
# Protecting and Safeguarding Blood Supply in India Using Biometrics

## BACKGROUND

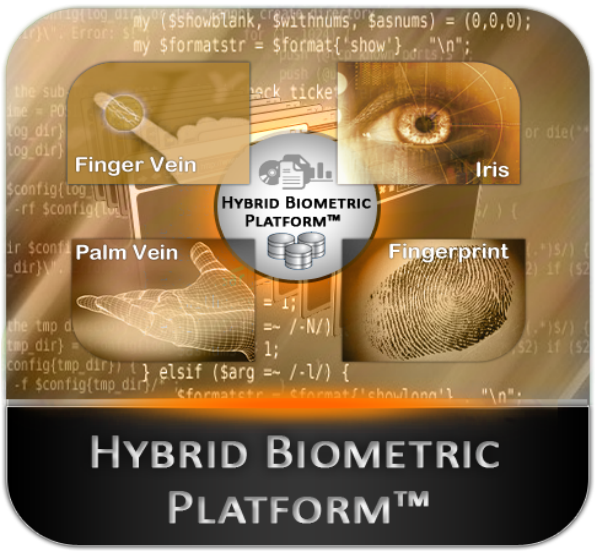
Protecting the global blood supply is one of the most critical safeguards for disease prevention and *preventing the spread of harmful or potentially fatal viruses*. Traditionally, many countries have a difficult time establishing coordinated and accurate medical histories of donors that include the ability to flag "professional" blood donors – those who are inflicted with a disease or condition that renders their blood contaminated but continually attempt to donate for financial compensation.

In addition, identifying and restricting "proxy" donors in Blood Banks is another major roadblock. In proxy donation, a healthy donor gets himself/herself screened. When the donor is called for donating, someone else is sent in his/her place. Proxy donors are mostly professional donors.

## CHALLENGE

The main challenges that arose for Allahabad Medical Association (AMA) were *how to identify and restrict donors* who have donated blood and subsequently tested positive for HIV, HBsAg, HCV or other infectious diseases. There was no efficient or accurate way for the AMA to identify and restrict donors that were rejected during the screening process.

A recurring problem that plagued AMA staff was the *inability to establish an accurate patient identification* system that alerted all staff that a donor was flagged for an infectious disease. For example, a donor would declare in their AMA donor form that they had jaundice last year. Based on this information, AMA blood staff would reject their donation request. Later after a staff shift change, the donor may come again for screening, and might not declare that they had jaundice. In the absence of a *practical, virtually foolproof patient identification system,* these issues posed serious threats to patients and the integrity of AMA's blood supply.




## SOLUTION

AMA decided to take action and incorporate *VinDec's biometric identification software* to accurately track and monitor patients and curtail infectious diseases from tainting the blood supply. AMA workers can now flag professional donor files in the computer database which will permanently disable the donor's profile based on biometric identification and alert other AMA staff to reject them on any repeated attempts to donate.

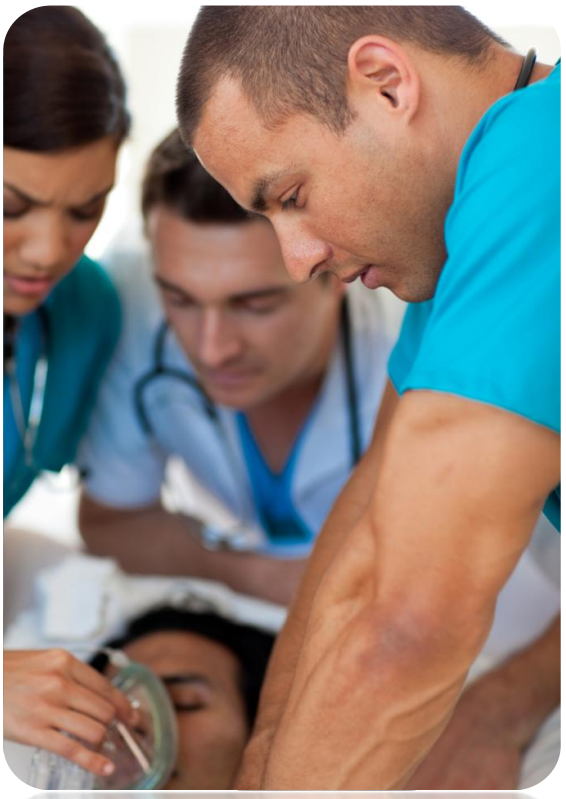
If a healthy donor undergoes biometric identification and their donation form is accepted but then decides to send a proxy donor for a future donation, *individual biometric identification is used to verify donor identity* and will raise an alert the donor is different than the profile stored in the patient database.

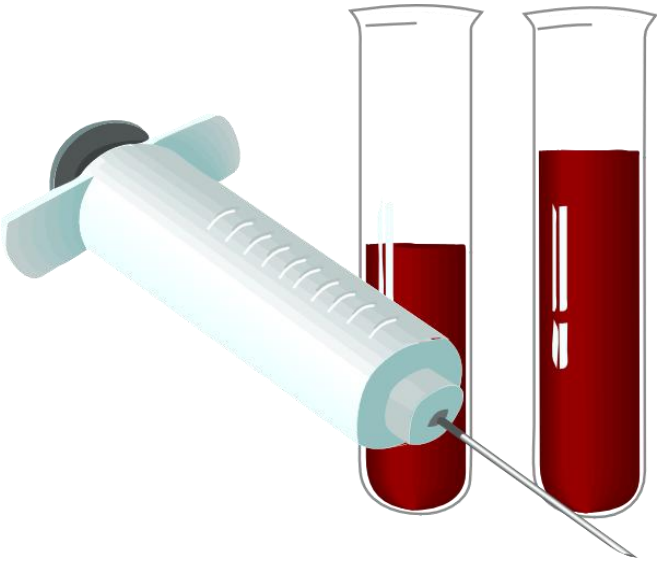
If a donor comes in to AMA that has been flagged for a disease as a result of an earlier donation, the biometric identification system will reject the donor the next time they come in to donate. Changes in AMA's staff no longer mean that a flagged donor can come back after a shift change and lie about their medical condition.

## BENEFITS

The first deployment of VinDec's solution with AMA upgraded their capacity of enrolling more blood donors, *effectively raising the blood supply integrity.* It has been 2 years since the initial deployment and through the use of biometric technology, many managers at the facility have been happy *to reduce manual administrative tasks* previously required to stringently screen donors.

Based on the success of VinDec's biometric identification deployment at AMA, the solution has been deployed in Banaras Hindu University (BHU) and Gorakhpur Blood Banks. The safety of India's blood supply has been strengthened by the use of VinDec's biometric identification technology.





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