## The International Haemovigilance Network Database for the Surveillance of Adverse Reactions and Events in Donors and Recipients of Blood Components (ISTARE) From the pilot phase to a web-based database



#### **The Working Group**

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## **Background**

**Establishment of ISTARE: February 2008 by the EHN** 

Aim: The provision of an international tool for reporting and analyzing all adverse reactions (ARs) and events (AEs) associated with the donation and transfusion of blood components, irrespective of their severity



# IHN promotes a holistic haemovigilance approach

The rationale of ISTARE
is to avoid restricting our observations to
only the tip of the iceberg

i.e. not only serious events (unlike EU and Council of Europe)

## Purpose of the database Surveillance, Information sharing **Analyzing data** monitoring **Potential uses Benchmarking for** Risk assessment **Education** countries **Ultimate** goal Contributing to international scientific efforts to prevent and correct errors in transfusion

# From the pilot phase to a web-based database

#### The chronicle

Frankfurt 2008 EHN mandate for the pilot project

Macao 2008 ISBT decides to collaborate

Rome 2009 EHN presentation of results of 1st pilot

Dubrovnik 2010 IHN results of 2<sup>nd</sup> pilot

Amsterdam 2011 IHN results of 3rd pilot & start of fully

functioning web-based system

Lisbon 2011 ISBT development and finalization of the web

based system

Montreal 2012 IHN online ISTARE

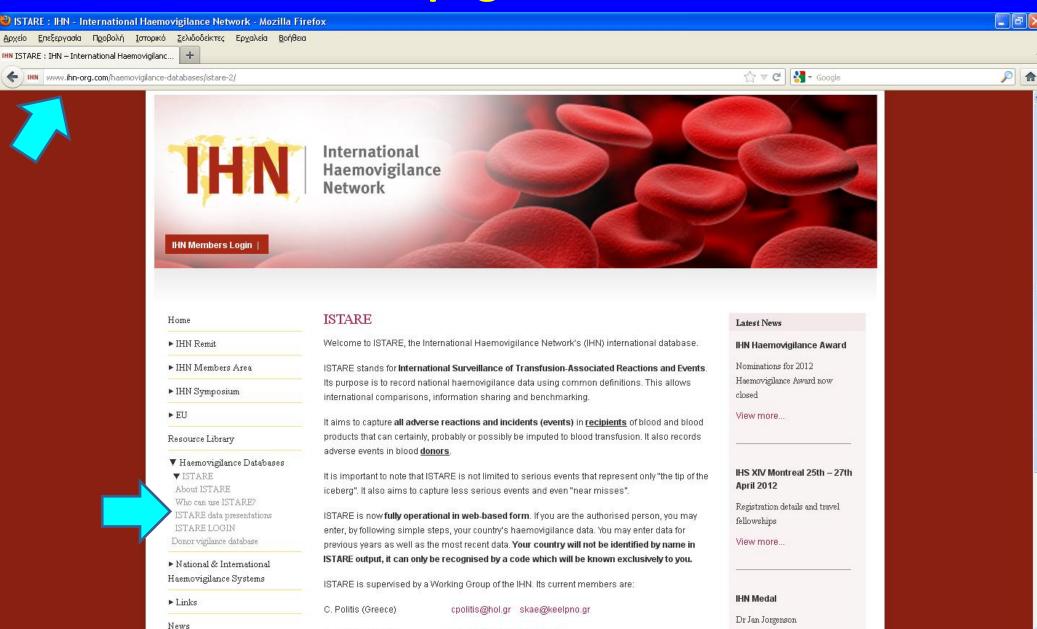
#### The route to realization

After the successful completion of two pilot studies carried out in three rounds in 2006-2009, a permanent web-based international database was developed by the ISTARE Working Group and programmed by Steficon Ltd under contract to the IHN.

It was eventually uploaded to the IHN website in February 2012.

ISTARE is accessed through the IHN website: <a href="http://www.ihn-org.com/haemovigilance-databases/istare-2">http://www.ihn-org.com/haemovigilance-databases/istare-2</a>.

## **ISTARE** Webpage on IHN Website



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#### **Submission of data**

- Annual detailed haemovigilance data for 2010 were submitted confidentially online by countries using IHN/ISBT standard definitions
- Detailed instructions for the use of ISTARE database and further pages of information, including the roles of different categories of user, are provided online
- Submission of re-evaluated data for 2006-2009, previously provided for the pilot studies, was possible

#### Data analysis and dissemination

ISTARE automatically provides rates and ratios of ARs for analysis of national data and produces charts comparing international data for one or more years.

#### Main areas covered

- Event rates, overall and by product type
- Type of reaction, by severity and imputability
- Distributions of types of event
- Averages for global regions
- Monitoring trends

Dissemination of data in anonymized form.

Each country's data marked in tables and diagrams
by a code number allocated by the coordinators.

The country's code is known only to its representative.

#### What data?

- General information: structure and coverage of the haemovigilance system
- General denominators: data on numbers of donors/donations and main categories of blood products
- Specific denominators: denominator data for specific types of blood components issued and transfused
- Donor Complications: events related to whole blood but also to apheresis donations
- Errors-incorrect blood component transfused (IBCT):
  - **✓ ABO incompatible transfusion**
  - **✓** Sampling errors
  - ✓ Wrong label
- Adverse transfusion reactions
  - ✓ By blood component
  - ✓ By imputability: "possibly", "probably" and "definitely"
  - ✓ By severity: non-severe, severe, life-threatening and fatal

## **Examples of screenshots**





Index	Reports Fo	rms Charts	Users						
General	Denominators	Denominators	Donor		Adverse Reactions	Adverse Reactions	Adverse Reactions	Rates-Ratio	Rates-Ratio
Information	General	Specific	Complications	Errors-IBCT	By Component	By Severity	By Imputability	General	Specific
Donations*> Are autologous donations included in the table? ○ Yes ○ No ○ Unknown									
Collection type Donations If yes include only the percentage of preoperative autologous donations: 0.2 %									

Donations*				
Collection type	Donations			
Whole blood	614506			
Aphaeresis	28646			
Red cells	50			
Platelets	23896			
Plasma	2714			
Multiple components	1986			
Total	643152			

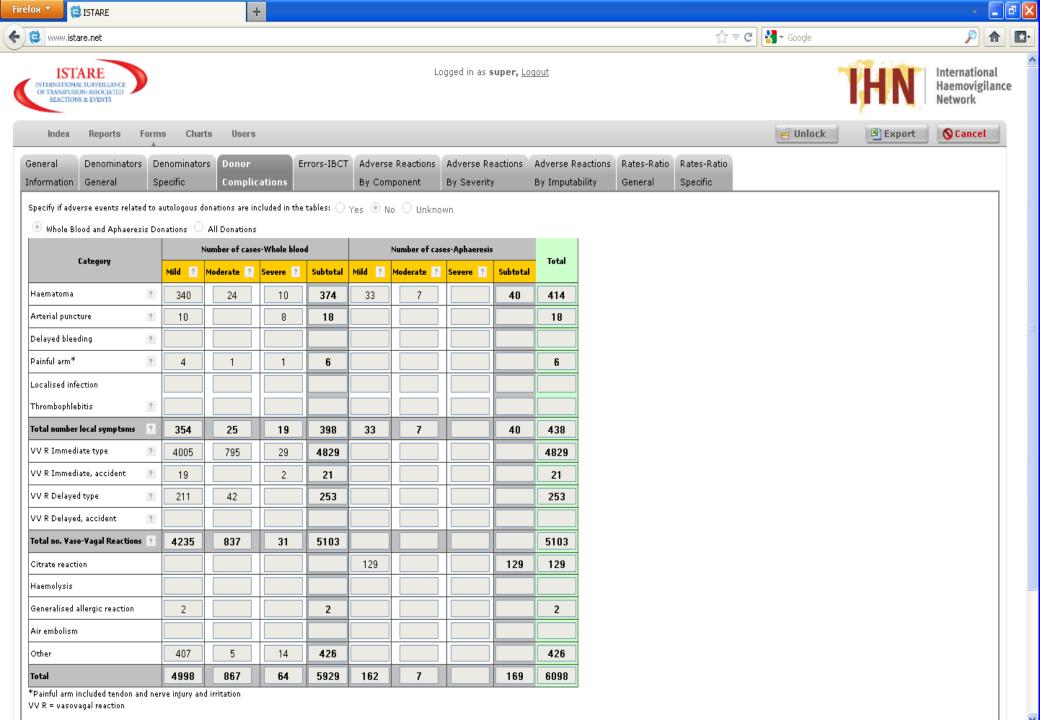
--> For plasma please specify if this includes data on plasma going for fractionation. O Yes ® No O Unknown

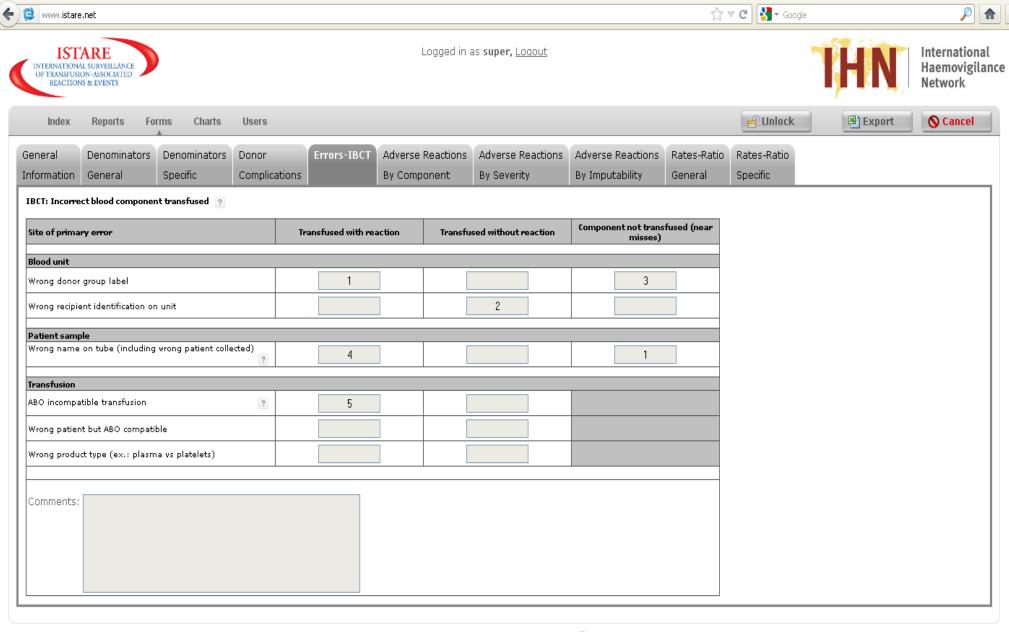
If yes enter the proportion going for fractionation: %

\*Successful donations : units that met the specifications for processing

Blood components					
	Issued	Transfused	% Leuko-reduced		
Whole blood					
RBC	442329				
Platelet units for transfusion (adult dose)	133375				
Plasma for transfusion (adult dose)	201909				
Cryoprecipitate					
Granulocytes					
Others					
Total	777613				

Comments: Data covering 83% of total blood components

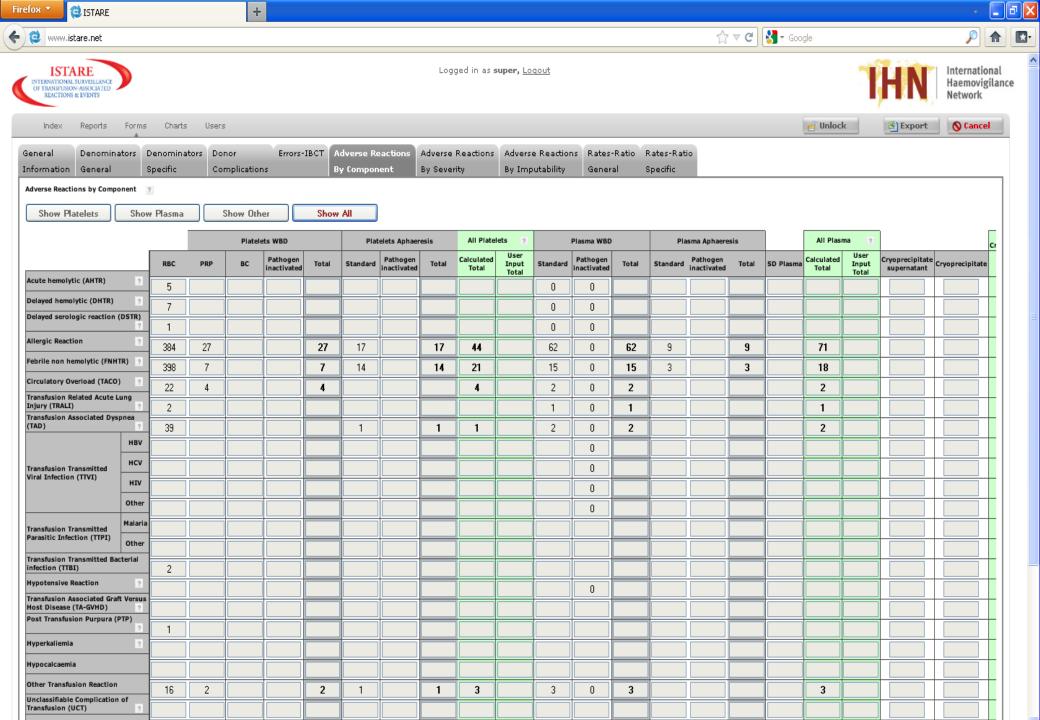


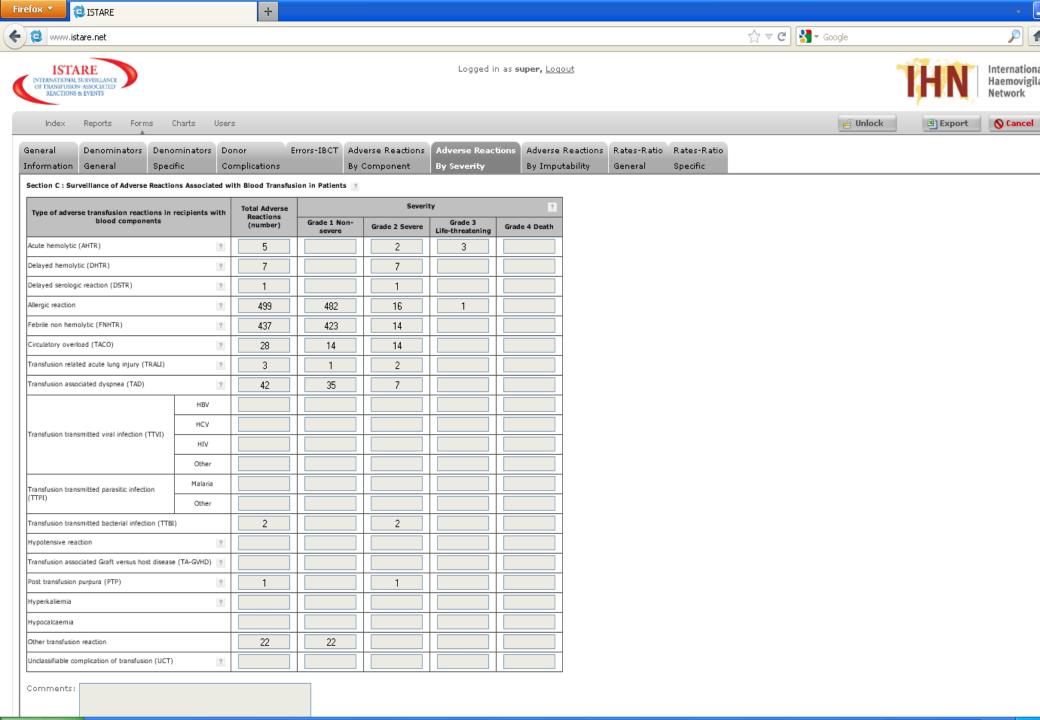


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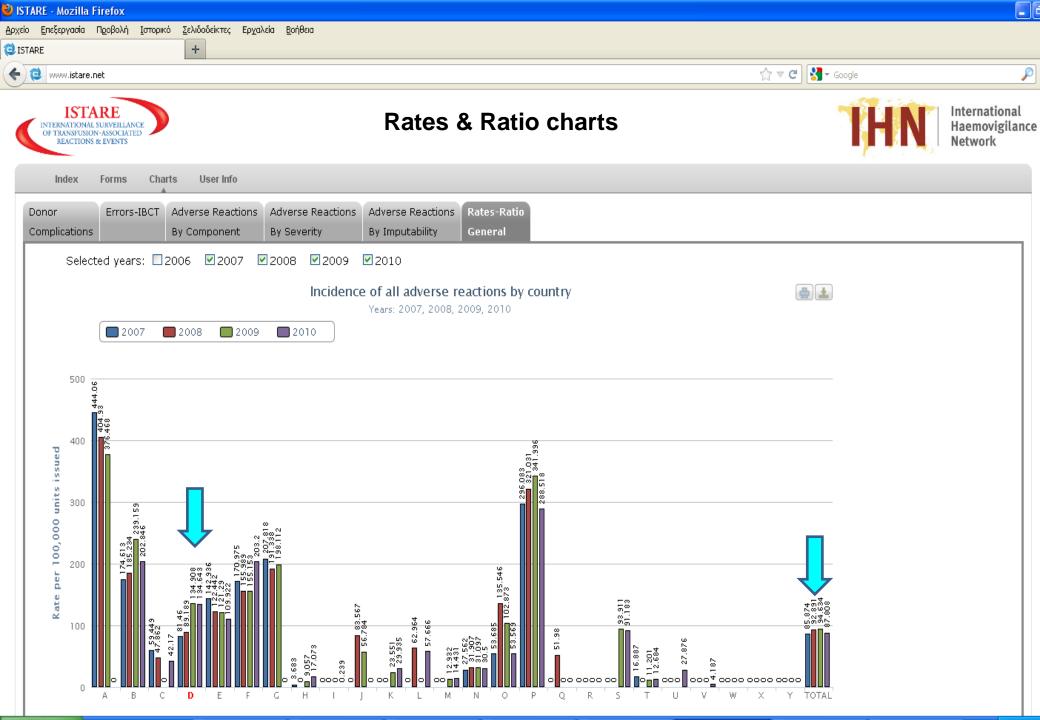


# ISTARE charts for national use (annual/cumulative data)

ISTARE provides two main catefories of charts that facilitate benchmarking

- Distribution chart
  - Donor complications
  - Errors-incorrect blood component transfused (IBCT)
  - Adverse reaction by imputability
- Rates and ratios charts
  - Adverse transfusion reactions by blood component
  - Adverse transfusion reactions by severity
  - Incidence of all ARs





# **Results 2006-2010**

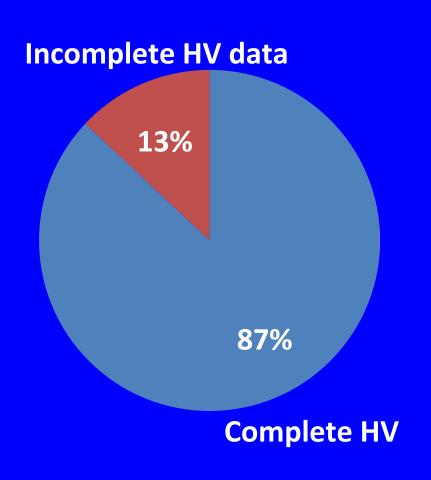
#### **ISTARE** database

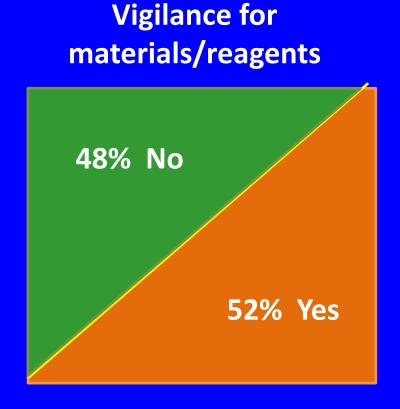
- Data have been collected in 4 rounds
- 2006 & 2007, 2008, 2009, 2010
- 25 countries have participated in at least one round
- 16 countries have participated at least 3 times
- 11 countries have participated 4 times
- Total reports 77

## **Participation in ISTARE**

	Year	Total	Europe	Asia/Pacific	North America	Africa
1st phase	2006	11	6/11	3/11	1/11	1/11
1st p	2007	13	9/13	3/13	1/13	
phase	2008	16	11/16	3/16	1/16	1/16
2 <sup>nd</sup> p	2009	17	11/16	4/16	1/16	1/16
Online ISTARE	2010	20	14/20	5/20	1/20	
Tot	al reports	77	51	18	5	3
Tota	l countries	25	17	5	2	1
						ISTARE

## Haemovigilance coverage

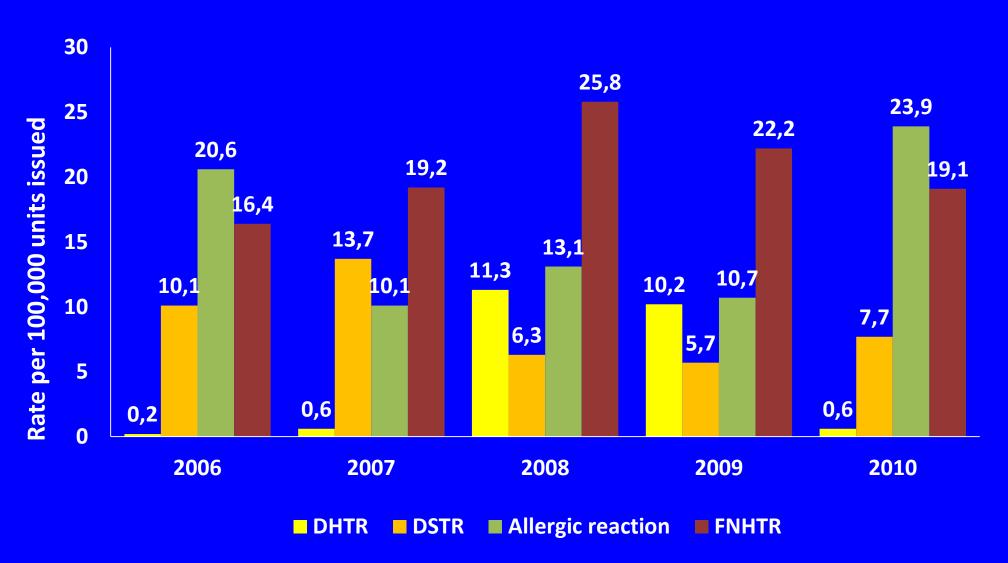




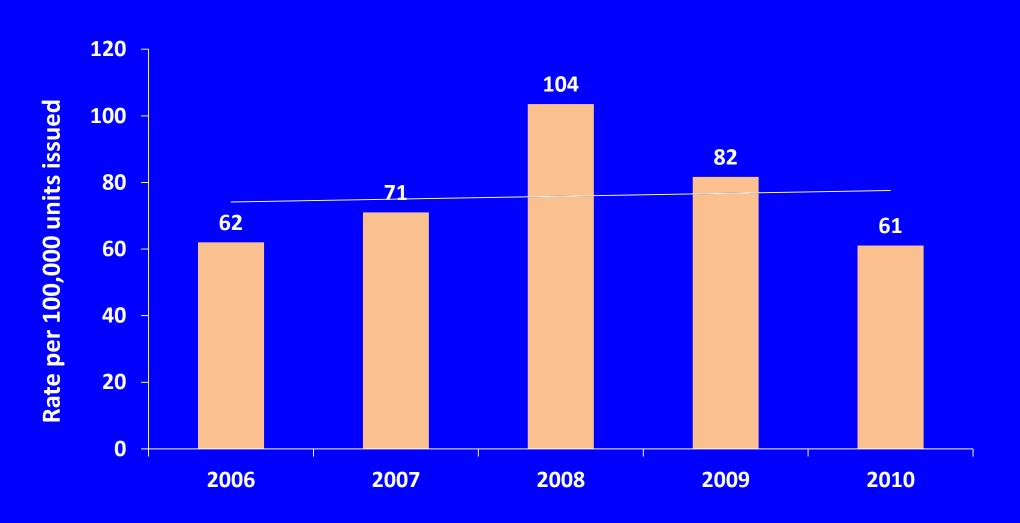
## Volume of data, 2006-2010

<b>Data</b>	n
Units issued	84,120,836
Units transfused	19,980,404
Total ARs	62,262
Incidence per 100,000 units issued	74
Deaths	233
Incidence per 100,000 units issued	0.28
Total donor complications	242,889

#### Most frequent ARs, 2006-2010

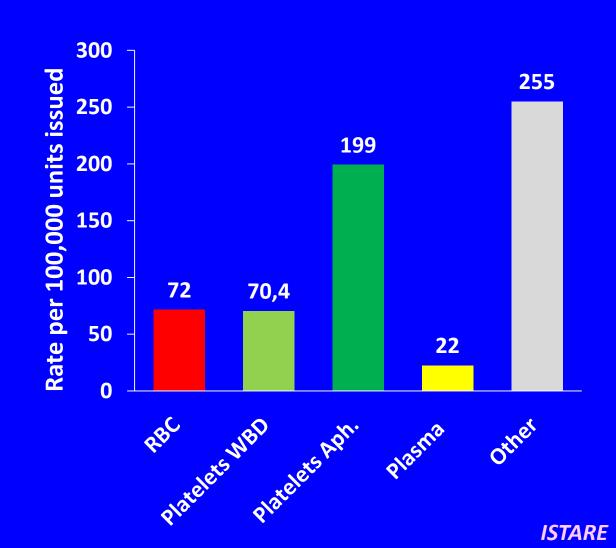


# Reporting ARs by imputability 2006-2010

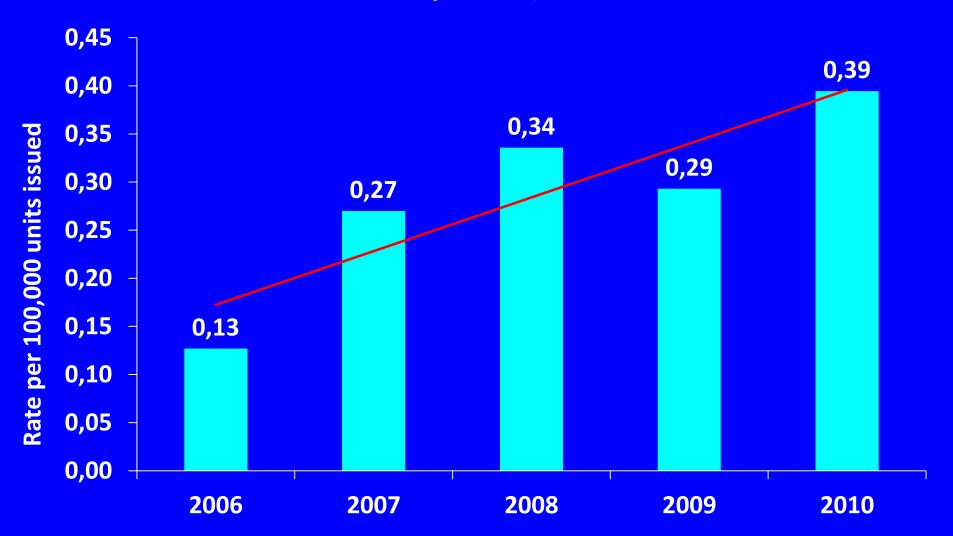


### ARs by blood component, 2006-2010

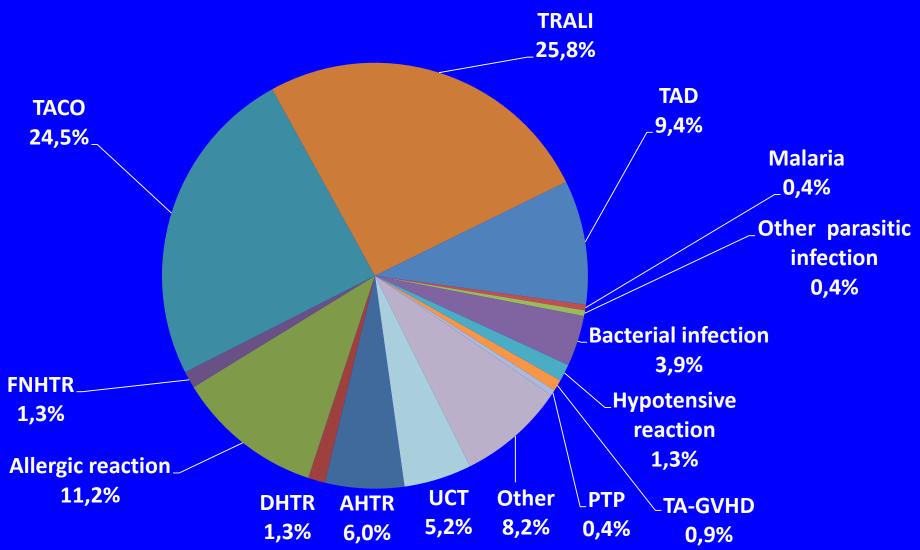
Blood component	Incidence per 100,000
RBC	72
Platelets WBD	70
Platelets Aphaeresis	199
Plasma	22
Other	255



# Deaths, 2006-2010 (n=233)



# Distribution of causes of death 2006-2010





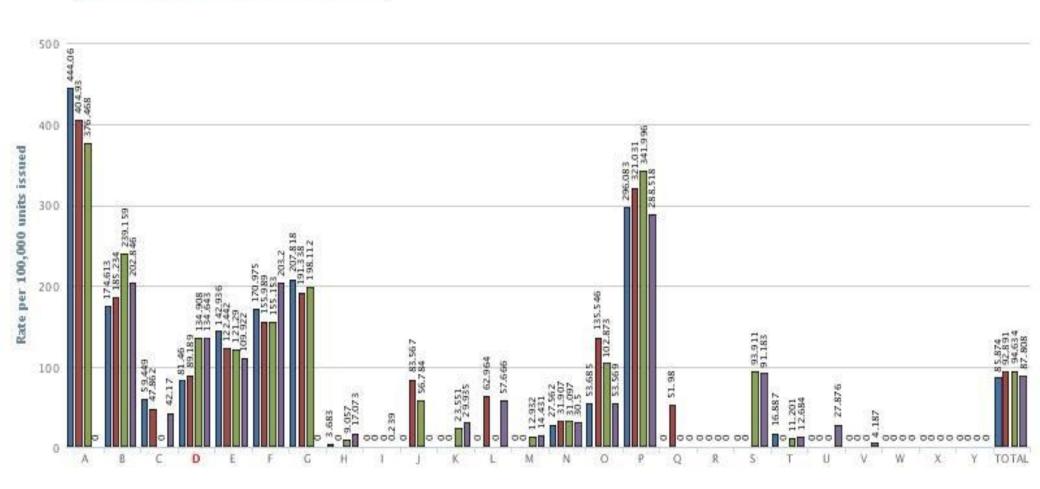
# Incidence of all adverse reactions 2007-2010



Incidence of all adverse reactions by country

Years: 2007, 2008, 2009, 2010





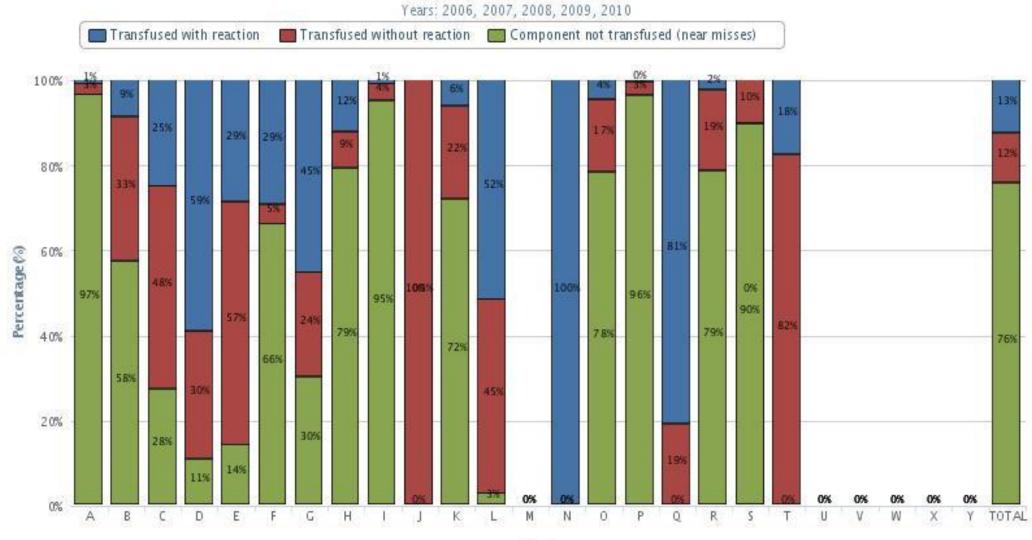
#### **Errors-IBCT, 2006-2010**

Site of primary error	Transfused with reaction	Transfused without reaction	Component not transfused (near misses)	Total	
Blood unit					
Wrong donor group label	11	17	20	48	
Wrong recipient identification on unit	12	83	62	157	
Patient sample					
Wrong name on tube (including wrong patient collected)  Transfusion	240	55	3,920	4,215	<b>+</b>
ABO incompatible transfusion Wrong patient but ABO	197	122		319	
compatible	120	257		377	
Wrong product type (e.g.plasma for platelets)	82	87		169	





#### Incorrect blood reports



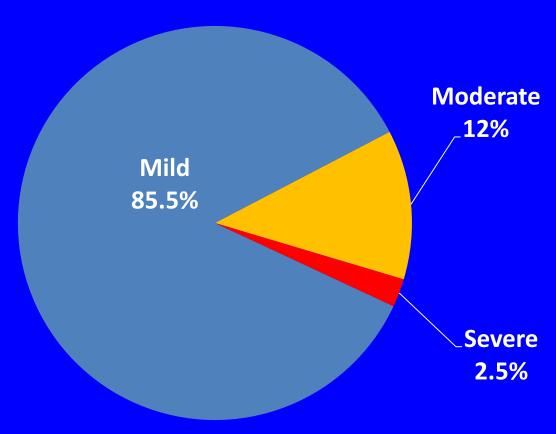
## **Donor Complications**

# Donor complications, 2006-2010 (n=242,889)

#### **Analysis by type**

Donor complications	%
<b>VV Reactions</b>	75.9
Local	20.3
Citrate	1.2
Other	2.6
Total	100.0

#### **Analysis by severity**

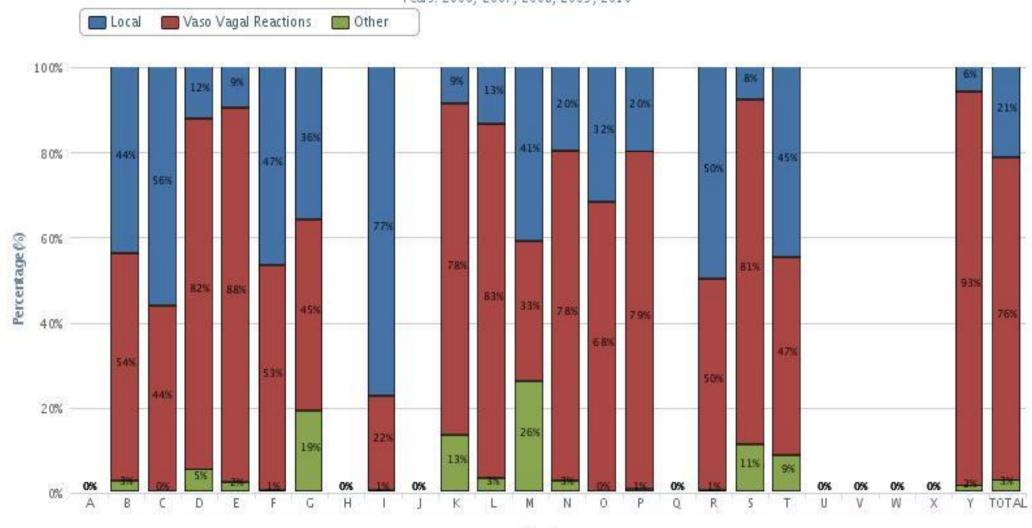




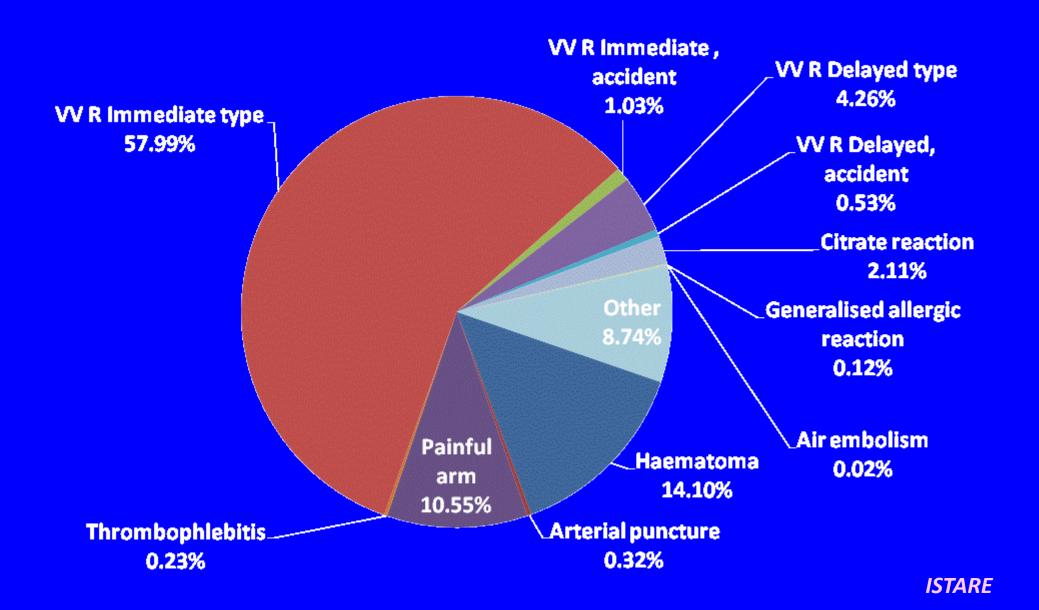


#### Donor Complications

Years: 2006, 2007, 2008, 2009, 2010



#### Severe donor complications, 2006-2010



#### **Conclusions**



- The pilot studies demonstrated the feasibility and value of the IHN database which is now operational
- A permanent web-based system enables the collection and analysis of annual data from any country that gathers detailed haemovigilance data
- It differs from EU and Council of Europe data collection systems in its holistic approach, aiming at the surveillance of all ARs and AEs, not just serious ones.
- Amongst other things, ISTARE will permit better assessment of trends
- ISTARE web-based system initiates new prospects for the future of haemovigilance



#### Next steps

- New participants to submit previous years' data (2006-2009) (if available)
- Final submission of users' haemovigilance data (2010)
- Receiving feedback from ISTARE users
- Adding more information in IHN website about ISTARE (publications, articles, presentation, FAQs etc)
- Investigate possible extension of ISTARE application
  - Adding new graphs
  - Adding new tables or categories
- Need for more in-depth analysis of ISTARE data
- Continuous update of ISTARE in order to meet forthcoming haemovigilance challenges

# Special thanks to all correspondents who provided comprehensive haemovigilance data for their countries and regions

**Compliments to** 

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**IHN Secretariat** 

**IHN President** 

**SKAE staff** 

**Steficon SA**