

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 2374  
TO BE ANSWERED ON 13<sup>th</sup> FEBRUARY, 2026**

**THALASSEMIA PATIENTS AND BLOOD TRANSFUSION SAFETY**

**2374. MS KANGNA RANAUT:**

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of registered thalassemia patients in the country and the trends in prevalence and mortality during the last five years;
- (b) the current status of specialised infrastructure for thalassemia that has been established or strengthened during the last five years;
- (c) the number of deaths reported due to HIV-infected blood transfusions among thalassemia patients in the country;
- (d) the protocols and regulatory mechanisms in place to ensure the safety of blood transfusions, including screening for HIV and other infections, particularly in view of the requirement of frequent transfusions for thalassemia patients; and
- (e) whether the Government has undertaken any national strategy or targeted interventions for the prevention, early detection and long-term management of thalassemia and if so, the details thereof?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(SMT. ANUPRIYA PATEL)**

(a) to (e): In Sickle Cell Portal, thalassemia module was added in 2023 for the States to enter the records of existing thalassemia patients in their States. Monitoring and follow up is done and the data of thalassemia for screening is entered regularly on the National Portal.

As per data updated by States on national portal, out of 33,44,507 individuals screened for Thalassemia, a total of 11,274 have been identified as diseased and 94,542 as carriers of Thalassemia, as on 09.02.2026.

The primary responsibility of management of Thalassemia along with raising awareness lies with the respective State/UT Governments. However, under National Health Mission (NHM), support is provided to States/UTs to strengthen their healthcare system including support for prevention and management of Thalassemia at public healthcare facilities, provision of Blood Bank facilities, Day Care Centre, Medicines, Lab services, IEC activities and training of HR etc. based on the proposals submitted by the States/UTs in their Programme Implementation Plans.

Under Department of Health Research, Indian Council of Medical Research (ICMR) has established the ICMR-National Institute of Immunohaematology (NIIH) and a Centre for Research Management and Control of Hemoglobinopathies in Chandrapur, Maharashtra which supports research, diagnostics, transfusion support and capacity building for thalassemia.

This Ministry, in association with Coal India Limited (CIL), is implementing a scheme namely Thalassemia Bal Sewa Yojana (TBSY) wherein financial assistance up to Rs.10 lakh is provided to eligible patients for Bone Marrow Transplants (BMT) from CIL Corporate Social Responsibility (CSR) funds. This scheme provides for BMT in seventeen empanelled hospitals spread across the country.

The data related to number of deaths reported due to HIV-infected blood transfusions among thalassemia patients is not maintained centrally.

To ensure the safety of patients suffering from blood disorders, directions have been issued to all States/UTs for the functioning of all Blood Centres in accordance with applicable statutory provisions and national guidelines and standards issued from time to time by the National Blood Transfusion Council (NBTC), including the National Standards for Blood Centres & Blood Transfusion Services (2022), the Transfusion Medicine Technical Manual (2023), External Quality Assessment Scheme (EQAS) Operational Guidelines (2024), Guideline for Voluntary Blood Donation (2024) and the revised Donor Selection and Referral Guidelines (2025), etc.

Comprehensive guidelines on Prevention and Control of Hemoglobinopathies in India- Thalassemia & Sickle cell Disease and other variant Hemoglobins (2016) had been shared to assist the States/UTs for management of Haemoglobinopathies including Thalassemia. The guidelines detail the strategies for management of Thalassemia disease including Thalassemia major (Blood transfusion therapy with packed red blood cell, iron chelation for iron overload, monitoring and management of complication and psychological support etc.) and non transfusion dependent Thalassemia (NTDT) etc.

\*\*\*\*\*