										
	PRBC										
	Random Donor platelets/										Repeat 1 to 10
	pooled Apheresis Platelets										
	Fresh Frozen Plasma										
	Cryoprecipitat e										Repeat > 10
	Any Other										
dd New	Plasma Product	_							Expiry		
Select	Plasma P	roduct	Indic	ation	Date of Admini	istration	Manufa	acturer	Date of the Plasma Product	Batch No. / Lot No.	1st Time / Repeat
											1st Time Repeat 1 to 10 Repeat > 10

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	niver-	tigations										
(P) II		Clerical Checks			Specify Erro	or Fo	und if any:	_	-			
	_	Investigation		Pre-	transfusion sample	3			Post-transfusion sample			
-	-	Visual Check										
. +	_	Repeat Blood Grouping	O+ /A+ /B+	- /AB+ /O-	/A- /B- /AB-				/AB+ /O- //			
-		Repeat Crossmatch		patible	InCompatible		Not Done	Compa	tible 🛄 I	nCompatible 🔛 Not Don		
		Repeat Antibody screen	Nega		Positive		Not Done	Negati	ve 🔲 I	Positive Not Done		
						1						
		Antibody Identification	Nega	ative	Positive		Not Done	Negati	ve 🔲 I	Positive Not Done		
		Direct antiglobulin test										
		Hemoglobin										
		Plasma Hemoglobin										
		Urine hemoglobin										
		Bilirubin (Total/conjugated)										
	_	Platelet count										
		PT/INR				—	Not Done	Epocify Org	anism if po	sitive		
• [Blood culture of Blood Bag	Nega		Positive	1	Not Done	Negati		ositive Not Done		
•		Blood culture of Patient	Nega		Positive				anism if po			
			Specify Org	ganism if p	positive		!	specity org	anisinn po	sitive		
		Chest X-ray of the patient in case of suspected TRALI					_			and the second second		
In cas	se of	Non-immune hemolysis (which of the following was the	e case?)			_						
		Hemolysis due to freezing of PRBC Units										
	=1	Hemolysis due to inappropriate warming of PRBC Units										
F		Hemolysis due to infusion of any other fluid through sar	e BT set.		Specify Flu	id:						
		Mechanical damage										
1000		ABO Mismatch (which of the following was the case?)										
in Cas												
	-	Wrong Blood in tube										
		Grouping error										
L		Labelling error										
Ľ		Wrong unit transfused										
(E) N	latu	re of Adverse Reaction(s)*	The second s			-			Date &			
						D	ate & Time o	f Onset of	Time of	Outcome		
Selec	ct	Reaction					Reaction	on				
						+			Recovery			
-	7	Febrile Non Haemolytic Reactions (FNHTR)										
	- 1	1° C rise in temperature				1						
		2° C rise in temperature								1. Death following the		
		Only Chills & Rigors								Adverse Reaction(s)		
						-						
		Allergic reaction				-						
		Anaphylaxis				-						
		Immunological Haemolysis due to ABO Incompatibility				-						
-		Immunological Haemolysis due to other Allo-Antibodies				_						
-	-	Non Immunological Haemolysis								2. Recovered		
		Hypotensive Transfusion Reaction										
-		Transfusion Related Acute Lung Injury (TRALI)										
		Definite										
		Possible				-						
		Transfusion Associated Dyspnoea (TAD)				-						
		Transfusion Associated Circulatory Overload (TACO)				-				3. Recovered with		
		Transfusion Transmitted Bacterial Infection				_						
		Transfusion Transmitted Parasitic Infection (Malaria)								Sequelae		
	-	Post Transfusion Purpura										
			ansfusion Purpura									
		Transfusion Associated Graft versus Host Disease (TAG)	ID)									
		Transfusion Associated Graft versus Host Disease (TAG)	ID)		1	_				4. Unknown		
		Transfusion Associated Graft versus Host Disease (TAG) Other Reaction (s)	ID)			_				4. Unknown		
		Transfusion Associated Graft versus Host Disease (TAG)	ID)			_				4. Unknown		
		Transfusion Associated Graft versus Host Disease (TAG Other Reaction (s)	1D)							4. Unknown		
		Transfusion Associated Graft versus Host Disease (TAG Other Reaction (s)	HD)									
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File No. N-1.0059/5/2024-HvPI-NIB (Computer No. 456)

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.
- After verification, NCC issues the User Id and Password to the Head / Incharge of Transfusion Medicine Department / Blood Centre to 3) 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 site:-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.

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



File No. N-1.0059/5/2024-HvPI-NIB (Computer No. 456)



National Institute of Biologicals- National Coordinating Centre-HvPl

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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

