


International Society
of Blood Transfusion

Haemovigilance Working Party
NEWSLETTER

June 2026

The image features five silhouetted figures against a bright, golden sunset sky. They are positioned on a jagged, rocky mountain ridge. From left to right: the first figure stands upright; the second reaches out to help the third; the third is leaning forward, holding the hand of the fourth; the fourth is in a crouching position, reaching out towards the fifth; and the fifth is climbing up a rock on the right side of the ridge. The sun is a large, bright orb in the background, creating a strong backlight effect on the figures.

**Coming together is a beginning,
staying together is progress, and
working together is a success**

Henry Ford, American industrialist and business magnate

In this issue

From the Chairperson’s desk.....	4
From the Secretary	5
Member blog: Dr Trileeshiya Induni Withanawasam.....	6
Haemovigilance star: Dr Chester Andrzejewski.....	10
Working Party webinar	11
Transfusion Today	12
Working Party Publication	15
2026 IHN Symposium	16
Working Party social media group	18
Haemovigilance publications January to March 2026.....	19
39 th ISBT International Congress Kuala Lumpur - Working Party activities	23
World Blood Donor Day 14 th June 2026	24
Upcoming events.....	25
Join the Working Party	29



From the Chairperson's desk

Dr Gopal Patidar
Chairperson, ISBT HV WP

Dear Working Party Members,

We are pleased to share the first newsletter of 2026—an edition that highlights the key updates, achievements, and developments reflecting the progress we have accomplished together as a Working Party.

One of the major highlights of this issue is the introduction of our new “Social Media Subgroup.” This initiative aims to strengthen the dissemination of knowledge and awareness about haemovigilance among clinicians and transfusion practitioners worldwide. We are truly encouraged by the enthusiastic response from members who volunteered to be part of this subgroup. Their dedication and commitment toward advancing haemovigilance and supporting the global transfusion medicine community are highly commendable. In today's rapidly evolving digital era, this initiative will significantly contribute to fulfilling the aims and objectives of our Working Party.

In addition to this exciting development, the newsletter includes updates on ongoing Working Party activities, recent publications, and collaborations with international organisations. We are also honoured to feature the contributions of one of the most respected figures in haemovigilance, Dr. Chester Andrzejewski, whose remarkable dedication and lifelong commitment have greatly influenced haemovigilance practices worldwide.

Furthermore, we are delighted to highlight the Haemovigilance Program of Sri Lanka through the perspective and vision shared by one of our members from the country. We also provide a preview of upcoming events designed to expand knowledge, encourage meaningful dialogue, and promote best practices in haemovigilance and transfusion medicine.

Your voice remains central to our continued growth and progress. We warmly welcome your feedback, suggestions, and ideas for future editions. Whether you wish to share your work, propose a topic, or introduce a new initiative, we encourage you to remain actively engaged. Our Working Party continues to thrive because of your valuable participation and support.

As we begin another productive year, we extend our heartfelt gratitude for your continued commitment and collaboration. Thank you for being an integral part of this journey. We look forward to working together throughout the year ahead.

With warm regards,

Gopal Patidar



From the Secretary

Simon Benson
Secretary, ISBT HV WP

Welcome!

In this latest edition of the ISBT Haemovigilance Working Party newsletter, I hope you find something of interest as we share some insights into the working party's activities and introduce you to members with whom you may not be familiar.

With **World Blood Donor Day (on June 14)** just around the corner, we are reminded that everything we do begins with the extraordinary generosity of donors worldwide. Their contribution is the foundation of transfusion medicine, and it is our responsibility as a global haemovigilance community to ensure that every donation translates into the safest possible outcome for both donors and patients.

As Secretary, I am continually inspired by the dedication, expertise, and collaborative spirit that define our global haemovigilance community. This newsletter reflects that collective effort, acknowledging the ideas, energy, and commitment of professionals working every day to improve transfusion safety across diverse healthcare systems.

This newsletter highlights key updates from our activities, including progress on current projects, opportunities for involvement, and insights from colleagues across regions. We are particularly encouraged by the growing interest in digital communication and social media as tools to broaden awareness and engagement. These platforms provide valuable opportunities to share experiences, promote learning, and strengthen connections within and beyond our professional network.

As you read this issue, I encourage you not just to stay informed, but to get involved. Together, we can turn insight into action and continue promoting and advancing haemovigilance worldwide.

We warmly invite all members to contribute their perspectives, share their work, and engage actively in our initiatives. Your participation is essential to ensuring that our Working Party continues to evolve and respond to emerging challenges in transfusion safety.

Thank you for your ongoing commitment and collaboration. I hope this newsletter both informs and inspires your continued involvement in advancing haemovigilance globally.

One further thing before you move on.

A bit of fun with a *tricky trivia teaser* to get the grey cells sparking and the synapses snapping!

Q: Which primate became the first mammal in space in 1949?

A) Ham; B) Albert II; C) Laika; or D) Able

You will find the answer at the end of the newsletter.



Member blog

Dr Trileeshiya Induni Withanawasam MBBS, Diploma and MD (Transfusion Medicine)

Introduction and Establishment of the NHV System in Sri Lanka

The National Blood Transfusion Service (NBTS) of Sri Lanka is a centrally coordinated campaign governing under the Ministry of Health. NBTS is composed of 109 hospital-based blood banks affiliated to 24 cluster centres.

The National Haemovigilance (NHV) System is an integral component of the NBTS and is centrally coordinated. The administrative headquarters of NBTS is the National Blood Centre (NBC), where the NHV unit is also located. Haemovigilance reporting is mandatory, and all incidents, irrespective of their severity, must be recorded and reported to the system. The NHV framework promotes a non-punitive, no-blame culture to encourage transparent reporting and continuous quality improvement.

The Haemovigilance (HV) unit was first established in May 2009 with the aim of actively monitoring adverse events associated with the transfusion process and implementing appropriate corrective and preventive actions. Its primary goal is to enhance the safety of blood transfusion.

At the inception of the programme, 95 hospital blood banks were organised into 17 cluster centres, all of which were linked to the HV system. Each cluster centre was headed by a consultant transfusion physician or a trained medical officer in charge. Prior to implementation, training and familiarisation programmes were conducted for in-charge officers and all relevant staff categories.

Awareness programmes were extended to all staff, including clinicians, through Hospital Transfusion Committee meetings, where the importance of recording and reporting, as well as the non-punitive and blame-free nature of the programme, was emphasised. Reporting was carried out using a standardised set of forms. Additionally, the contact details of the consultant in charge of the NHV unit were made available to staff to address queries related to recording and reporting. Although reporting of recipient adverse reactions improved, near-miss events and delayed reactions remained underreported. The first annual HV report was published in 2010.

The NBTS conducts training for all staff prior to their placement in blood bank services at the NBC, with haemovigilance incorporated into routine teaching programmes for medical and nursing officers. Furthermore, regular in-service training and knowledge-updating programmes are conducted.

At the end of each year, all records are reviewed, and annual HV review meetings are held regularly with the participation of staff from all blood banks. These sessions serve as opportunities for shared learning from errors.

The NHV system initially focused on adverse reactions experienced by recipients following blood component transfusion. All such reactions were reported to the hospital blood bank, where appropriate investigations

were conducted and patient management was initiated. Subsequently, these reports were compiled and submitted to the NHV unit on a monthly basis. The NHV unit operates on a 24-hour basis, with a consultant in charge available for oversight and guidance.

Over time, the haemovigilance system was expanded to include donor haemovigilance and process haemovigilance, thereby broadening its scope to encompass the entire transfusion chain.

At present, reporting is conducted through an online platform known as the 'Haemovigilance Reporting System'. All recipient adverse reactions are reported weekly, typically on Fridays; in the absence of any reactions, a "zero report" is still submitted. Reporting compliance by each blood bank is regularly monitored, and feedback is provided accordingly. At the end of each month, cumulative data are submitted through the same platform.

Donor adverse reactions are reported as part of the monthly statistics. Process deviations are reported as incidents to the Quality Assurance Unit and subsequently forwarded to the NHV unit.

Continuous updating and learning from errors are key principles underlying the success of the system. Regular educational initiatives, including clinical meetings, Hospital Transfusion Committee meetings, and awareness programmes, are conducted to improve reporting practices, particularly among clinicians.

At annual review meetings, key decisions are made, and nationwide implementation strategies are planned to enhance the quality and safety of transfusion services for recipients and blood donors, as well as to strengthen the overall system. In addition, dedicated review meetings on ABO-incompatible transfusions are conducted regularly, with a focus on root cause analysis (RCA) and the formulation of appropriate corrective and preventive actions.

In the event of a major incident such as a transfusion-related death or any significant event affecting the transfusion chain, immediate reporting is mandatory. Such incidents are reported without delay through the cluster consultant to the NHV unit and the administrative directorate. Independent investigations are then carried out, and review meetings involving the relevant stakeholders are convened. Following root cause analysis, corrective and preventive measures are implemented, and recommendations are disseminated nationwide to optimise transfusion services.

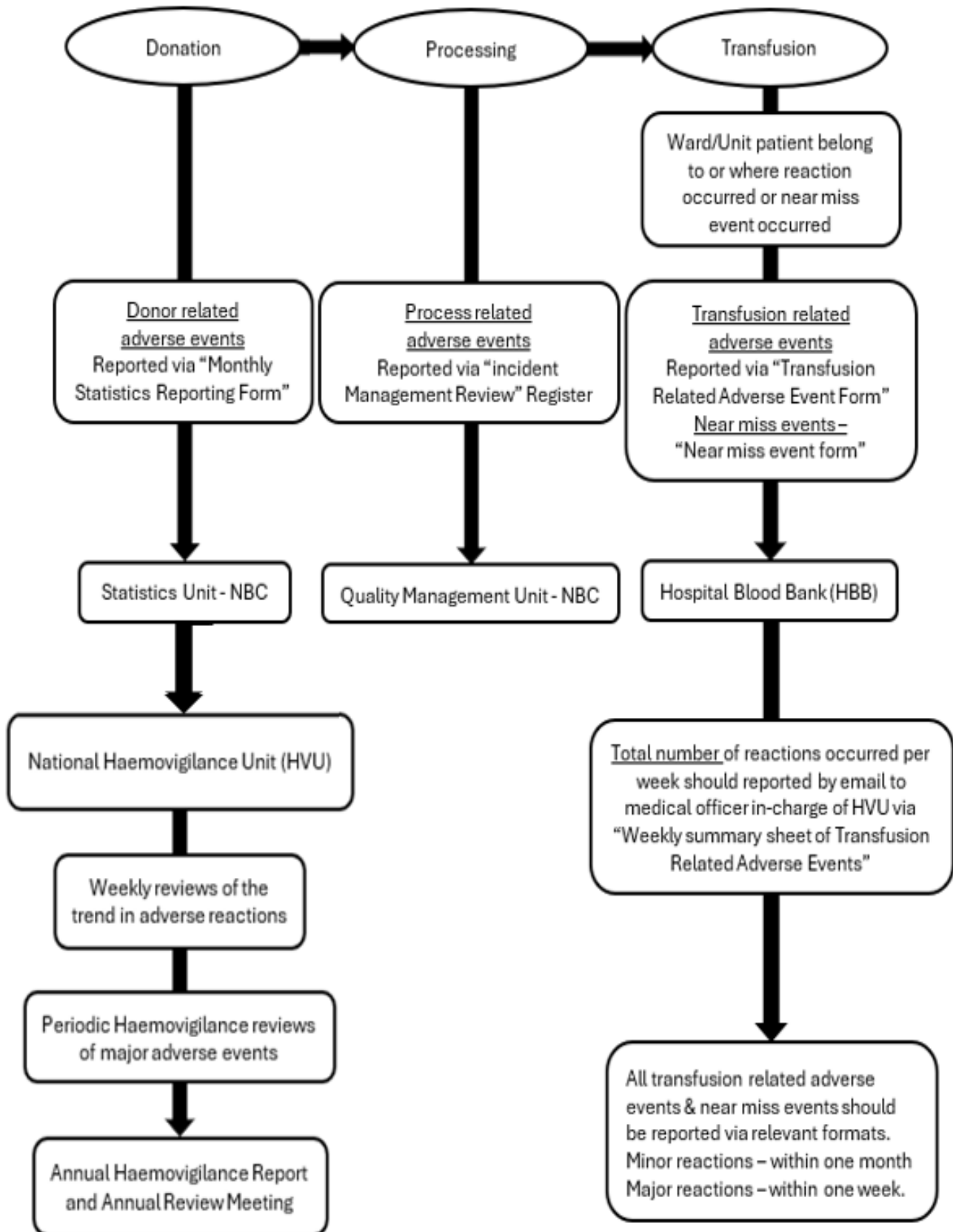
Record-keeping related to all incidents is mandatory for 10 years in accordance with national law. The NHV system in Sri Lanka is continuously evolving to enhance safety and quality, with frequent upgrades implemented in line with international standards.

Although the NHV system has demonstrated improvements in recipient, donor, and process haemovigilance, there remains significant potential to expand data collection in areas such as inappropriate transfusions, pharmacovigilance, and biovigilance. Furthermore, integrating the haemovigilance system with the broader quality management system would be ideal for effectively monitoring and improving the quality across the entire transfusion chain.

Acknowledgement

Dr K. Gonsulkorala is acknowledged for sharing information on the initial establishment of the NHV system in Sri Lanka.

National Haemovigilance System - Reporting Flow Chart



About Dr Withanawasam

Dr Trileeshiya Withanawasam is a Senior Lecturer in Pathology at the Department of Paraclinical Sciences, Faculty of Medicine, General Sir John Kotelawala Defence University (KDU), Sri Lanka. She serves as Consultant Transfusion Physician and Head of the Department of Transfusion and Cell Therapy at the University Hospital, KDU. She also holds the position of Deputy Director at the Centre of Quality Assurance, KDU, and is a qualified ISO 15189 assessor at the Sri Lanka Accreditation Board.

Dr Withanawasam completed her fellowship training at NHS Blood and Transplant, Filton, UK, and at NHS South East Hospital and University Hospitals in Bristol, UK. With over 22 years of service attached to the Sri Lanka National Blood Transfusion Service, she has extensive experience in transfusion medicine practice and policy.

Dr Withanawasam is actively involved in undergraduate and postgraduate teaching in Transfusion Medicine and Haematology and serves as a trainer and examiner for the Postgraduate Diploma and MD programs in these specialties. Her special interests include blood donor medicine, patient blood management, and stem cell transplantation.



Haemovigilance star

Dr Chester Andrzejewski
Medical Director of System Blood Banking/Transfusion Medicine
Services, Baystate Medical Center, Baystate Health

We introduce you to Dr Chester Andrzejewski Ph.D., M.D who we have chosen as our haemovigilance star for this issue of the working party newsletter.

Chester is a board-certified blood banking and transfusion medicine specialist based at Baystate Medical Center, Baystate Health in Springfield, Massachusetts, USA where he serves as the Medical Director of System Blood Banking/Transfusion Medicine Services.

With over four decades of clinical and research experience in transfusion/apheresis medicine and immunology, he has provided subject matter expertise in a variety of national and international professional settings and activities ranging from abstract poster and oral platform presentations to membership on and leadership of professional society committees focused on hemovigilance and in the publishing of peer-reviewed scholarly papers and book chapters related to patient blood safety.

A major focus of his clinical work has centred on “bedside biovigilance” involving vital sign value changes and symptomatology in patients experiencing Transfusion Associated Circulatory Overload (TACO) compared to patients undergoing uncomplicated transfusions. With colleagues in the United States and from around the world he has participated in basic research and quality improvement activities resulting in additional insights and publications regarding TACO’s aetiopathophysiology, its clinical importance and certain unappreciated features of it suggestive of an inflammatory aspect to it occurring in some patients experiencing TACO.

From 2016 to 2022 he served in various leadership capacities for several AABB haemovigilance-focused committees including being the first Chairman of the Patient Safety Organization (PSO) Advisory Committee and Chairman of the AABB’s Hemovigilance Committee from 2020-2022. During these years Chet worked closely with colleagues and AABB staff members to champion recipient and donor haemovigilance in the United States as well as interacting with international colleagues in promoting blood safety.

Beginning in 2015 Chet was a participant in the ISBT Working Party on TACO engaging in multispecialty and multidisciplinary interactions with colleagues from around the world. Efforts from this group ultimately led in 2019 to publication of the revised international surveillance case definition of TACO in *Lancet Haematology*. Prior to this, along with Dr. Jo Wiersum-Osselton, he helped to coordinate, and offered several platform presentations, at the pre-AABB Annual Meeting one-day cosponsored “AABB, IHN and ISBT State of the Research Symposium on TACO, TRALI, & TAD” in Boston, MA on 12 October 2018 as well as in the “Developments in TACO AABB / ISBT Joint Session” that occurred subsequently.

His basic science research works and clinical contributions, which have been published in notable journals such as the *Journal of Immunology*, the *Journal of Experimental Medicine*, the *Journal of Clinical Apheresis, Transfusion*, and *The New England Journal of Medicine*, span the spectrum of his professional interests including adverse transfusion events, hemovigilance monitoring, immune repertoires, systemic lupus erythematosus, immunoregulation, apheresis medicine, and electronic medical records documentation.

Further information can be obtained at the links listed below.

<https://www.researchgate.net/profile/Chester-Andrzejewski>

<https://scholarlycommons.libraryinfo.bhs.org/do/search/?q=chester%20andrzejewski&start=0&context=3897337>

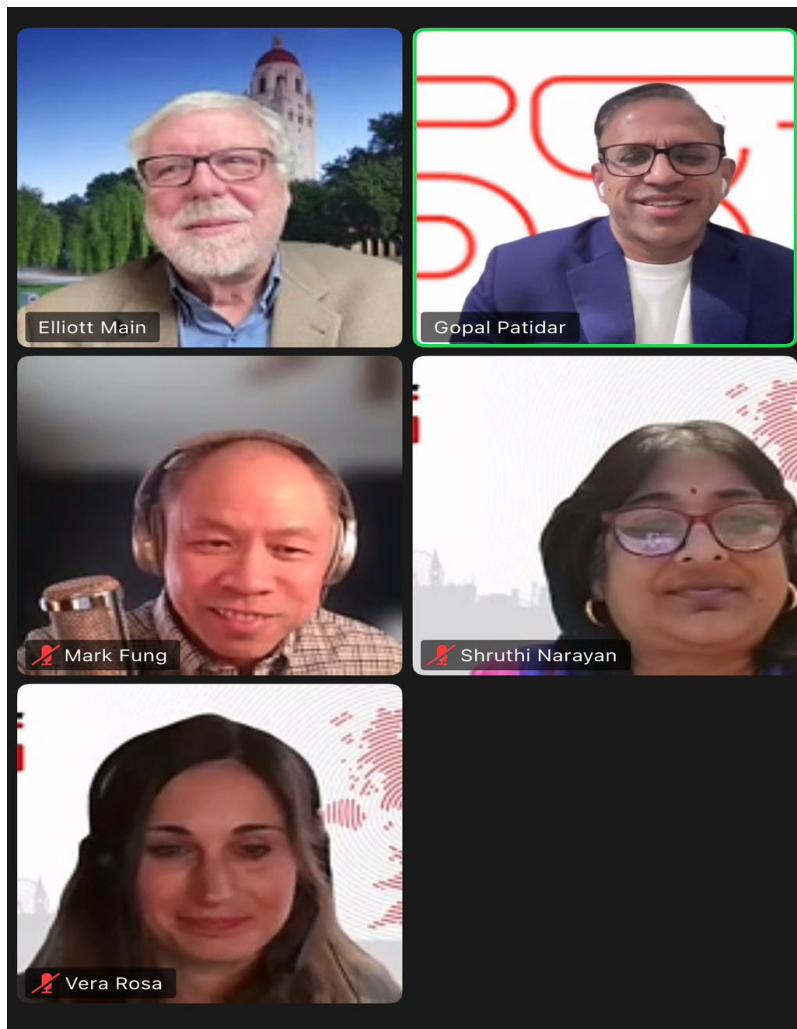
Working Party webinar

Strengthening Obstetric Transfusion Safety: Insights from Haemovigilance

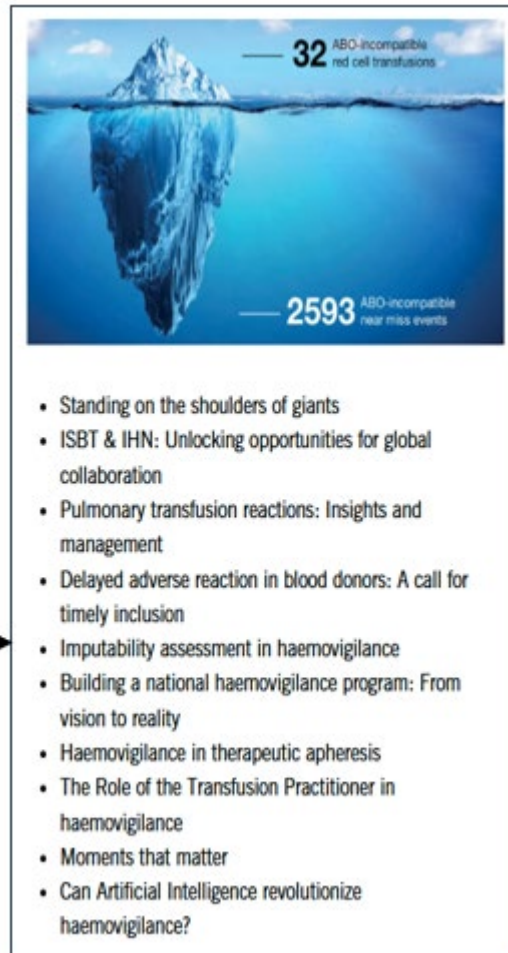
The Haemovigilance Working Party organised a webinar on February 25th, 2026, titled [Strengthening Obstetric Transfusion Safety: Insights from Haemovigilance](#), which brought together four speakers presenting topics related to obstetric haemorrhage and the role of haemovigilance. The webinar was chaired by **Gopal Patidar**, Chair of the Haemovigilance Working Party.

- **Mark Fung**, Chair of the Recipient Haemovigilance Subgroup: The impact of blood shortages on transfusions in obstetric patients;
- **Shruthi Narayan** and **Vera Rosa** from SHOT UK: Delayed or avoidable transfusions in obstetrical patients; and
- **Elliott Main**: Massive haemorrhage, transfusion protocols, and associated complications in obstetrical cases.

Following the presentations, there was a panel discussion and a Q&A with participants. Approximately 50 members attended the webinar.



Transfusion Today



The recent **April 2026** issue of **ISBT's *Transfusion Today*** magazine focuses on haemovigilance and features 10 articles from working party members. For this newsletter, Gopal has provided the following summary and his reflections on the articles.

1. Mary Townsend

For the first article, Mary (Immediate Past Chair) **salutes the giants** of the haemovigilance working party (WP). Mary (Immediate Past Chair) highlights how the working party originated and developed by the hard work of all the previous chairpersons such as Laura Williamson, Pierre Robillard, Jo Wirsum, Kevin Land, and herself. They all worked hard to establish this working party and continuously nurtured the WP's various initiatives.

2. Shruthi Narayan and Gopal Patidar

In the next article by Shruthi (SHOT Medical Director / President of the International Haemovigilance Network [IHN] / IHN representative on the WP) and me (current Chair), we highlight how the **collaboration** between the two organisations helps develop global haemovigilance. We also highlighted the work done by both organisations and the future scope for collaborations.

3. Mark Fung

The third article by Mark (Chair of the Recipient Subgroup) highlights and provides insights into the management of **pulmonary transfusion reactions**. He beautifully shows the differential pulmonary features of severe allergy, TRALI and TACO, how they overlap, and how to immediately manage and identify risk factors and, finally, develop mitigation strategies.

4. Sadhana Mangwana

In the fourth article, Sadhana (Chair of the Donor Subgroup) highlights the requirement for the timely inclusion of **delayed adverse reactions in the donor vigilance programs**. She beautifully classified and defined delayed donor adverse reactions and identified high-risk groups for these. Sadhana also highlights that these reactions are underreported, noting the reasons for this and strategies for improvement.

5. Gopal Patidar

In the fifth article, Gopal highlighted the current challenges with determining **imputability of adverse transfusion reactions** and the need for objective criteria. I have identified the basic challenges with the current subjective criteria and strategies we can implement to make the assessment more objective and reduce interpersonal variation in measuring imputability.

6. Simon Benson

In the sixth article, Simon (Secretary) highlights how a stepwise approach to building a **national haemovigilance program** helps turn your vision into reality. He beautifully outlines where to start, who the stakeholders are, what level of engagement and communication is required, what the different components of the program are, and how to collect and record adverse reaction data. He also describes the workload associated with a haemovigilance program and how to get full value from the program.

7. Vijay Kumawat

In the seventh article, Vijay (Additional Professor at one of the top Indian neurological institutes), who works closely on therapeutic apheresis (TA) in neurological patients, highlights a new area of haemovigilance in which **adverse reactions in patients undergoing TA** are recorded. He beautifully highlights the classifications of adverse reactions in TA, the current state of haemovigilance in relation to TA, and the future possibilities for the broader utility of haemovigilance in TA.

8. Abdulrahman Aljohani and Amanda Catherwood

For the eighth article, Transfusion Practitioners (TP) Abdulrahman and Amanda, highlight the important **role of TPs in haemovigilance**. They elegantly show how TPs use the different “Rs” of haemovigilance including “recognise, report, record and remedy”.

9. Shruthi Narayan

Shruthi, in the ninth article, highlights **near-miss errors in haemovigilance**. She beautifully shows the different types of near misses and how we can prevent them. She also highlights how vigilance at every step of the transfusion chain can prevent serious adverse reactions.

10. Barbee Whitaker

In the final article, Barbee (member of the IHN Board of Directors / Past Director of Division of Analytics and Benefit Risk Assessment, CBER, FDA, USA), describes how recent advances in the technology world around **artificial intelligence (AI) is revolutionising haemovigilance**. She beautifully shows how AI can make the task of haemovigilance easier by automating the detection of adverse reactions, for example, in electronic medical records, as well as speeding the aggregation of event reports and incorporating reporting and analysis into the central haemovigilance program.

I hope that you enjoyed reading the journey, as well as the future, of the haemovigilance in the latest issue of *Transfusion Today*, and that you will take the opportunity to join with us and become actively involved in further development of the global haemovigilance.

But before you move on ...

Kahoot!

For a change of direction, we have also a fun haemovigilance-related *Kahoot!* interactive quiz for you take part in and challenge your haemovigilance knowledge.

Please [click here](#) or use the QR code below:



Working Party publication

We have published a *Vox Sanguinis* article **Tracing the Gaps in Transfusion Safety: A Global Snapshot**. This was the outcome of a collaboration between the working party, SHOT UK and IHN.

In the project, we sent a survey to ISBT members and to members of other international organisations, such as AABB, SHOT, and AATM, and received more than 200 responses.

Received: 19 January 2026 | Revised: 10 March 2026 | Accepted: 13 March 2026

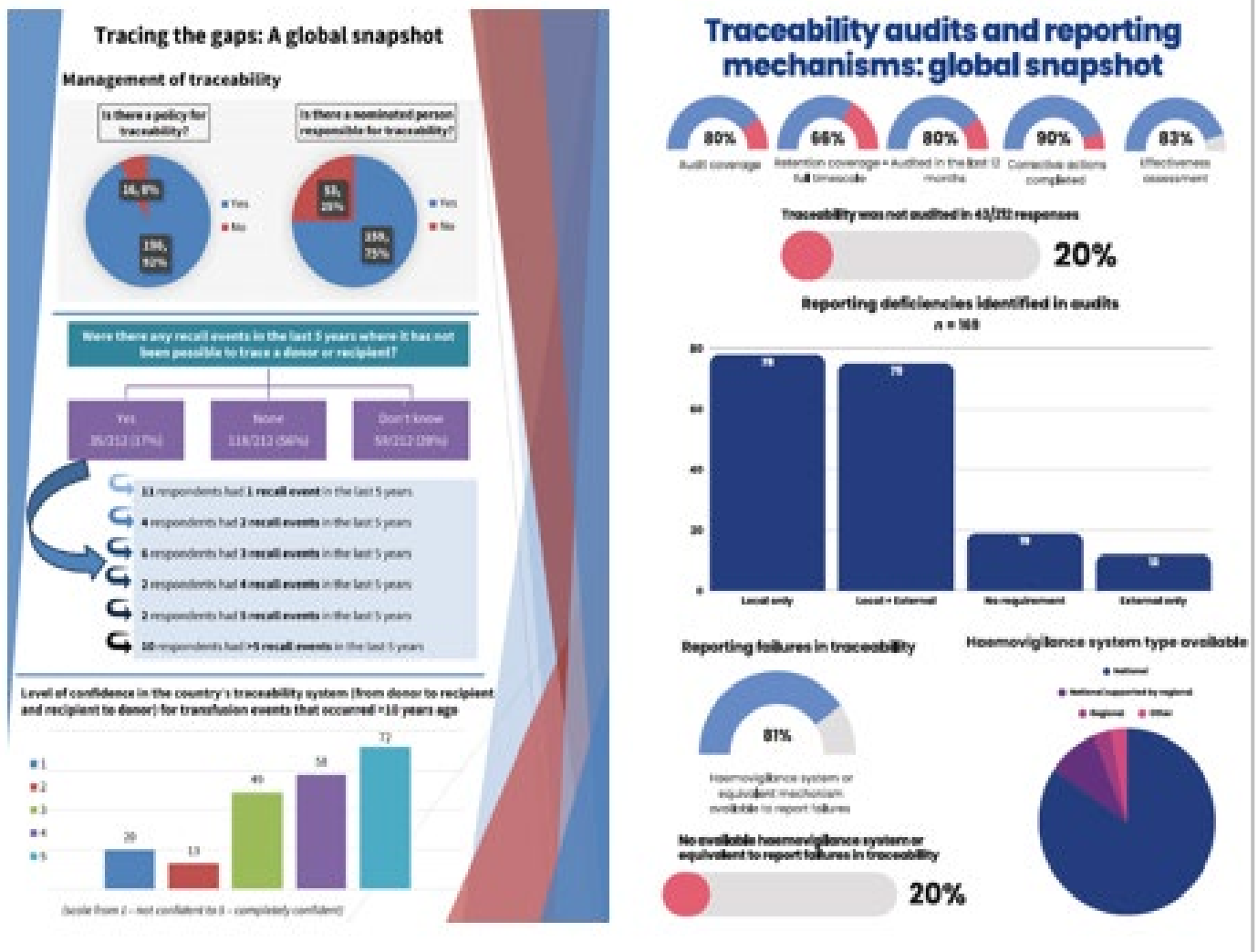
DOI: 10.1111/vox.70262

ORIGINAL ARTICLE

Vox Sanguinis ISBT

Tracing the gaps: A global snapshot

Vera Rosa¹ | Paul Ashford² | Gopal Patidar³ | Barbee I. Whitaker⁴ | Nicola Swarbrick¹ | Mary Townsend⁵ | Jennifer Davies^{1,6} | Shruthi Narayan¹

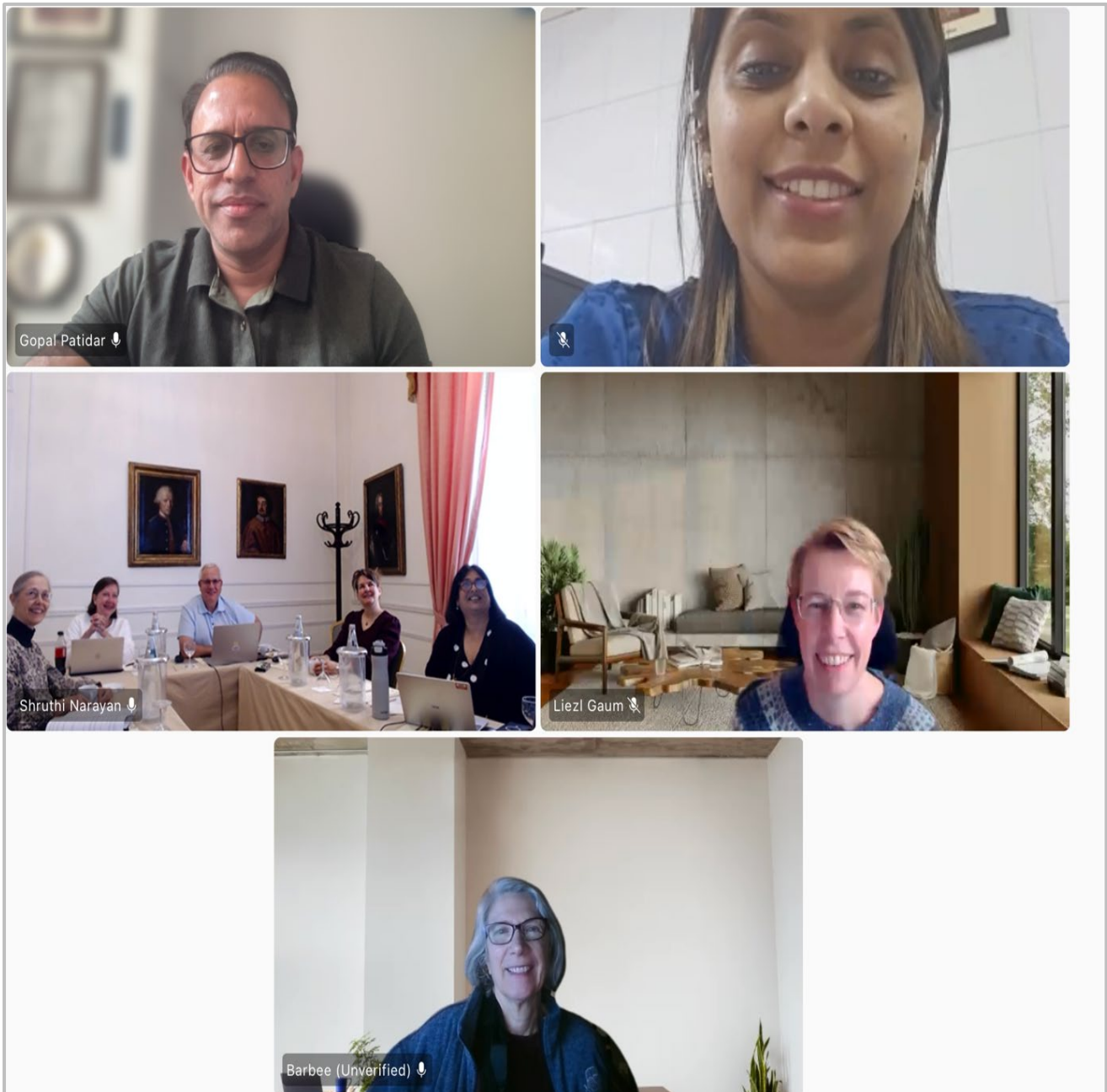


2026 IHN Symposium

Imputability workshop

The working party was actively involved in the recent and hugely successful 2026 IHN Symposium held in Rome over two days in mid-March.

The Haemovigilance Working party organised a hybrid workshop of Imputability project, attended by all 10 core members of the Imputability project, focused on strategies for developing tools to objectively assess imputability.



Project poster presentation

Working Party Members also presented a poster accepted for the symposium.



Building a Unified Global Framework for Imputability Scoring in Donor Adverse Events and Transfusion Safety International Consensus

Patidar G¹, Narayan S^{2,3}, Mittal K⁴, Wiersum-Osselton J^{5,6}, Land K⁷, Whitaker B⁸, Townsend M⁹, Bruijns S⁶, Gaum L¹⁰, Wood E^{11,12}
¹Department of Transfusion Medicine, AIIMS, New Delhi, India; ²International Haemovigilance Network, UK; ³SHOT UK; ⁴Department of Transfusion Medicine, Government Medical College and Hospital, Chandigarh, India; ⁵TRIP (Transfusion and Transplantation Reactions in Patients) Hemovigilance and Biovigilance Office, Leiden, The Netherlands; ⁶Department of Donor Medicine, Sanquin Blood Bank, Amsterdam, The Netherlands; ⁷ Vitalant, San Antonio, Texas, USA; ⁸Principal, Biovigilante, LLC, Vermont USA; ⁹Ex-Vitalant, AZ, USA; ¹⁰Donor Medicine and Plasma for Medicine, NHS Blood and Transplant, UK; ¹¹Department of Haematology, Monash Health, Melbourne, Victoria, Australia; ¹²Transfusion Research Unit, Monash University, Melbourne, Victoria, Australia

Background

- Haemovigilance relies on accurate assessment of imputability—the likelihood that a reported adverse event/reaction is caused by blood donation or transfusion.
- Current, largely narrative guidance for categories (e.g., Definite, Probable, Possible) often leads to inconsistent interpretation and significant inter-observer variation, limiting the comparability and reliability of haemovigilance data.
- Objective, standardized criteria are essential to strengthen donor and recipient safety, improve the quality of adverse event reporting, and support transparent communication, regulatory compliance, and system-wide quality improvement.
- By refining and harmonizing imputability assessment, this project will enhance the integrity of haemovigilance practices and promote safer, more consistent transfusion systems internationally.

Aim

- To develop a guidance document and a validated tool that standardizes and objectivates imputability assessment for donors and recipient adverse reactions or events.
- To create a structured framework for evaluating imputability in donor and recipient transfusion-related incidents, and for defining the minimum information set required for accurate and consistent assessment.

Methods

A collaborative effort jointly undertaken by:

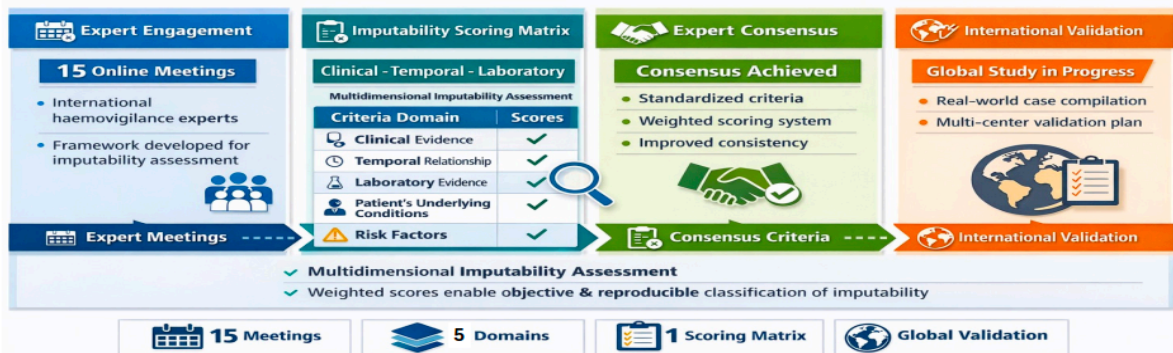
- Haemovigilance Working Party, International Society of Blood Transfusion (ISBT)
- International Haemovigilance Network (IHN),
- Serious Hazards of Transfusion (UK)

Core team: 10 members from diverse countries and professional backgrounds.

The methodology encompasses

- **Brainstorming:** By regular meetings (Online)
- **Development of toolkit:** Discussion on various toolkits ideas
- **Tool validation:** On the real-world case scenarios amongst the project members as well as members of the collaborating organisations.
- **Finalization** of objective criteria for the framework

Results



Conclusion

- This international initiative highlights the critical shift from subjective to objective imputability assessment in haemovigilance.
- Through a coordinated process, experts from diverse systems have contributed to developing a structured toolkit and validated criteria that will support standardized, reproducible, and transparent evaluation of donor and recipient adverse reactions.
- This collaborative effort will help reduce inter-observer variability and strengthen transfusion safety frameworks, enhance the reliability of haemovigilance data, and inform future service improvements.
- The shared development of the imputability matrix will help ensure that the final approach reflects global expertise and the practical needs of transfusion services worldwide.

Collaborative Organisations



Working Party social media group

The working party has decided to form a subgroup to create a haemovigilance-focused social media presence on the ISBT social media channels. The objectives of the subgroup are:

- To share knowledge and experiences in the field of haemovigilance and adverse transfusion reactions with a global audience.
- To increase the branding for ISBT and the Hemovigilance Working Party through the society’s social media platforms.

Members of the working party were invited to send in expressions of interest to join the subgroup. We received a fantastic response and have selected a core group of 21 to move the proposal forward. As you can see from the subgroup's membership, there is broad geographical representation, which means we can capture a variety of experiences and interests.

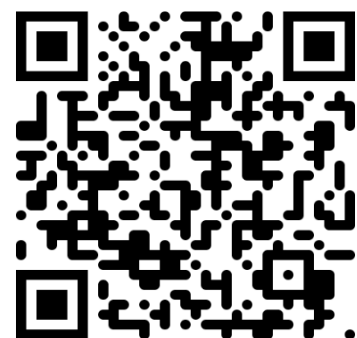
Name	Country	Name	Country
Gratia Muru	Kenya	Radheshyam Mehar	India
Sudarcini Arumugam	Malaysia	Bhavyaa Beriwal	India
Idaleswati Nor Mohamed	India	Manuel Gutiérrez	Belgium
Trileeshiya Withanawasam	Sri Lanka	Besingi Esono Mbua	Cameroon
Bodunrin Osikomaiya	Nigeria	Orolu Adebukola	Nigeria
Opeyemi Adesina	Nigeria	Riana Gjeta	Albania
Adebukola orolu	Nigeria	Sima Zolfaghari Anaraki	Canada
Aziza Hammadi	France	Crystal P. Hui	China
Sharmila Manian	Malaysia	Caroline Hilton	South Africa
Lakhvinder Singh	India	Ayodeji Olusola Olayanju	UK
Sehrish Chaudhary	India		

We held a kick-off meeting on 19 May and hope to identify a range of topics around which social media posts can be developed, along with a roster of who will create each post and a calendar for when.

Please send us your ideas

We would love it if other members want to send us any thoughts or ideas for topics to be included in our social media posting.

Please use the Google Form which you can find [HERE](#) or the QR code



Haemovigilance publications

January to March 2026

Recipient haemovigilance-related publications

1. Shan G, Ping C, Yang W, Liuchun Y, Shu C, Hongbing H, Ling D. A single center experience of transfusion related adverse reaction in pediatric patients with malignant solid and hematological tumors. *Front Pediatr.* 2026 Apr 10;14:1724454.
2. Krishna VN, Munaf M, Rajendran V, Amita R, Jacob DP, Ramanan S, et. al. Adverse Reactions to Blood Transfusion in Pediatric Cardiac Surgery: A Retrospective Cohort Study at a Single Center. *Ann Card Anaesth.* 2026 Apr 1;29(2):204-211.
3. Hite CM, Merrill KA, Chin C, Hayes D Jr, Miethke AG, Kocoshis SA, et. al. Allosensitization From Blood Transfusion in Pediatric Solid Organ Transplant Candidates: Impact of Irradiation. *Pediatr Transplant.* 2026 Jan;30(1):e70265. doi: 10.1111/ptr.70265.
4. Rosa V, Ashford P, Patidar G, Whitaker BI, Swarbrick N, Townsend M, Davies J, Narayan S. Tracing the gaps: A global snapshot. *Vox Sang.* 2026 Apr 6. doi: 10.1111/vox.70262.
5. Medina MC, Maldonado M, Bassett R, Martinez F, Klein K, Villamin CE, et. al. Febrile transfusion-associated circulatory overload in adult oncology patients. *Vox Sang.* 2026 Mar 17. doi: 10.1111/vox.70237.
6. Badami KG, Zhou AY. Circadian patterns in transfusion-associated circulatory overload. *Transfus Med.* 2026 Mar 9. doi: 10.1111/tme.70074.
7. Twumasi S, Boateng LA, Ngoma AM, Schonewille H. Acute transfusion reactions in sub-Saharan Africa: A systematic review and meta-analysis. *Vox Sang.* 2026 Mar 2. doi: 10.1111/vox.70203.
8. Robitaille N, Rochette S, Naweji KI, Lewin A, Lambert G. Transfusion reactions reported to the Québec haemovigilance system between 2005 and 2022: A comparison of paediatric and adult recipients. *Br J Haematol.* 2026 Mar;208(3):1074-1083.
9. Kaur M, Misra S, Kairi JK. An overview and comparison of haemovigilance reporting forms across six countries relative to the WHO template. *J Basic Clin Physiol Pharmacol.* 2025 Dec 11;37(2):139-146. doi: 10.1515/jbcpp-2025-0120.
10. Erikstein BS, Titze TL, Jacobsen B, Hervig T, Engum A, Apelseth TO, et. al. Transfusion reactions after whole blood transfusion in Norway, 2021-2024: A report from the Norwegian Hemovigilance program. *Transfusion.* 2026 Mar 29. doi: 10.1111/trf.70193.
11. Ma Z, Li H, Liu H, Cheng Y, Wu Y. Analysis of influencing factors for 5-year transfusion-related adverse events in a tertiary hospital using real-world data. *Front Med (Lausanne).* 2026 Feb 12;13:1748319. doi: 10.3389/fmed.2026.1748319.
12. Malard L, Beuscart C, de Chaisemartin L, de la Taille V, Delettre F, Humbrecht C, et. al.; Biomedical Excellence for Safer Transfusion (BEST) Collaborative. Association between group B major ABO-incompatible platelet or plasma transfusion and severe allergic reactions: A nationwide haemovigilance analysis suggesting a role for α -gal syndrome. A Biomedical Excellence for Safer Transfusion Collaborative study. *Vox Sang.* 2026 Jan;121(1):81-86. doi: 10.1111/vox.70136.

13. Alsemairi LT, Ahmed A, Ibrahim Al, Zaytuni M, Aljohani KH. A Rare Case of Yellow Urticaria Developing During Blood Transfusion. *Cureus*. 2026 Mar 25;18(3):e105814. doi: 10.7759/cureus.105814.
14. de Chaisemartin L, de la Taille V, Nicaise-Roland P, Malard L, Beuscart C, Gouel-Cheron A, et. al. Severe allergic transfusion reactions to B/AB plasma or platelets in group O recipients are linked to α -Gal sensitization. *Blood*. 2026 Mar 20;blood.2025032045. doi: 10.1182/blood.2025032045.
15. Taremwa IM, Niyonzima N, Ashaba S, Tusubira D, Choi MY, Jenne CN, et. al. The Incidence of Hemolytic and Serologic Transfusion Reactions Among Patients with Hematological Malignancies at Mbarara Regional Referral Hospital and the Uganda Cancer Institute, in Uganda. *J Blood Med*. 2026 Apr 17;17:589504. doi: 10.2147/JBM.S589504.
16. Tupin F, Gonzalez-Chapa JA, Chung JH, Lood C, Boilard E. Clotting the Gap Between Mitochondria-Mediated Immunity and Mitochondrial Transfer. *Circ Res*. 2026 Apr 10;138(8):e326987. doi: 10.1161/CIRCRESAHA.125.326987.
17. Chen L, Gong C. Mitochondrial DNA as a Damage-Associated Molecular Pattern in Stored Blood: Mechanisms of Transfusion-Induced Sterile Inflammation. *New Microbiol*. 2026 Apr;49(1):11-17.
18. Saravi B, Goebel U, Friess JO, Simeth L, Heine M, Heinisch PP, Meng Z, Wessendorf L, Steinbicker AU, Ulbrich F, Muehlschlegel JD, Hubrich J, Wollborn J. Transfusion-associated capillary leak in cardiac surgery is linked to adverse postoperative outcomes: a prospective observational study. *Ann Intensive Care*. 2026 Mar 2;16:100040. doi: 10.1016/j.aicoj.2026.100040.
19. Nguyen PL, Tong N, Bell H. Development of anti-D in a severe delayed hemolytic transfusion reaction due to DAU3, a partial D variant allele. *Transfusion*. 2026 Mar 23. doi: 10.1111/trf.70191.
20. Prier A, Portier M, Heranney C, Kouadio N, Arthaud CA, Eyraud MA, Heestermans M, Bertrand-Michel J, Hamzeh-Cognasse H, Cognasse F, Duchez AC. In Vitro Modeling of Age-Associated Lipid Mediator's Impact on Vascular Biology Following Platelet Concentrate Transfusion. *Aging Cell*. 2026 Apr;25(4):e70465. doi: 10.1111/acel.70465.
21. Cai Q, Lu X, Liu S, Cheng Y, Li J. Transfusion efficacy and adverse events of a restrictive transfusion strategy in patients with acute upper gastrointestinal bleeding. *Expert Rev Hematol*. 2026 Apr 3:1-7. doi: 10.1080/17474086.2026.2654723.
22. Gingell L, Close A, Zhou G, Quigg TC. Improving the Evaluation and Management of Transfusion-Related Iron Overload in Children, Adolescents, and Young Adults Following Cancer Treatment or Hematopoietic Stem Cell Transplantation. *Pediatr Blood Cancer*. 2026 Jun;73(6):e70275. doi: 10.1002/1545-5017.70275.
23. Hu T, Zhou X, OuYang X, Wang Y, Sun T. Knowledge, Attitude, and Practice Regarding Adverse Transfusion Reactions Among Nurses, Physicians, and Transfusion Specialists in China: A Multicenter Cross-Sectional Survey. *J Multidiscip Healthc*. 2026 Mar 25;19:569692. doi: 10.2147/JMDH.S569692.
24. Bala M, Arora E, Choudhury S, Mukherjee S. Knowledge, Attitude, and Practice Related to Hemovigilance: A Cross-Sectional Study Among Entry-Level Medical Professionals in a Tertiary Care Teaching Hospital in Northern India. *Cureus*. 2026 Feb 20;18(2):e104006. doi: 10.7759/cureus.104006.
25. Wei S, Kim Y, Rubin MN, Ayyala SS, Welsh K. Adverse events associated with use of immunoglobulin in pediatric patients reported to the US Food and Drug Administration Adverse Event Reporting System, 2001-2023. *Pediatr Allergy Immunol*. 2026 Mar;37(3):e70319. doi: 10.1111/pai.70319.

26. Ling D, Ping C, Hongbing H. Intravenous Immunoglobulin Administration Induces Severe Anemia and Cross-Matching Incompatibility in Neonates. *Clin Lab.* 2026 Jan 1;72(1). doi: 10.7754/Clin.Lab.2025.250465.
27. Panaget B, Epailly E, Hell G, Gebel C, Apithy MJ. Transfusion-induced donor-specific antibody boost leading to antibody-mediated rejection after heart transplantation: A case report. *Transpl Immunol.* 2026 Apr;95:102365. doi: 10.1016/j.trim.2026.102365.
28. Xu J, Chen J, Guo B, Zhao H, Ou G. Platelet Lipidome Characteristics of Adverse Reactions Associated with Irradiated Aphaeresis Platelets Transfusion in Children. *Clin Lab.* 2026 Feb 1;72(2). doi: 10.7754/Clin.Lab.2025.250528.
29. Wang Y, Zhou W, Huang Y. Machine Learning Approaches for Precision Risk Assessment of Transfusion Adverse Reactions: A Scikit-learn-Based Review. *J Vis Exp.* 2026 Jan 20;(227). doi: 10.3791/69658.
30. Boligan KF, Loriamini M, Holton MB, Sandhu G, Binnington B, Velliquette R, et. al. IgG4 anti-CD47: Erythrophagocytosis and potential transfusion complications. *Transfusion.* 2026 Apr;66(4):700-711. doi: 10.1111/trf.70111.
31. Jiang C, Sun T, Xu X, Xu W, You K. Case Report: Transfusion-associated graft-versus-host disease in severe combined immunodeficiency. *Front Immunol.* 2026 Jan 12;16:1708366. doi: 10.3389/fimmu.2025.1708366.
32. Pires Marafon J, Reuter S, Isola H, Somme S, Maître B. Impact of the platelet storage time on transfusion-related adverse reactions: A French hemovigilance study. *Transfus Clin Biol.* 2026 May;33(2):69-75. doi: 10.1016/j.tracli.2026.01.006.
33. Hussien RM, Alasqah I. The Impact of Psychological Capital on Nurses' Perception of Quality of Care and Adverse Events. *Int J Ment Health Nurs.* 2026 Feb;35(1):e70214. doi: 10.1111/inm.70214.
34. Agosti P, Mancini I, Artoni A, Cardone C, De Leo P, Bichard C, et. al. Therapeutic plasma exchange-related complications in patients with immune-mediated thrombotic thrombocytopenic purpura. *Blood Transfus.* 2026 May-Jun;24(3):251-259. doi: 10.2450/BloodTransfus.1128.
35. Karadaş N, Dolapçı E, Gadashova A, Aydinok Y, Bayraktaroğlu S, Yılmaz Karapınar D. Transfusional Iron Overload in Children With Leukemia. *Pediatr Blood Cancer.* 2026 Mar;73(3):e70031. doi: 10.1002/1545-5017.70031.
36. Reddy K, Fish JD, Eng J, Carlson CA, Ginsberg JP. Transfusion-related iron overload in survivors of childhood cancer. *Blood Cells Mol Dis.* 2026 Mar;117:102977. doi: 10.1016/j.bcmed.2025.102977.
37. Ghafghazi S, Uhl L, Herbert B, Bertolet M, Alexander JH, et al; MINT Trial Investigators. Transfusion-related adverse events in patients with restrictive or liberal transfusion strategy. An analysis of the MINT trial. *Transfusion.* 2026 Jan;66(1):84-93. doi: 10.1111/trf.70006.

Donor vigilance-related publications

1. Padilla ND, van der Torren C, Paalvast Y, Kubbenga I, Wiersum-Osselton J. Evaluating blood donation safety for donors with sickle cell trait. *Vox Sang.* 2026 Apr 16. doi: 10.1111/vox.70271.
2. Sudev L, K V. Donor-Related Determinants of Platelet Yield and Adverse Reactions in Plateletpheresis Procedures in a Tertiary Care Cancer Center in South India. *Cureus.* 2026 Jan 16;18(1):e101711. doi: 10.7759/cureus.101711.
3. Meher R, Patidar GK. Assessment of vasovagal reaction mitigation strategies in licensed blood centres in India (2025): A nationwide online survey. *Vox Sang.* 2026 Feb 3. doi: 10.1111/vox.70197.
4. Wu Y, Di Angelantonio E, Kaptoge S, Wood AM, Gilchrist PT, Walker M, et. al. Role of pain and anxiety in mediating relationships between donation history and vasovagal reaction symptoms in blood donors in England. *Transfusion.* 2026 Jan;66(1):131-145. doi: 10.1111/trf.70004.
5. Namba N, Kondo G, Ishimaru F, Hashizume T, Yamauchi Y, Yano N, et. al. Effects of pre-donation salt-loading on the occurrence of delayed vasovagal reactions. *Vox Sang.* 2026 Apr 22. doi: 10.1111/vox.70273.
6. Amatya M, Gorkhali B. Adverse Events and Risk Factors in Nepalese Blood Donors. *J Nepal Health Res Counc.* 2026 Jan 26;23(3):533-538. doi: 10.33314/jnhrc.v23i03.4750.
7. Huseynova E, Singh U, Luis B, Young P. Hemoglobin A1c levels do not affect vasovagal risk in blood donors. *Transfusion.* 2026 Jan;66(1):36-41. doi: 10.1111/trf.70012.
8. Hato T, Shimada N, Yamamoto M, Koyama M, Uematsu N, Nakata Y, et. al. Risk of vasovagal reactions in sleep-deprived and fasting blood donors. *Vox Sang.* 2026 Feb;121(2):124-131. doi: 10.1111/vox.70149.
9. Wang J, Ma C, Dai Y, Wu Y. Construction of a risk prediction model for vasovagal reactions in whole-blood donors: A case-control cross-sectional study. *Vox Sang.* 2026 Feb 17. doi: 10.1111/vox.70215.
10. Kaptoge S, McMahon A, Wu Y, Gilchrist PT, Walker M, Mehenny S, et. al.; STRIDES Trial Group. Preventive interventions for vasovagal reactions in whole blood donors: a cluster-randomised, stepped-wedge, crossover trial of 73 sites involving 1.4 million donors in England. *Lancet Haematol.* 2026 Feb;13(2):e64-e73. doi: 10.1016/S2352-3026(25)00319-9.

39th ISBT International Congress Kuala Lumpur - Working Party activities

We are pleased to invite members to attend two sessions being run at the congress on behalf of the working party:

Business Meeting

21st June 2026;

14:15 – 15:45

(Malaysia time; GMT +8)

Hybrid

Workshop

***“Wired for Safety:
Transfusion IT Unplugged”***

24th June 2026;

10:30 – 12:00

(Malaysia time; GMT +8)

In-Person

We would appreciate it if you could let us know whether you wish to participate in these sessions (one or both). This will help us make the necessary logistical and organisational arrangements.

Further details, including venue information, meeting links, and agenda, will be shared closer to the conference dates.

We look forward to seeing you in Kuala Lumpur and to your participation and valuable contribution to the workshops.

World Blood Donor Day

14th June 2026

One Drop of Humanity. Give Blood. Save Lives



Every year on 14 June, the world comes together to celebrate [World Blood Donor Day](#), a global tribute to the millions of voluntary, unpaid blood donors whose generosity saves lives every day. Their contributions are essential to health systems everywhere, supporting patients during emergencies, childbirth, surgeries, cancer treatment and the lifelong care of many serious conditions.

This year's campaign, "**One Drop of Humanity. Give Blood. Save Lives.**", places humanity at the heart of every blood donation. It reminds us that each donation is more than a medical act: it is a powerful expression of solidarity, compassion and collective responsibility. Inspired by the idea that the whole of humanity can be reflected in a single drop, the campaign highlights how every donor helps form a lifeline that connects and protects us all.

While advances in science, testing and blood safety systems have made transfusion safer than ever, safe blood remains dependent on people willing to donate regularly and voluntarily. Yet many countries continue to face shortages and unequal access to safe blood and blood products, particularly in low- and middle-income settings.

The objectives of this year's campaign are to:

- drive sustained growth in regular, voluntary, unpaid blood donation worldwide;
- raise awareness of the life-saving impact of blood and plasma donation;
- highlight the vital contribution of blood donors and promote the values of solidarity and humanity; and
- encourage governments and partners to strengthen and invest in national blood programmes to achieve universal access to safe blood transfusion.

Together, we can help ensure that safe blood is available for everyone, everywhere, whenever it is needed.

Upcoming events

IHN Webinar celebrating World Blood Donor Day

IHN International Haemovigilance Network

WORLD BLOOD DONOR DAY


GIVE BLOOD, GIVE HOPE


Wednesday 17th June | 1pm - 2pm BST

Join us for a one-hour webinar celebrating World Blood Donor Day, featuring talks from esteemed speakers with extensive experience in donor safety and haemovigilance. Hear from leading experts and the recipients of this year's IHN Award and Medal as they share insights and best practices in the field.

DONOR SAFETY: A NORWEGIAN PERSPECTIVE Presented by Øystein Flesland	OPTIMISING IRON MANAGEMENT IN REGULAR BLOOD DONORS Presented by Mindy Goldman	HAEMOVIGILANCE: FROM HIV TO AI Presented by Barbee Whitaker
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Click on the link below to register!

 **Access to the webinar available through the app!**



To register for the webinar, [CLICK HERE](#) or use the QR code below



Further details, access information and the event poster can be obtained through the link below:

[🌐 Celebrating World Blood Donor Day – Join the IHN Webinar - International Haemovigilance Network](#)

**ISBT 39th International Congress:
20-24 June 2026, Kuala Lumpur, Malaysia**



[Register](#) for the congress.

**SHOT Annual Symposium:
10 July 2026, Birmingham, UK**



**2026
Annual
SHOT
Symposium**

Friday 10th July 2026

**Birmingham
Hilton Metropole
B40 1PP**

08:00-17:00



**Scan the QR code for more
information and to register**

**AABB Annual Meeting:
17-19 October 2026; Atlanta, Georgia, USA**



More information can be found on the [AABB website](#).

Finally ...

Joint ISBT-IHN-SHOT webinar

We are pleased to announce that the **ISBT Haemovigilance Working Party**, in collaboration with **IHN** and the **SHOT team**, will be hosting a virtual event on **17 September 2026** to mark **World Patient Safety Day**.

This webinar will focus on optimising learning from haemovigilance and exploring how best to apply these insights in practice. We will also hear from safety science experts who have collaborated with haemovigilance specialists as part of a research project. Further details will be shared soon.

In the meantime, please save the date, and we hope you can join us for what promises to be an engaging and informative event.

More details will be available soon on the [IHN website](#).



Answer to the tricky trivia teaser

Q: Which primate became the first mammal in space in 1949?

A) Ham; B) Albert II; C) Laika; or D) Able

The answer is: B) Albert II

The link between Albert II and World Blood Donor Day

On 14 June 1949, Albert II, a Rhesus Macaque monkey, reached an altitude of about 134 km (83 miles), officially crossing the boundary of space, though sadly, he didn't survive the return journey. The flight occurred on what would have been the late Karl Landsteiner's 81st birthday.

As I am sure you know, the RH blood group system was originally named *Rhesus* after the 1940 work of Landsteiner and Weiner, who injected rabbits with blood from Rhesus monkeys and found that the resulting antibody reacted with 85% of human red cell samples. It was noted that in the majority of HDFN cases, the mother was negative against the so-called *Rhesus factor* (or "Rh-negative"), whereas the fathers were positive (or "Rh-positive").

Of course, the human RH blood group system is distinct from the one originally described by Landsteiner and Weiner, but the name "*Rhesus*" persists.

Join the Haemovigilance Working Party

Join

If you or your colleagues are members of ISBT but not currently members of the Haemovigilance Working Party, we would love you to join us!

To join, please click [here](#) ...



This Photo by Unknown Author is licensed under CC BY