BLOOD LINE
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Promoting Voluntary Blood Donation

100 PERCENT VOLUNTARY BLOOD DONATION - IMPORTANT ASPECTS AND CHALLENGES

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The Action Plan for Blood Safety states that the aim is to phase out replacement donors, and to focus our attention on augmenting blood collection through voluntary blood donations for over 95 per cent of blood requirement. Department of Transfusion Medicine, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum achieved 100 % voluntary blood donation and phased out replacement donation by the month of September 2016. Department has been declared as 100% voluntary blood collection center on 1st October 2016. The collection from voluntary blood donors are gradually increasing over the year. We are able to meet the annual requirements of the hospital which is approximately 7000 units.

Important aspects in achieving and maintaining 100% Voluntary Blood Donation

Sustainability of mobile collection is an important aspect for the achievement of 100% voluntary blood collection. In our blood center, eighty percent of collection is from blood donation drive. Donor recruitment and retention strategies like proper counseling and motivation, privileges for regular repeated donors, implementing donor suggestions, blood bank portal for online camp and donation booking, blood insurance scheme, timely communication to donors, referral service for donors, honoring the donors and camp organizers on important days are already implemented in the department. Media and social network coverage of camps and programmes conducted, announcement of emergency requirement of blood donors, awareness talks on radio, television helped in donor recruitment and retention.

A dedicated blood collection team is pivotal for the maintaining voluntary blood donation. Roles and responsibilities of each staff is clearly allocated. A cordial relation between the donor, organizer and blood collection team is an another important aspect. Hospital Transfusion Committee meeting conducted every quarterly lead to optimized use of blood products. Auto filling of blood request forms based on maximum surgical blood order schedule was implemented. Another important aspect is management strategies during emergency situation. Registered donors of the needed blood group will be informed regarding the need. Message sending facility has been implemented in the department. Media and social networking sites will be informed regarding the necessity.

Challenges

Unawareness about the importance of voluntary blood donation among the general population and medical staff is an important challenge. Unexpected cancellation of mobile camps, massive bleeding cases, requirement of rare blood groups, dengue epidemic, vacation time for educational institutions are really challenging conditions. Emergency situations were managed adequately by contacting our registered donors. Correction of stock by exchange of blood products from neighboring blood bank as per the requirement is being practiced according to National Blood Transfusion Council guidelines.

Conclusion

100 % voluntary blood donation ensures the safety and quality of blood and blood products. In addition, it will be a relief for the bystanders of the patients from having to find the blood donors. Every blood center in the country should work for phase out of replacement donation. Scientific research on voluntary blood donation should be promoted. Motivation should be targeted towards adolescent age group.

WORLD AIDS DAY INAUGURAL CEREMONY

Inauguration and Inaugural Address-
Dr.Vijayalakshmi K.
HOD, Department of Transfusion Medicine,
Regional Cancer Center

Presidential Address
Ms. Sarada Jayakrishnan
DGM(QA), TERUMO PENPOL

Keynote Address
Dr. P .V Sulochana
Former HOD,Dept of Transfusion Medicine, Sree Chitra Tirunal Institute for Medical Sciences and Technology

Welcome Speech
Dr.Rejimoan. R
NSS Program Officer,
Sree Chitra College of Engineering

Vote of Thanks
Mr. T. S Mani
Sr.Manager (Admin),TERUMO PENPOL

TERUMO PENPOL OBSERVED AIDS DAY IN ASSOCIATION WITH THE NSS UNIT OF SREE CHITRA TIRUNAL COLLEGE OF ENGINEERING

World Aids Day was observed at Vyloppilly Samskruthi Bhavan by Terumo Penpol in association with NSS volunteers from SCTCE. The event drew a large crowd of college students, mainly NSS volunteers from various colleges across Trivandrum. The program was inaugurated by Dr. Vijayalakshimi, HOD, Blood Transfusion Dept., Regional Cancer Center. The event had the presence of Dr. Sulochana, former HOD, Blood Transfusion Department SCTIMST. Ms. Sarada Jayakrishnan, DGM(QA) TPPL presided over the function and Mr. T S Mani, Sr. Manager(Admin) delivered the vote of thanks.

Everyone spoke about the importance of AIDS day and the relevance of blood donation. Dr. Vijayalaskhmi expressed her regret on the conditions of RCC and her regret on the incompetence shown by the department on a case that sprout out an year back due to the ignorance of the staff and a specific donor. Dr Sulochana spoke on the conditions of aids patients and the social stigma they face, some of them are treated as an outcast to society. She also mentioned a few cases where the children of AIDS patients were not allowed at schools and other public forums. Sarada spoke about the pathway and the action plan of UNAIDS on eradicating or mitigating the number of cases that's popping up. Mani emphasized the importance of rehabilitation of AIDS patients and he thanked all the people at the stage categorically stating their contributions to the society.

The program had a session on blood donation and aids awareness by Mr. Baby Prabhakar CEO, Blue Point Org. It was an interesting session with good participation from the crowd. The session was clubbed with a question answer session on AIDS, its outbreak and other relevant aspects.

A cultural session was arranged post lunch. The colorful event had participants from various colleges and schools. Students from Cotton Hill School showcased a drama on parenting and AIDS. Two colleges came up with mime performances on blood donation and aids awareness. As an ice-breaker, the students did solo performances, thereby giving the crowd a great experience. The event culminated with a band performance by A_Gain the band, a band completely owned and run by students of SCTCE.

WORLD AIDS DAY

BABY PRABHAKARAN, CEO, BLUE POINT ORG DELIVERING A SPEECH ON HIV AIDS PREVENTION AND SAFE BLOOD DONATION

SKIT AND MIME CONTEST ON BLOOD DONATION ORGANIZED BY TERUMO PENPOL ON WORLD AIDS DAY

Hearty Congrats to Muslim Association College of Engineering for bagging the First Prize in Skit Contest

MUSIC BAND PERFORMANCE BY A_GAIN THE BAND, A BAND COMPLETELY OWNED AND RUN BY STUDENTS OF SCTCE ON WORLD AIDS DAY AT VYLOPILLY SAMSKRITHI BHAVA

97.54% BLOOD COLLECTED VOLUNTARILY IN 2017; ACTIVISTS SAY FIGURE TOO HIGH

Officials cite increase in awareness activities; activists say replacement donation still rampant

In January this year, a 35-year-old Khar resident sent out a frantic message to her friends and relatives. "Need four to five blood donors, preferably B+. Mom has a rare blood disorder and has been bleeding internally. So, we need a lot of blood. Please help."

A Matunga resident circulated a similar message in July, when his 67-year-old cousin underwent a bypass surgery. "Urgently require six donors of any blood group."

Such desperate calls for help are common on social media every day. The State Blood Transfusion Council (SBTC), however, has said that merely 39,387 units of blood, or 2.4% of the total, were collected through replacement donation in the State in 2017. Replacement donation is when hospitals demand that relatives and friends donate blood to restore the units utilised for the patient.

This means that of the 16.02 lakh units of blood collected last year, 97.54% (15.63 lakh units) was through voluntary donation in camps and at blood banks.

Activists, however, have rubbished these figures, saying that replacement donation is extremely rampant and almost all hospitals push relatives of patients to arrange for blood donors.

'More camps organised'

According to the SBTC, 97.06% of the blood units collected in 2016 were through voluntary donation, and in 2015 the figure was 96.82%.

Dr. Sanjeev Kamble, head of the Directorate of Health Services, said the number of camps organised has increased over the years, giving a boost to voluntary blood donation. "We have undertaken awareness activities and campaigns across the State, which has brought about some difference," Dr. Kamble said.

National guidelines say that hospitals should meet 100% of their blood requirement by organising their own blood camps and not depend on replacement donors. The National Blood Policy aims at phasing out replacement donation completely by 2020.

In 2017, the SBTC had pulled up many hospitals in Mumbai who were largely dependent on replacement donation. Activists said organising blood camps needs manpower, space and other management, to avoid which hospitals take the easy route of restoring blood through relatives and friends of patients, who are vulnerable.

'Scrutinise claim'

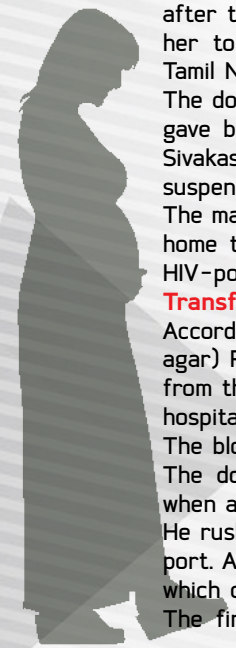
Vinay Shetty from the Mumbai-based Think Foundation, which organises blood donation camps, said the SBTC statistics cannot be right. "My estimates are that replacement donation in Mumbai must be over 50,000 units. It is impossible that the figures for the entire State are so low," Mr. Shetty said. He said the SBTC should scrutinise the statistics coming from blood banks, mainly those attached to hospitals. "The SBTC should ask the hospitals about the number of camps they have organised," he said.

Activist and voluntary blood donor Zahid Khambatti also questioned the accuracy of the figure. "All hospitals, including government hospitals, have the habit of tormenting patients by asking for replacement donors," Mr. Khambatti said. He said there is also a commercial aspect to this. "If a patient needs two units and the relatives get four replacement donors, the patient is billed for the testing of all four units," he said.

SBTC head Dr. Arun Thorat said they go by the data sent by blood banks. He said, "We can only investigate if patients and relatives come forward with complaints that they were made to bring replacement donors"

PREGNANT WOMAN TESTS POSITIVE FOR HIV AFTER BLOOD TRANSFUSION IN TAMIL NADU

Tamil Nadu donor was unaware of his infected status



A 23-year-old pregnant woman has tested positive for HIV after the blood of a donor, who had the virus, was given to her to treat anaemia at a government hospital in Sattur, Tamil Nadu,

The donor was not aware of his HIV-positive status when he gave blood. Three employees of the government hospital in Sivakasi, which collected the blood, have been placed under suspension for negligence.

The man had donated blood at the government hospital in his home town of Sivakasi in 2016, and had been found to be HIV-positive. But he was not told about his status.

Transfused this month

According to Joint Director of Health Services (Virudhunagar) R. Manoharan, the woman was given the blood brought from the Sivakasi Government Hospital on December 3. Both hospitals are in Virudhunagar district.

The blood was donated on November 30 2018

The donor underwent a medical check-up soon thereafter when applying for a job abroad, and tested positive for HIV. He rushed to the Sivakasi GH seeking his blood donation report. A second blood test was then conducted at the hospital, which confirmed his HIV infection.

The finding set off a further probe, and the hospital authorities traced the donated blood to Sattur GH where it had been transfused to the pregnant woman. The woman was then brought to the hospital and tested, revealing the HIV infection. A probe was conducted by a team of medical officers, including the Tamil Nadu State AIDS Control Society Deputy Director, and officials from Anti-Retroviral Therapy (ART) Centre. Based on their findings, two lab-technicians and a counsellor from Integrated Counselling and Testing Centre (ICTC) of Sivakasi were suspended on Monday.

The donor's original intended recipient was one of his own relatives. However, his blood was not transfused to her. "It was this unit, kept in the blood bank, which was given to Sattur GH," Dr. Manoharan said.

After the discovery of the pregnant woman's HIV infection, doctors said they would give her the best care. The delivery of her second child is expected in January.

Dr. Manoharan also said he would take steps to get suitable compensation for negligence.

"The Health Secretary has promised to take it up with the Government. Meanwhile, we have offered the job of a driver at Government hospital to the woman's husband," he added.

Dr. Manoharan said, when the donor had tested positive in 2016 at a blood donation camp in Sivakasi, "it was the duty of the counsellor at the ICTC to trace the man and inform him."

HIV TRANSMISSION: WHY IS BLOOD TRANSFUSION IN INDIA NOT YET SAFE?

Voluntary blood donation, careful screening of patients, use of better technology, and rational use of blood needs to be promoted.

Nowhere in the world is transfused blood considered 100% safe. This, despite the fact that each unit of blood is mandatorily tested for infection, among other things, before transfusion.

This happens because several infections, such as Hepatitis A, B, C and Human Immunodeficiency Virus, have a window period during which the virus doesn't show up in a blood test.

So, if a person contracts the HIV today and decides to donate blood the next day, the laboratory that tests the blood will not detect the virus in it. The window period for HIV is usually between three weeks and three months, depending on the technology used at the laboratory.

Even the best-available technology in the market right now - the Nucleic Acid Amplification Test - only reduces the window period to seven days. It does not entirely eliminate the risk.

But India fares poorly

Despite this limitation, many countries have not reported a case of HIV transmission through blood transfusion for years now. Canada has had no transfusion-transmitted HIV cases since 1985. In the US, the last known case of HIV transmission was in 2008 and the risk of disease spreading through transfusion is one in two million donations. In the UK, the last known case of a viral infection, including HIV, transmitted through blood transfusion was in 2005. In India, on the other hand, at least 2,234 people are reported to have been infected with HIV while getting blood transfusions in the last 17 months. The National Aids Control Organisation had on Wednesday revealed this in response to a Right to Information plea filed by activist Chetan Kothari.

The organisation, however, has maintained that it has not been scientifically corroborated that the infection was indeed transmitted through transfusion. "The data shows the number of self-reported cases of HIV through blood transfusion during post-test counselling of positive clients," said Dr Shobini Rajan, Assistant Director-General, National Aids Control Organisation. "This is a socially acceptable way of contracting the disease, as opposed to, say, sexual transmission. These are not proven cases of the virus being transmitted through blood transfusion."

In India, approximately 0.2% of the donated blood units are detected with HIV. These are then removed from the supply. So, any infected blood that remains was ostensibly within the window period at the time of testing and could go on and infect healthy people.

The National Consumer Disputes Redressal Commission recently ordered a hospital in the outskirts of Mumbai to pay Rs 12,000 to a patient who had contracted HIV 20 years ago after blood transfusion. The court held that the blood was transfused without the woman's "informed consent", enlisting the risks of blood transfusion.

Blame it on the technology?

At present, most blood banks in the country use the enzyme-linked immunosorbent assay or ELISA to test for HIV and Hepatitis B and C, among other infections. This is the technology mandated by the Central Drug Standards Control Organisation.

How up-to-date the kits are impacts the window period of the infection. "The new kits that are third- or fourth-generation ELISA kits reduce the window period to about three weeks. But not everyone has this technology," said Vinay Shetty from Think Foundation, which promotes and organises blood donation camps all over Maharashtra. The organisation works with Thalassaemia patients who need to undergo blood transfusions at least once a month.

The Nucleic Acid Amplification Test, in comparison, reduces the window period to about seven days, but it also increases the cost of the blood unit to Rs 2000 to Rs 2500 per unit, Shetty said.

The current policy of the National Aids Control Organisation caps the price at Rs 1,050 per unit of whole blood in a government institution and Rs 1,450 in a private institution.

"Can patients really afford this technology?" asked Shetty. "We need to do a cost-effect analysis and see if it works out for our patients. Blood is not free in our country." Government hospitals only provide blood free of cost to Thalassaemia, Haemophilia and sickle-cell disease patients who require repeated transfusions.

Still, states such as Karnataka have implemented the Nucleic Acid Amplification Test technology for all their government hospitals. Some others, including Maharashtra, want to follow suit.

Voluntary blood donation

The World Health Organisation defines a voluntary blood donor as someone who donates blood or any of its components on free will and receives no payment, either in cash or in kind. It is widely accepted the world over that the safest blood donors are voluntary, non-remunerated ones from low-risk populations.

The Supreme Court of India, in 1998, banned the system of using professional donors who were remunerated for donating blood.

Till September 2014, 30 lakh units of blood had been collected through National Aids Control Organisation-supported blood banks. The organisation's website states that voluntary blood donation increased from about 54.4% in 2006 to 84% in 2013-14.

This figure, activists believe, is misleading.

Hospitals, even private ones, regularly ask patients in need of blood transfusions to get donors so that they can replenish the stock of blood units. This system, called replacement donation, is not voluntary. This is against the National Blood Policy of the country.

"Every day I get requests of patients' relatives not for blood, but for donors. I tell them I can arrange for blood from a bank, but they insist on donors. These are patients in big private hospitals," said Shetty.

The National Aids Control Organisation, in recent years, has started counting family donations as voluntary.

"This goes against the WHO definition completely," said Rajat Agarwal, from Sankalp India Foundation, which works in the field of voluntary blood donation and with thalassaemia patients in Karnataka and Maharashtra. "No wonder the figures of blood units from voluntary donations have shown a rise."

There are no penal provisions for blood banks not following the rule of voluntary non-remunerative donations, as yet.

"Unless it is a gross violation, we do not have any punitive provisions yet for banks that do replacement donations," said Dr Rajan.

Continued

Continued

No thorough screening process

Often, patients are not screened well before they donate blood. They do not even fill their forms, which ask questions related to recent illness and unsafe sexual activity, among other things, said Shetty.
"In Canada, for instance, patients have to fill their forms themselves and go through lengthy counselling, where they are asked about sexual partners and other parameters, to rule out any infection in the blood. Till recently, homosexual men were not allowed to donate blood," said Shetty.
In India, there is no counselling for the patient before the test.

Rational use of blood

One of the best ways to reduce the infection is to rationalise blood transfusions, to ensure that it is only done when necessary.
"There are a number of instances when transfusions may not be warranted," said Dr Rajan. "One needs to follow our guidelines before blood transfusion."
In dengue cases, particularly, it has been observed that blood plasma is transfused to patients who do not need it.
In the US, the requirement of blood is going down every year. "This is not because they are getting healthier," said Agarwal. "It is because people are not using blood irrationally. These guidelines are not being implemented. It is well known that using blood increases the number of days a patient is hospitalised and the potential complications."

A thorough investigation

As the National Aids Control Organisation has said, it has not been proven that the HIV virus was in fact transmitted by blood transfusion in all the more than 2,000 cases.
Therefore, even as there is room for improvement in the blood transfusion policy and its implementation, we also need to ascertain the cause of infection in patients claiming to have contracted HIV via transfusion.
For this, each case should be scientifically investigated. "These cases should be mapped right back to the individual," said Agarwal. "How can we decide a change in the policy unless we know what the problem is?"
Based on the findings of such an investigation, Agarwal said, the government and other stakeholders should work on a revised policy

Source:Scroll in

KUDOS TO GOVT ENGINEERING COLLEGE,KOZHIKODE FOR ORGANIZING CAMPS

The National Service Scheme units of Govt. Engineering College Kozhikode has been conducting a lot of social activities for the last ten years. The college bagged a lot of Awards including Indira Gandhi NSS National Award (2013) in these years. Voluntary Blood donation was one of the important activities that the unit conducted regularly. Most of the blood needs of the hospitals in Kozhikode City are catered by the donors from the college through a donors WhatsApp group "Blood Bank NSS GECK". A blood donation camp was conducted in the college with the support of Donate for Life (DFL) forum and Govt. blood bank. 70 units of blood was donated to the blood bank of Govt. Hospital for Woman and Child Calicut. Out of the 70 donors 35 were girls & 46 were first time donors also. Former NSS Programme Officer Sri.Abid Tharavattath donated for the 12th time motivating the whole volunteers. Medical Officer Dr. Nithya MBBS led the camp. NSS Associate programme Officers Ms. Geetha Manikkoth and Ms. Sayooja Kumari along with the volunteer secretaries Ajith Binny, Aswin, Revathy Sujith and Arya coordinated the camp.

MUMBAI MAN, FRIENDS DONATE 63 BOTTLES OF BLOOD TO CELEBRATE HIS BIRTHDAY

42-year-old Powai resident and his friends donate 63 bottles of blood on his birthday

Forty-two-year-old Powai resident, Prashant Mhatre, decided to do something different this year for his birthday. Instead of throwing a party, he donated blood instead, and got all his friends to join in as well. At the end of the day, he succeeded in collecting almost 63 bottles of blood.
Mhatre, a facility manager, heard about blood donation from a friend. "I belong to a middle-class family as my father was a mill worker. I went to KEM Hospital and donated blood first on April 13, 1994, and when I returned home, my family was in shock," he says, adding, "Since then, I started donating blood at regular intervals, but I always made sure that I donate on my birthday."
As he has donated almost 76 times till now, his friends decided to join him this time. "We decided we'd all gather at JJ Hospital's blood bank and donate blood. During summers, there is a blood shortage in the hospital, and we tried to bridge this gap as well," said Ganesh Amdoskar, a friend of Mhatre. On Friday, they all marched to JJ. "I had planned that we should collect 50 bottles through this effort. To my surprise, we collected 63 bottles. Out of the 100 friends, A few were rejected due to high blood pressure and low hemoglobin, but I am satisfied that we got as much as we could," said Mhatre.
"Every year, we face shortage as there are few blood donation camps across city. But such efforts make all the difference," said Pratibha Ghorpade, Public Relation officer of JJ Blood Bank. "We urge others also to follow this."

Source :Phulpakhru Watch Now

HAEMOVIGILANCE: TOWARDS BLOOD SAFETY

Five years have passed since the Haemovigilance Programme of India (HvPI) which aims at improving the quality of the blood transfusion chain focusing on safety was launched.

Five years have passed since the Haemovigilance Programme of India (HvPI) which aims at improving the quality of the blood transfusion chain focusing on safety was launched. Besides ensuring blood safety, Haemovigilance system is beneficial for vigilance and surveillance of treatment with other human products such as cells, tissues and organs. It also focuses on blood donor selection and biological control, labile blood component processing, qualification, transport and conditioning, prescription and distribution of blood components and follow-up of transfused patient.

The programme, an integral part of pharmacovigilance programme at the national level, was to have four phases: initiation, expansion and consolidation, expansion and maintenance and and optimisation. It calls for quality controls and safety locks at every stage to allow early detection of problems, thus avoiding potentially dangerous developments and guaranteeing transfusion quality all along the process. There are 2,757 licensed blood banks in India and the average annual blood collection is around 7- 8 million units. The country still faces a deficit in terms of the availability of blood and blood components.

The activities as part of the programme involving blood banks and the National Coordinating Centre at National Institute of Biologicals (NIB) are co-ordinated by a core group. The advisory committee introduced transfusion reaction reporting form (TRRF) and gives expert opinion on collection, collation and analysis of haemovigilance. It developed a software 'Haemovigil' for reporting adverse reactions and monitors the functioning and quality of the data collected by the Adverse Transfusion Reaction Reporting Centres, i.e., ADR Monitoring Centers and has also developed training modules and guidelines for blood safety.

After the programme was launched, India became a member of International Network of Haemovigilance (INH) in December 2014. The main characteristics of HvPI are developed in accordance with WHO guidelines for adverse event reporting. The reporting and learning systems are non-punitive and independent of public authority; it maintains confidentiality of the reporter. The identity of the patient, reporter and the institution is never revealed to a third party. The reporting system is independent of any authority with power to punish the reporter or the organization. Reports are subjected to evaluation by experts. The privacy and security of data are well ensured.

Medical colleges, medical institutions, hospitals and blood banks can enroll under HvPI. As part of the programme, the head of transfusion medicine department or blood bank provides the necessary details to the National Coordinating Centre (NCC-HvPI) by sending the duly filled enrolment form either to NCC at Noida based National Institute of Biologicals or via E-mail to NCC at haemovigilance@nib.gov.in. NCC verifies the details provided by the centre. After verification, NCC issues the user Id and password to the head/incharge of the transfusion medicine department / blood bank to access the software Haemovigil for onward transmission of transfusion reaction reports to NCC.

The TRR form submitted to National Coordinating Center -HvPI is assessed by HvPI personnel for completeness and correctness. Once the data is assessed, the core group forwards it to the quality review panel for quality check. The Union government recently issued a memorandum to all the blood banks for uplinking of Transfusion Adverse Reactions record with HvPI.

At present the number of centres for reporting are 206 and a total of 2301 reports were received by these centres. Till now, 2,296 transfusion reaction reports have been received by the HaemoVigil software at 71 Centers.

Following the success of HvPI, it was decided to undertake donor vigilance activity as it is highly essential to achieve the target of getting safe blood according to demand, as the gap between demand and supply is wide. The

National Blood Donor Vigilance Programme (NBDVP) which was launched on June 14, 2015, is an integral part of the HvPI. It is a comprehensive, centralised and well-structured approach to collect, collate and analyse data to continuously improve donor safety and satisfaction so that the blood donors have a feeling of being well-treated and well taken care of. This approach would also encourage blood donors to continue as repeat donors and will have a positive impact on the blood supply.

An Adverse Donor Reaction Reporting Form (ADRRF) has been devised to capture information about adverse reactions or complications related to blood donation. The donor recruitment, retention and efforts for the sufficiency and safe blood are of prime importance. Regular voluntary blood donors are one of the biggest challenges and motivation for voluntary blood donation plays a key role in this regard. The Donor Haemovigilance Programme aims at the collection of information on reactions occurring during or after donation among donors and thereafter, to recommend the best practices for donor care and safety.

Optimal blood use, which comes under the purview of haemovigilance, is also very important as blood components prepared from each unit of blood can, in turn, be used to cater to the needs of individual patients. This way, wnwanted transfusion of components and the resulting complications can be prevented.

(The author is Mr. P.K. Sreekumar
Deputy Drugs Controller, Kerala)

SCTIMST AMPS UP BLOOD SAFETY

Unsafe blood transfusions have been a matter of concern in recent times

The Department of Transfusion Medicine at Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) has acquired a fully automated Individual Donor Nucleic Acid Amplification Testing facility (ID-NAT), a molecular technique that will improve blood safety by significantly narrowing the window period of transfusion-transmitted infections such as HIV, HBV, and HCV.

The new facility will be inaugurated by SCTIMST president K.M. Chandrasekhar on Friday and the services will be available from the same day.

Unsafe blood transfusions endangering patient safety have been a matter of serious concern in recent times and the government has been focussing on improving blood safety. Acquisition of advanced blood testing facilities in public sector institutions has been a priority, as Kerala alone has reported some 160-odd cases of transfusion-transmitted HIV cases between 2009 and 2016.

ID-NAT technology is the next generation advancement in blood safety. It detects HIV, HBV, and HCV infections in blood much earlier than ELISA, the current mode of testing, thus significantly reducing the window period during which an infection might not show up in tests.

Molecular technique

A molecular technique, this method detects viral DNA rather than antigens or antibodies and is highly specific and sensitive. ID-NAT can detect HIV in 4.7 days as against an Elisa test that gives results in 15 days.

Deploying the technique can thus improve blood safety and reduce the risk of transfusion-transmitted infections (TTIs) in patients with inherited blood disorders such as thalassemia and sickle cell anaemia as well as cancer patients, who require frequent blood transfusions and are at higher risk.

Source: The Hindu

Letters to the editor

What a great way to attract attention. Were those dancers of flashmob TPPL associates or a hired team ?

Jonathan Boemper
Director ITS, Terumo BCT
(Global Services Management)

Great, good to see the continued effort for promoting the voluntary blood donation.

Warm Regards,

P T George, Vice President &
Head, Human Resources

Madam,
Thank you for sending the blood line journal. We also had conducted a VBD camp through which I donated for 12th time. From the journal I understood that VBD promoting institutions and regular donors were honored. But we didn.t get any information regarding this. Kindly request you to inform us also in advance so that we can also send our reports. I will send our VBD photos soon.

Abid George
NSS Program Officer
Govt. Engineering College Calicut

Thank you for sharing with the great news!
Best Regards,

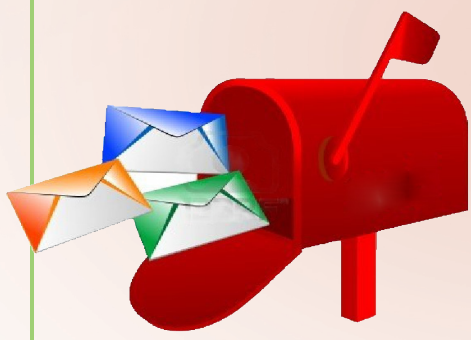
J. Takeuchi
TERUMO EUROPE

Thank you for forwarding the latest issue (49)of BLOOD LINE. The contents of the journal is very encouraging for motivating a person for voluntary blood donation. The particular issue covers the various programme on National Blood Donation Day.
It is observed on 1st October every year. But the importance of the day has not been mentioned in the journal.

On 1st. October, 1975 ,nationwide voluntary blood donation has been initiated by Indian Society of Blood Transfusion and Immune-Hematology. But in the year 1996, this day has been declared as National Blood Donation Day by National AIDS Control Organisation (NACO). Since then 1st. October is being observed,

One Blood Bank has been put into function at the village area (Bellu Milki, Baro Belu) near the town Serampore of district Hooghly of the West Bengal.The blood bank has been formally inaugurated on 2nd October, 2018.SRAMAJIBI HOSPITAL, a hospital run by general public without any profit motive, has build the blood bank having separator machine within the premises of the hospital. Coal India under CSR project has funded the cost of the machine and the general people has donated voluntarily for the noble cause. The newly opened blood bank has been arranging blood donation camp to keep available of stock.

Sitangsu Kumar Bhaduri
West Bengal



Dear Baby,

Well drafted one. You have really captured all the events.

Very informative one.

Regards,

T.S.MANI
SENIOR MANAGER-ADMINISTRATION
TERUMO PENPOL PRIVATE LIMITED

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