A study on response of sero- reactive blood donors to notification and counselling

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Introduction

Counseling, testing, and notification together form the
vital link between the donor and safe blood.Post donation counselling is an ethical duty of blood centre toward the donors. It includes informing the reactive donors about their serological status, the risk of transmission of infection to other people in the family and society, providing emotional support, assistance in planning behaviour and lifestyle modifications, and then referral for health care follow-up. The study was conducted to analyse the response of sero-reactive blood donors towards notification and counselling.

Material and methods

Transfusion transmitted infection(TTI) testing was done on 2460 blood donor samples using chemiluminescence assay (Vitros ECiQ, Ortho Clinic Diagnostics) for Anti-HIV 1&2, HBsAg and Anti-HCV. The donors whose samples were repeatedly reactive (n= 61, 2.48%) were notified of abnormal test results and called to blood centre for counselling through postal communication. Those who did not respond were called telephonically and their reasons were recorded.

Results

Table 1. Response of reactive blood donors

Marker	No. of repeat reactive donors (n= 61)			No. of donors responded (n= 35)		
	Voluntary	Replacement	Total	Voluntary	Replacement	Total
Anti-HIV	04	13	17(27.87%)	04	7	11(31.43%)
HBsAg	05	14	19(31.15%)	02	8	10(28.57%)
Anti-HCV	05	20	25(40.98%)	04	10	14(40%)
Total	14	47	61	10	25	35

Table 2. Reasons for non-response

Reason for non-response	Nos. (%)
Long distance	11(42.31%)
Busy schedule	07(26.92%)
Not willing to visit blood centre again	03(11.54%)
Will get treated by their preferred physician	03(11.54%)
Other personal reasons	02(7.69%)
Total	26

Conclusion

Notification of sero-reactive blood donors is a very significant and consequential aspect of blood transfusion services in terms of impact on donor well-being, blood safety and community health. The inconsistencies in response rate may be attributed to the content of information provided, level of awareness in the donor population, method employed for notification and its duration after the donation. Donor demographic details should be recorded along with a valid identity proof so that donor can be contacted easily. Donor counselling should ensure an understanding of the importance of TTI transmission, concepts of window period and opportunity to clarify misconceptions.

References

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