Correspondence

Collecting blood just from voluntary repeated blood donors is the wisdom strategy in Vietnam

Sir,

I read with interest the article by Veit et al recently. The high prevalence of HBs Ag and anti-HBc antibody in their study group is alarming and indicates the possibility of role of transfusion in transmission of hepatitis B virus (HBV) infection in their community. Blood transfusion is a life-saving component of health care systems, but it can expose the patients to the risk of transmission of infectious agents. The blood banks’ activities in collecting blood from safe blood donors can help in prevention of residual risk of transmission.

Decreasing the prevalence of HBV and HCV infection in blood donors is related to improvements in donor recruitment and selection, implementation of automation in transfusion services, and a possibly decreasing HBV infection prevalence in the general population. Shifting from paid and replacement blood donors to volunteer donors should be an important strategy. The authors stated that due to the very high prevalence of anti-HBc antibody (>50%), exclusion of them was not possible. They recommended nucleic acid amplification testing for HBV to be considered for blood donor screening in Vietnam. But performing nucleic acid amplification testing may not be cost-effective in their community. Another strategy which may be considered is to increase the age of HBV vaccination coverage in their community.

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References

Authors’ response

We acknowledge pertinent comments from Alavian on our article. There is no doubt that transfusion-transmitted infectious diseases (TTID) are severe side-effects of blood transfusions. There are several options that can be tried to make blood transfusion safer. First of all, transfusions must be given to patients on strict indications and there is room for improvement on evidence-based use of blood and blood components. Second, blood products from non-remunerated voluntary repeat donors (NRVRD) are safer than from family and replacement donors and in almost all countries there are efforts made to increase the number of NRVRD. There are however, both cultural and political obstacles that need to be overcome to have 100 per cent NRVRD in all countries. Also, donor selection may be a challenge in areas endemic for hepatitis, malaria and dengue fever. What is considered proper donor selection in most countries, may lead to deferral of too many donors and lack of sufficient blood supply in other countries. Lastly, testing may give results that are far beyond the quality claimed by the manufacturer due to testing in a not ideal laboratory environment. False negative test results are the main reason for hepatitis B virus (HBV) TTID in Vietnam (unpublished observations).