

Is it essential to inform the positive donor? A 2-year study in a tertiary care hospital

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Abstract

Background: In India, screening of blood for human immunodeficiency virus (HIV), hepatitis B surface antigen (HBsAg), and hepatitis C virus (HCV) is mandatory before issue, but the donors are often not informed of their positive status.^[1] The positive donors are always kept in dark. Is it essential to inform the positive donor? It is a debate still. **Materials and Methods:** Sri Ramachandra Blood Bank, Chennai, took the challenge of posttest counseling of blood donors from June 2008. Blood collected from donors were screened for HIV, HBsAg, and HCV. The donors of the blood, which are positive by two different enzyme-linked immunosorbent assay for any of the above tests, were sent a letter of calling respecting their rights and maintaining confidentiality. Responded donors were given counseling and offered information about confirmation, evaluation, consultation, early treatment, follow-up, contact testing, and transmission prevention. The results were analyzed for a period of 2 years from June 2008 to May 2010. **Results:** Among the 22,573 donors, 355 (1.7%) were found to be positive in the screening tests. Letters of calling were sent to 310 (87.04%) donors. In all, 218 (70.3%) donors with 7 (87.5%) HIV, 199 (68.85%) HBsAg, and 12 (92.31%) HCV positivity responded. None of the responded donors knew their status earlier. In all, 82 (35%) of them were repeat donors with 201 earlier donations at various blood banks. **Conclusion:** Posttest counseling of positive donors is essential for the health of the donor and his family, prevention of diseases, improving blood bank economy, and reducing exposure to healthcare workers.

Key words: Counseling, HBsAg, HCV, HIV, positive donor

INTRODUCTION

In India, screening of blood for human immunodeficiency virus (HIV), hepatitis B surface antigen HBsAg, hepatitis C virus (HCV), malaria, and syphilis is mandatory before issue. Any blood unit found to be positive for any of the above mentioned infections is discarded. But the donors are often not informed of their positive status as it is done in many countries. Although the revised national policy states that the HIV-positive donors may be offered posttest counseling, this is not a routine practice in all the transfusion centers. This unequal flow of information between the donors and blood bank is emerging as one of

the biggest hurdle not just in India's battle against HIV, but also for donors who are never told about their HIV status. The HBsAg and HCV donors are always kept in dark.^[1] Is it essential to inform the positive donor? It is a debate still. This study is undertaken to assess the outcome of posttest counseling of positive donors and to find out the ways of improving the program to practice safe blood transfusion.

MATERIALS AND METHODS

Sri Ramachandra Blood Bank, Chennai took the challenge of post test counseling of blood donors from June.2008. Blood collected from donors were screened for HIV, HBsAg, and HCV. The blood is discarded when it is positive by enzyme-linked immunosorbent assay (ELISA) I for any one of the above test. The donors of the blood which are positive by two different ELISA for any of the above tests were sent a letter of calling respecting their rights and maintaining their confidentiality. Responded donors were given counseling. They were offered information about confirmation, evaluation, consultation,

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early treatment, follow-up, contact testing, and prevention of transmission. The results were analyzed for a period of 2 years from June 2008 to May 2010.

RESULTS

None of the responded donors knew their status earlier. In all, 82 (35%) of them were repeat donors with 201 earlier donations at various blood banks. The remaining 46 (12.96%) positive donors could not be contacted due to incomplete address. Table 1 shows percentage of responders.

DISCUSSION

Donors are invaluable resource for any successful transfusion services. They are people of social concern who come to donate blood with altruistic intentions. They appear, feel, and like to be healthy. Hence, the responses from the donors were 70%. The responded donors initially showed anxiety and fear and during the process of counseling showed positive attitude and they were eager to know their results. They were neither annoyed nor displeased. This counseling process helped them to know their hidden health problems that may unmask at a later stage and provides information about evaluation and follow-up and available preventive, therapeutic, and psychosocial services. They were very thankful for calling them and were willing for further testing, confirmation, and consultation. They assured to prevent transmission. They expressed their willingness to do family and contact testing. This positive attitude is in contrary to the report by *Sarge Njie et al*^[2] who stated 75% showed negative attitude. In this era of anti-retroviral therapy and when early treatment for HBsAg and HCV are available, why not blood banks help them out? A project has been started in Mumbai to offer free confirmatory test to positive HBsAg and HCV donors according to Express India news.^[3]

Thirty-five percent of the responded donors were

donating at various blood banks without knowing that their precious blood (201 units) is being wasted. The wasted donations involved the cost of consumables, risk of healthcare workers, and the chance of transfusion of positive blood. The cost of consumables is a concern when blood bank economy is considered in countries such as India. Counseling process stops these repeat donations and the above problems associated with this. The revised national policy advised counseling of HIV-positive donors in blood banks.^[4] HBsAg- and HCV-positive donors also need advice and very few centers are concerned about them.

Forty-six (12.96%) positive donors could not be contacted due to incomplete address. Pretest counseling of donors regarding transfusion transmitted diseases is an essential method to make the donor aware that his contact details need to be perfect. The donors can be contacted through mobile phones and e-mail. Pretest counseling also helps the medical officer to exclude the donor when he has high-risk behavior. This also helps the donor decline himself from donation, if he feels his results become positive. This has been stated by *Ella et al*^[5] also.

Posttest counseling of positive donors is very essential for the health of the donor and his family, prevention of transfusion transmitted diseases, improving blood bank economy, and reducing exposure to healthcare workers.^[6]

The program can be made still more effective by pre-test counseling so that the donors with high-risk behavior will decline themselves or rejected. Double checking the address and contacting the donor by his personal phone or e-mail are additional advantages.

Although donor counseling within the transfusion service department demands more staff with skills and knowledge, this essential service has been developed very well in many countries like United Kingdom. Likewise all blood banks in India may undertake the responsibility of pretest counseling and posttest counseling not only to HIV-positive donors but also to HBsAg and HCV positive donors.

Table 1: Positive donor counseling

| Total No. of donors—22,573 (June 2008 to May 2010) | | | | | |
|--|------|--------------|-------|-----------|-------|
| Positive | | Letters sent | | Responded | |
| <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| 355 | 1.7 | 310 | 87.04 | 218 | 70.3 |
| HIV | | | | | |
| 10 | 0.04 | 8 | 80 | 7 | 87.5 |
| HBsAg | | | | | |
| 330 | 1.46 | 289 | 87.58 | 199 | 68.85 |
| HCV | | | | | |
| 15 | 0.07 | 13 | 86.66 | 12 | 92.31 |

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