FOLLOW UP OF TTI REACTIVE DONORS - EXPERIENCE AT RBTC

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BACKGROUND & OBJECTIVES

It is important to inform and counsel initial TTI reactive donors for confirmation of result; and take appropriate measures for health of self, family and society. We tried to evaluate follow up rate of TTI reactive donors for retesting and counselling.

METHODS

Data of follow up of TTI reactive donors for last 4.5 years (from January 2020 to June 2024) was analysed in MS Excel every month. We tried to contact initial TTI reactive donors by phone or courier and persuade them to come for retesting and counselling. Total 2608 calls were made (**number of maximum calls made for a single donor was 18**, average 4 calls/donor). As per guidelines, we at least made three calls to each donor (one week apart). 176 couriers were sent.

RESULTS

644 (0.61%) units out of 108549 total units collected were found initial reactive

Table 1. % positivity of initial TTI reactive units

TTI	Reactive
HBV	355 (51.96%)
Syphilis	105 (15.81)
MP	81 (12.20%)
HCV	80 (11.90%)
HIV	43 (6.48%)

As shown in table 1, HBV reactivity was highest (51.96%) followed by Syphilis (15.81%), Malaria (12.20%), HCV (11.90%) and HIV (6.48%)
4 donors had HIV + Syphilis,
1 donor each had HIV + HBV, HBV + Syphilis, HCV + Syphilis, HCV + MP, HIV + HCV + Syphilis.

13 donors repeatedly donated blood even though found reactive during previous donations.

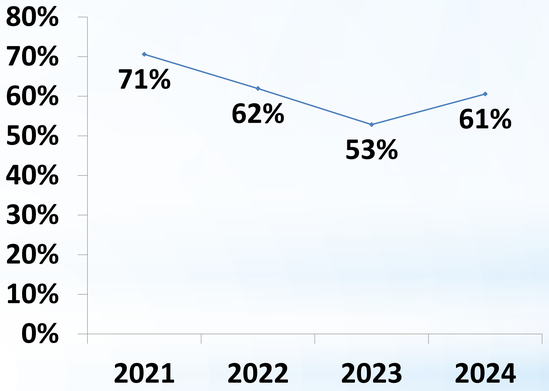

Figure 1, success rate in follow up

As shown in figure 1, success has always remained above 53% (Average 62%)

We counselled them at our centre and referred to appropriate place for confirmatory tests and treatment.
We convinced the donors not to donate again.

Common causes for failure were

1) wrong or incomplete contact umber/correspondence address,
2) living at a faraway place,
3) working in industries or offices where mobile phones are not allowed and
4) Correspondence address is given of a large enterprise where thousands of workers are employed.

CONCLUSIONS

If we follow up the donor religiously and aggressively, we do succeed in counselling the TTI reactive donors and prevent them to donate in future. We must take care to collect correct and complete contact details at the time of registration especially in mega camps.

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