
Editorial Comment

B Evatt

Citation

B Evatt. *Editorial Comment*. The Internet Journal of Hematology. 2009 Volume 7 Number 1.

Abstract

The article, High Incidence of Transfusions-Related HIV Infection in Nigeria by A.C. Ubesie et.al, vividly illustrates the plight of transfusion recipients in numerous developing countries. Blood transmitted diseases, highly preventable, plague transfusion medicine and take a high toll on the health of the population. Donor screening practices reported by the authors are typical in many of these countries and lead to unacceptable transmission rates of HIV and other blood borne diseases.

For Africa, high prevalence rates of HIV portend high incidence rates in donors. These incidence rates yield unacceptable rates of blood donations during the incubation window period (1.2% identified in this study). Exaggerated by the lack of volunteer donors, the window period infection rate is predictable and would remain unacceptable even if all donors are volunteer (1). The authors correctly conclude that shortening the window period with a second mandatory test, the p-antigen test, would greatly reduce the transmission rate. Donor education, screening questionnaires, pre-donation screening, and op-out programs are clearly needed to further reduce the risk of transmission.

The most unfortunate patients are those who require repeated blood products, e.g., sickle cell anemia patients or hemophilia patients. For these patients, the risk is cumulative and in time their risk for infection will far exceed the 1.2 % found in the authors' study. (2)

Unfortunately, reforms will not be made without government commitment to and enforcement of blood safety. After 4 years of the development of reasonable standards, the authors report that 70 to 90% of the blood donations still fall outside these standards. The economic driving force behind the reluctance to change, i.e., paid donations, lack of resources for additional testing, and lack of trained personnel, remain and will not change without governmental involvement and infusion of resources.

References

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2. Evatt BL, Austin H, Leon G, Ruiz-Saez A, DeBosch N. Haemophilia therapy: assessing the cumulative risk of HIV exposure by cryoprecipitate. *Haemophilia*. 1999;5,295-300.

Author Information

Bruce L. Evatt, MD

Formerly the Chief of the Hematologic Diseases Branch at the Centers for Disease Control (CDC) in Atlanta, Georgia, He identified AIDS as a blood-borne disease affecting persons with hemophilia and blood-transfusion recipients, Clinical professor of medicine at Emory University School of Medicine.