Seroprevalence of Hepatitis B and C Virus among Professional Blood Donors - A Single Centre Study of 135 Donors in Karachi

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Madam, Identification of hepatitis C virus (HCV) as a major causative organism of non-A, non-B hepatitis (NANBH) in the late 1980's and the development of a screening test has led to the introduction of routine tests for antibodies to HCV in 1991 in the U. K. and U.S.A[1]. In Pakistan, apart from few voluntary blood bank services who have incorporated anti-HCV screening in 1994, majority of blood banks and transfusion services do not routinely perform pre-transfusion testing on all donations whether they are voluntary unpaid, directed donations or paid professional blood donations. A study was conducted to screen 135 registered professional blood donors for Hbs Ag and Anti HCV, in our hospital. Hepatitis B was tested by a third generation ELISA while hepatitis C by second generation ELISA technique (Abbott's Diagnostic Division). All positive donors were informed of their results and rejected for further donations. Of the 135 professional male blood donors, between 20-50 years of age, 43(31.8%) reacted positively for FIBs Ag and anti-HCV. HBs Ag was reactive in 14(10.4%), ant-HCV in28 (20.7%) and 1(0.7%) was seropositive for both. HIV was non-reactive in all. Blood transfusion is an important and established source of transmitting viral diseases to the recipient[2]. Transfusion of unscreened blood products from professional blood donors has a 30% chance of transmitting these viruses to the recipients[3]. The seroconversion rate for HCV in the recipients is 40-93%and is a major cause of post-transfusion hepatitis[1-5]. This study performed in one hospital gave a sero positive result in 30 percent donors. A high prevalence of HBV and HCV in our population makes screening of blood before transfusion mandatory. Funds for the purpose should be provided by the government and NGOS.

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