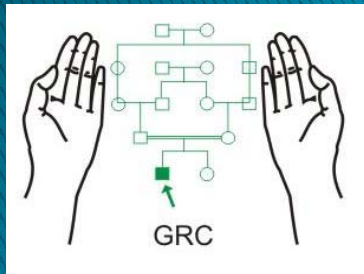


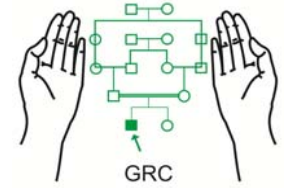
Blood Donor Screening & Quality Control

Maj Gen (R) Suhaib Ahmed, HI (M)
MBBS; FCPS (Pak); PhD (London)
Genetics Resource Centre (GRC)
Rawalpindi

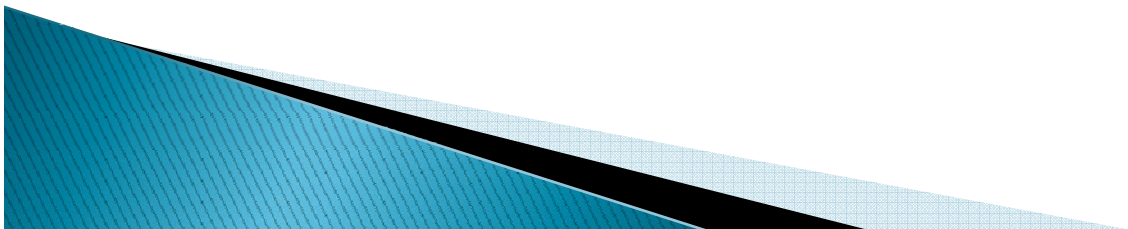


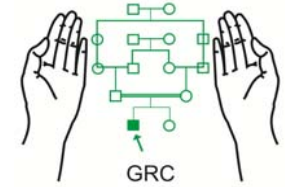
www.grcpk.com

Challenges

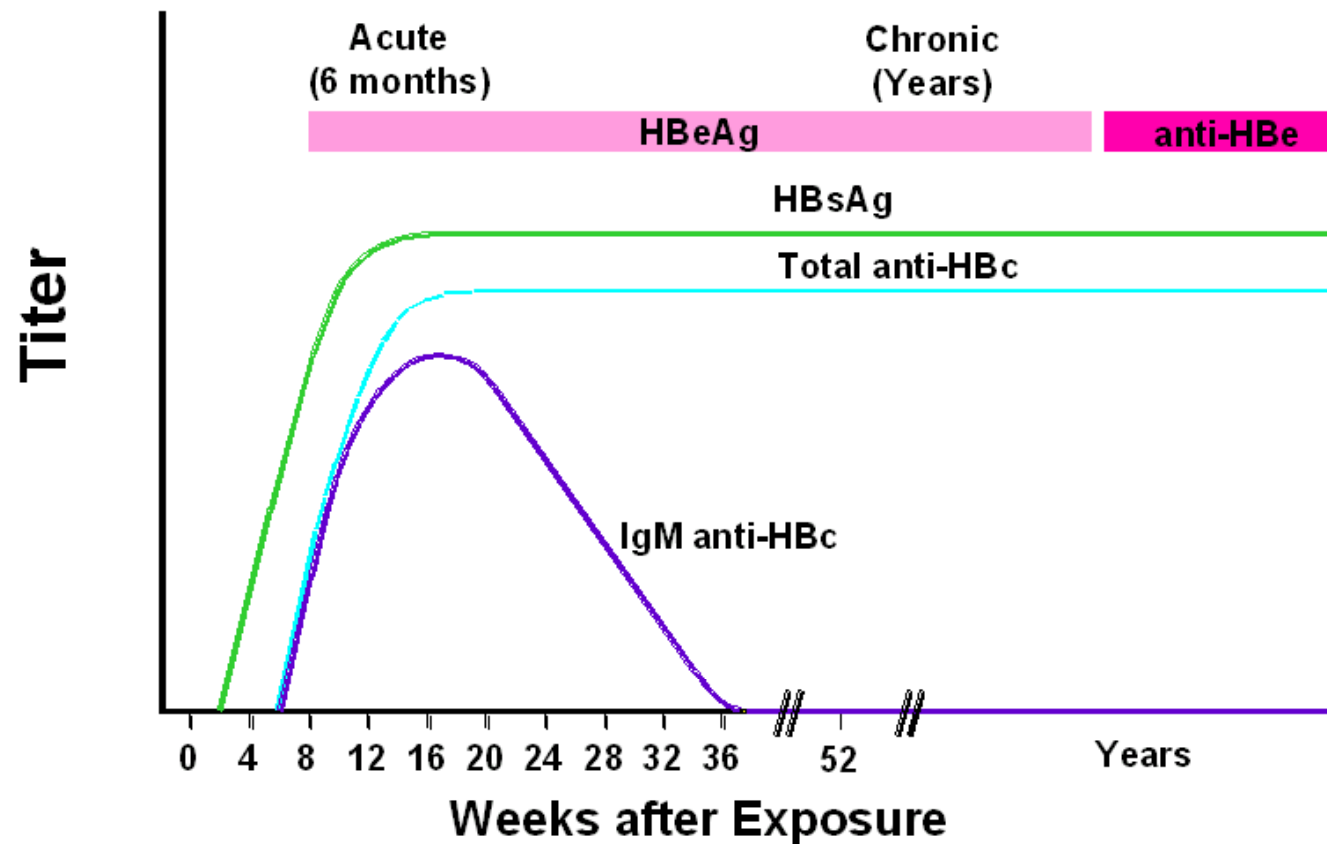


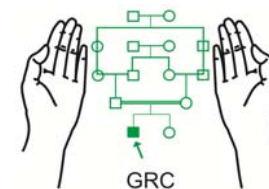
- ▶ Low percentage of volunteer donors
- ▶ Disorganized (fragmented) blood transfusion services
- ▶ High prevalence of HCV and HBV
- ▶ Limited resources
- ▶ Window period



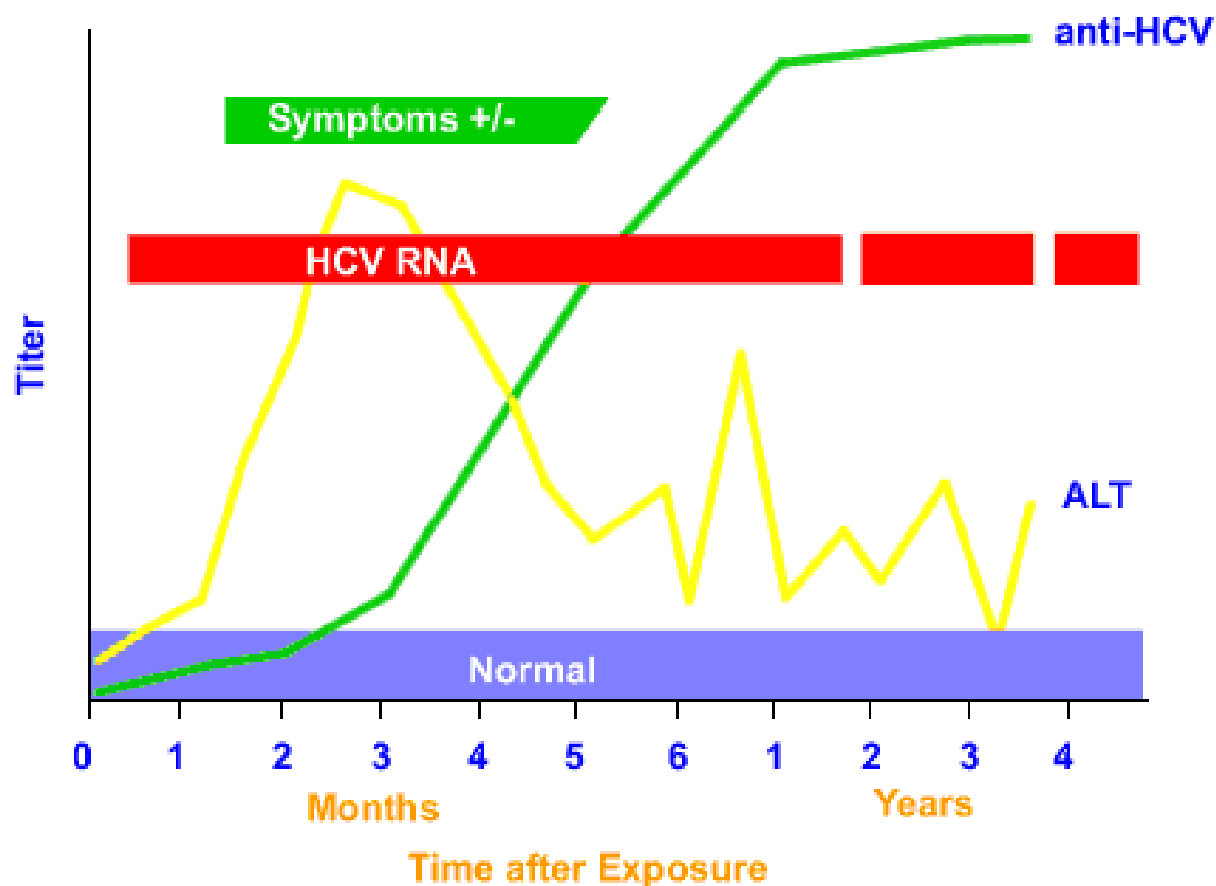


Progression to Chronic Hepatitis B Virus Infection Typical Serologic Course

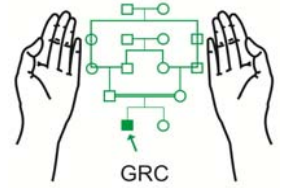




Serologic Pattern of Acute HCV Infection with Progression to Chronic Infection



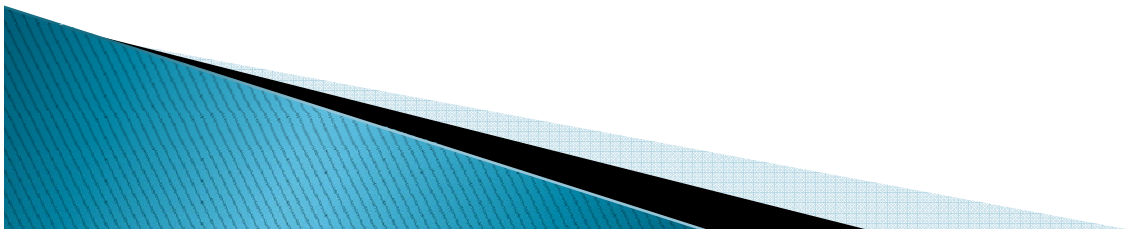
Testing Method

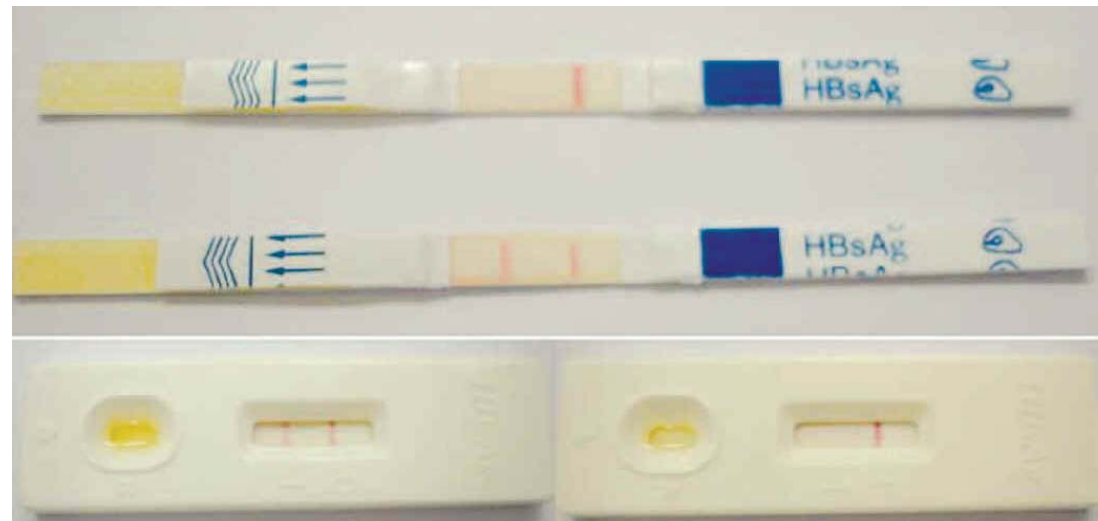
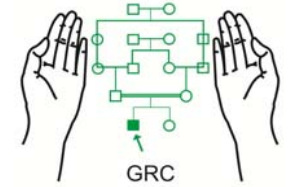
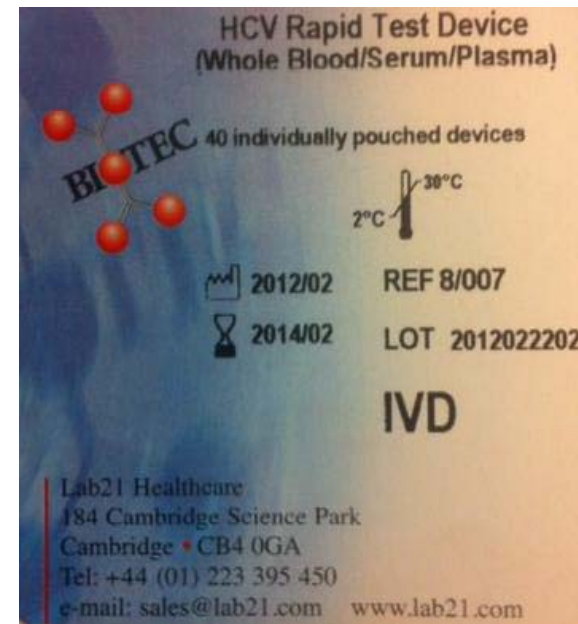
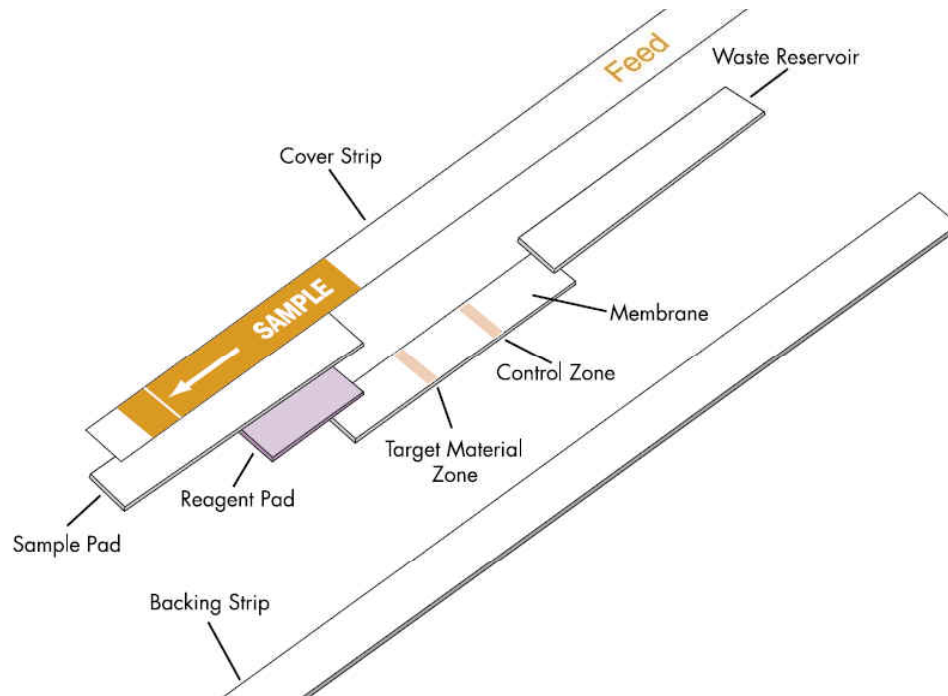


Sensitivity

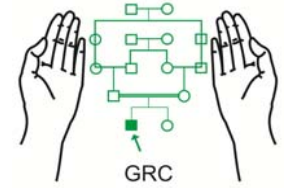


Specificity





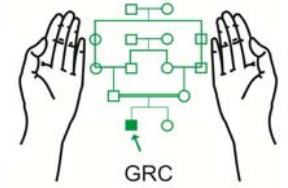
Device Vs ELISA (HBV)



Device Make		Reactive (ELISA) n=100	Non Reactive (ELISA) n=100
ACON	Reactive	95	–
	Non Reactive	5	100
NOBIS	Reactive	98	–
	Non Reactive	2	100
MEMBRANE	Reactive	98	–
	Non Reactive	2	100

(Hayder et al, (2012) PJMR 51: 72–75)

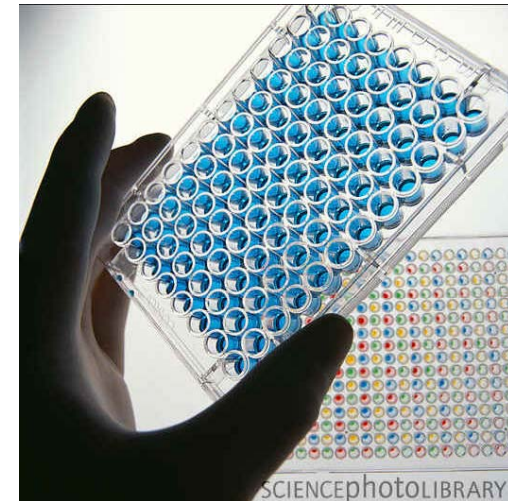
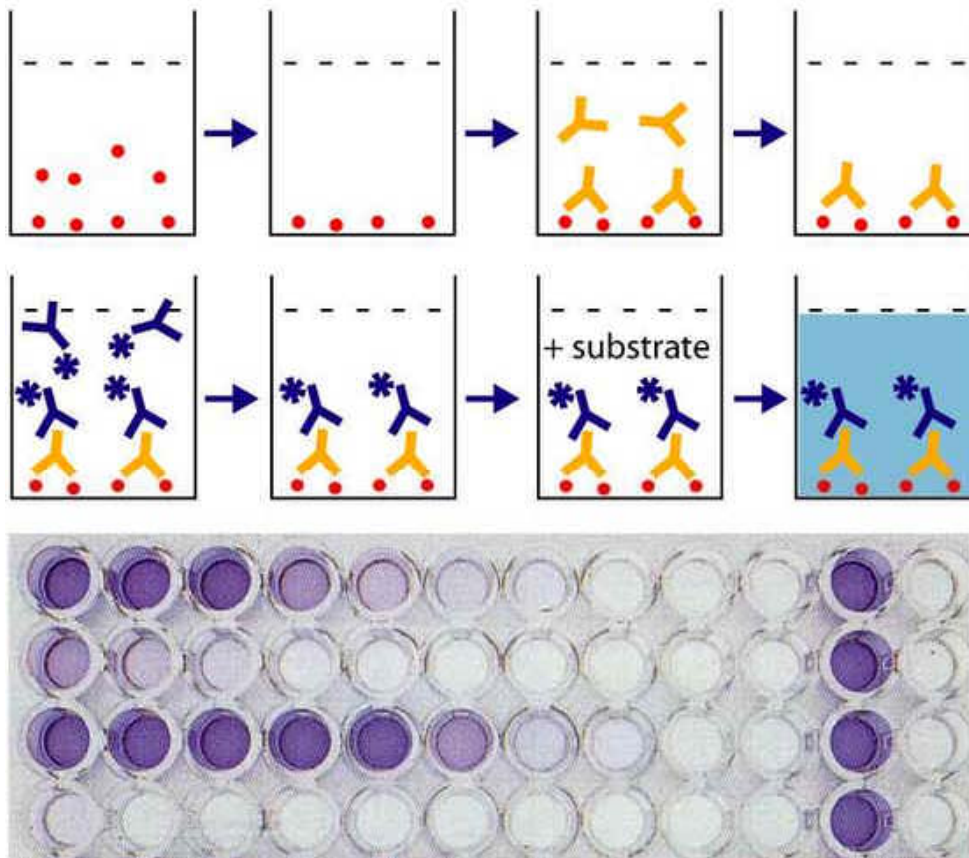
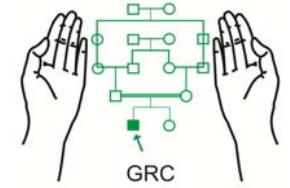
Device Vs ELISA (HCV)



Make		Reactive (ELISA) n=100	Non Reactive (ELISA) n=100
ACON	Reactive	93	7
	Non Reactive	7	93
NOBIS	Reactive	86	4
	Non Reactive	14	96
MEMBRANE	Reactive	89	3
	Non Reactive	11	97

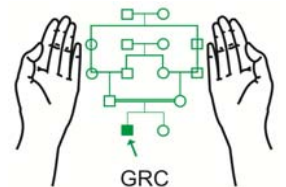
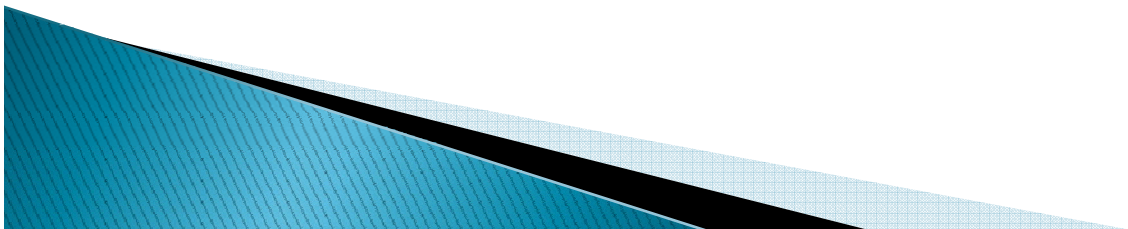
(Hayder et al, (2012) PJMR 51: 72–75)

ELISA

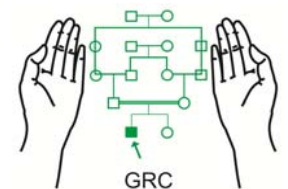


ELISA: Reduction in Mean Window Period

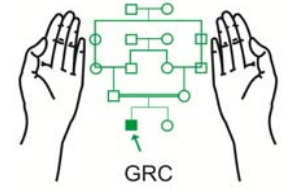
- ▶ HIV: 22 days
- ▶ HBV: 59 days
- ▶ HCV: 70 days



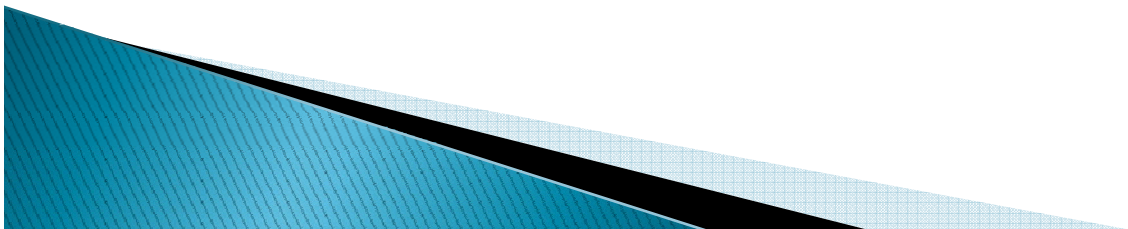
Chemiluminescence Methods



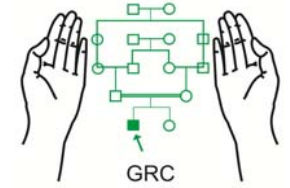
Nucleic Acid Testing (NAT)

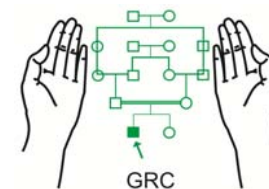


- ▶ Individual Donor NAT
 - HCV: the "window period" is reduced from an average of 72 days to 5 days
 - HIV: the "window period" is reduced from 22 days to 5.6 days
- ▶ Pooled Sample NAT
 - HCV from 70–80 days to 10 days
 - HIV from 16 days to 10 days
 - HBV from 56 days to 20–30 days

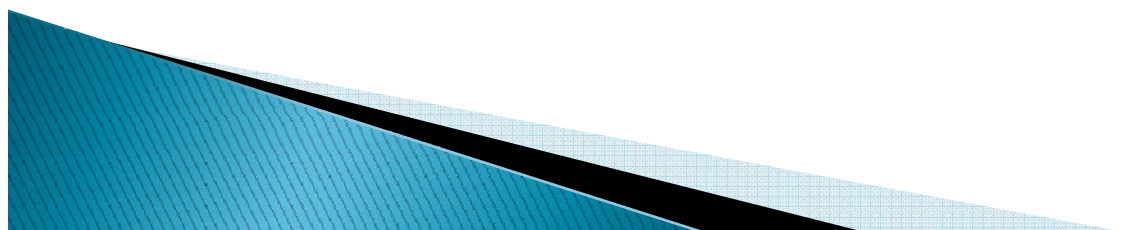


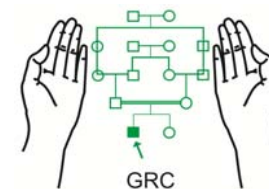
NAT: Made in Pakistan





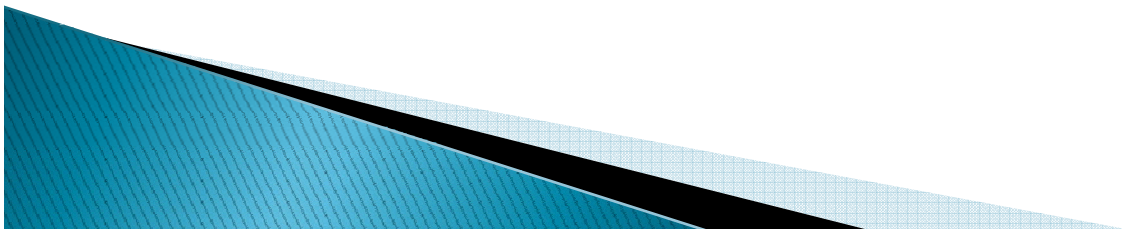
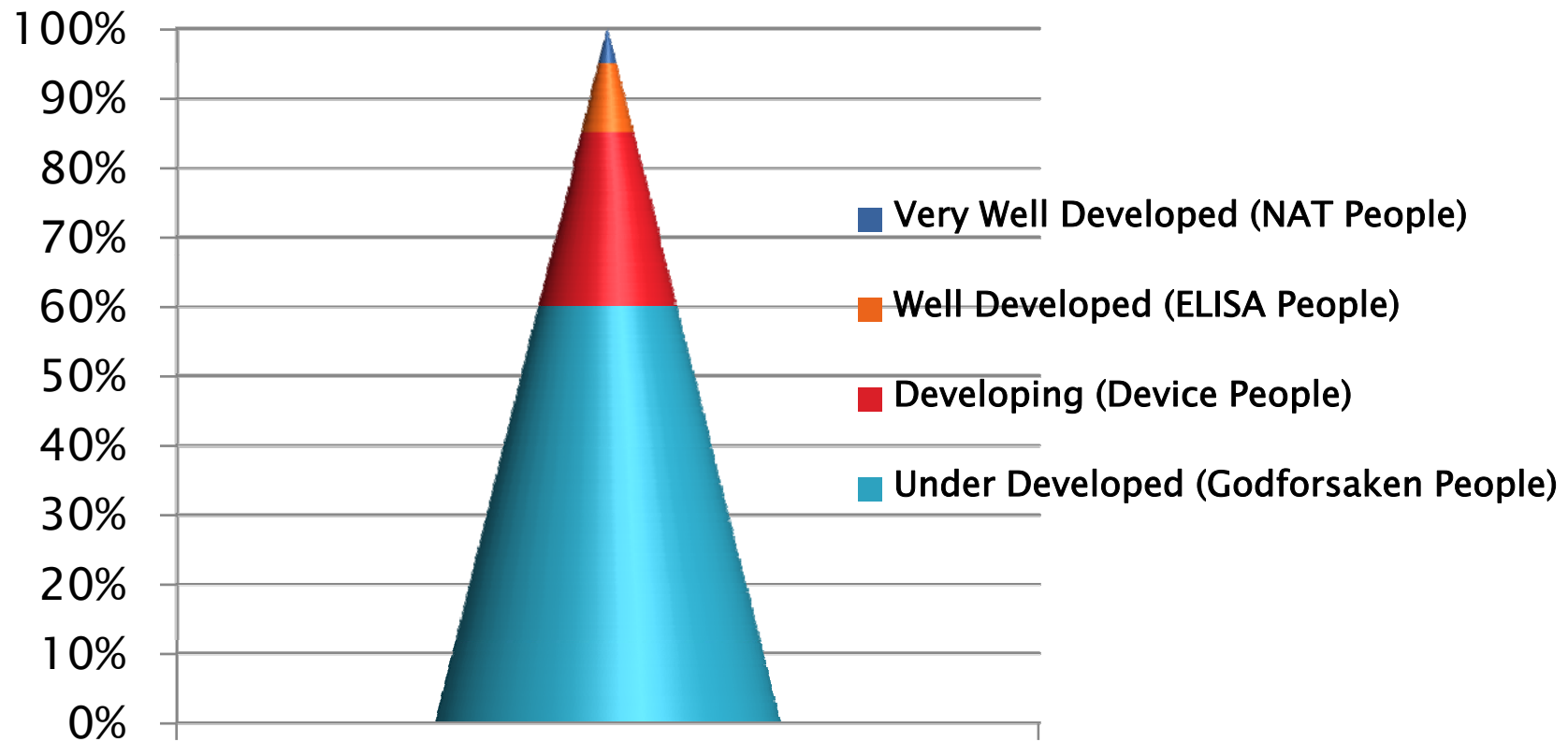
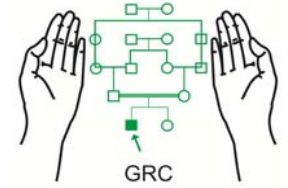
	Surgical	Gynae	Medical	Paeds
Total (270)	54 (20%)	81 (30%)	58(21%)	77 (29%)
Routine 67/270 (25%)	4/54 (7%)	9/81 (11%)	8/58 (14%)	46/77 (60%)
Urgent 203/270 (75%)	50/54 (93%)	72/81 (89%)	50/58 (86%)	31/77 (40%)
Packed Cells 163/270 (60%)	11/54 (20%)	35/81 (43%)	42/58 (72%)	75/77 (97%)
Whole Blood 107/270 (40%)	43/54 (80%)	46/81 (57%)	16/58 (28%)	2/77 (3%)
Hb (Mean) (Range)	9.3 g/dl (4.9-12.2)	8.3 g/dl (4.4-11.1)	7.0 g/dl (4.1-10.6)	7.3 g/dl (2.6-9.6)



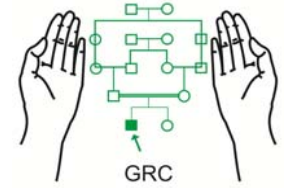


Choice of Screening Method(s) for Pakistani Setting

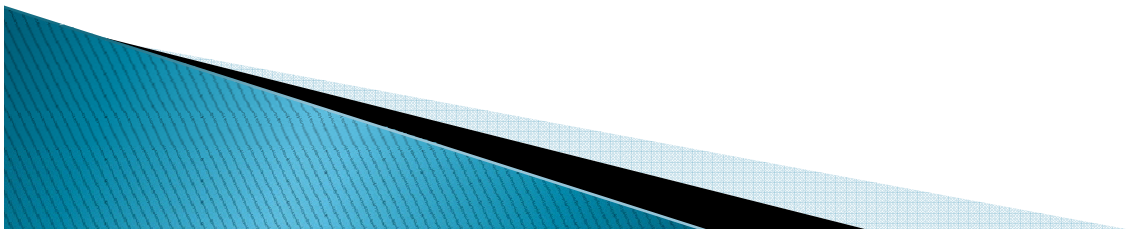
Population of Pakistan



Some critical questions?

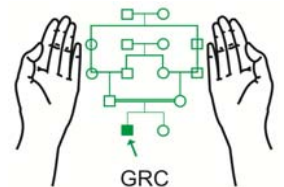


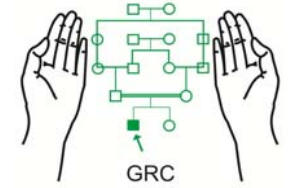
- ▶ Getting carried away by the low cost and the ease with which a rapid device can be used?
- ▶ Ignoring the large gap in the sensitivity of the rapid devices?
- ▶ Concentrating too much on the window period?



Quality Control of Screening Methods

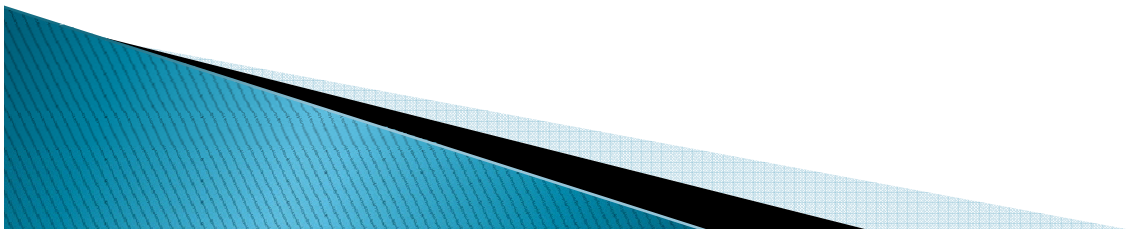
- ▶ Standardization of
 - Screening Kits and reagents
 - Procedures and SOPs
- ▶ Internal Quality Control
- ▶ External Quality Control
 - National
 - International
- ▶ Reference material

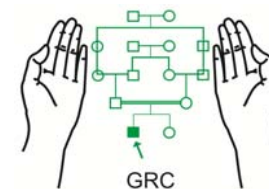




Recommendations

- ▶ Minimize the use of Blood and its products
- ▶ Standardization of screening kits
 - ELISA or Chemiluminescence is the method of choice
 - Rapid Devices are not recommended
 - PCR not recommended for large scale use
- ▶ Internal and external quality assurance





**It doesn't matter how many resources you have
if you don't know how to use them, they will never be enough**