Seroprevalence of Transfusion Transmissible Infections among Blood Donors at a Tertiary Care Teaching Hospital in Central India

Amit V. Varma¹, Garima Malpani², Susmit Kosta³, Kamal Malukani⁴, Bela Sarda⁵, Avinash Raghuvanshi⁶

ABSTRACT

Introduction: Blood transfusion is both a life saving measure in many medical and surgical emergencies and a source of transfusion transmitted infections. So a provision for strict criteria in recruitment and deferral of blood donors may improve safe transfusion practice. The present study was conducted to estimate the prevalence of transfusion transmitted infections in voluntary and replacement donors at a tertiary care teaching hospital in Indore, Madhya Pradesh, Central India.

Material and Methods: The present study was a 4 year retrospective study from 2015 to 2018. Data was analyzed from blood bank records, pertaining to all donors who were screened for HBsAg, Hepatitis C virus and HIV by using appropriate methods.

Results: A total of 45,704 Voluntary & replacement donors were screened out of which 44,663 (97.72%) were males & 1041 (2.27%) were females. The overall seroprevalence of HBV & HCV was 1.29% & 0.072% respectively, while the prevalence of HIV was 0.076%. The prevalence rate was highest for HBV followed by HIV and HCV in decreasing order. The overall seroprevalence of various TTI’s among the studied donors was 1.43%.

Conclusion: Blood is still one of the main sources of transmission of infections like HIV, Hepatitis B and Hepatitis C. Extensive donor selection and screening procedures will help in improving the blood safety.

Keywords: Transfusion Transmitted Infections, Blood Donors, Seroprevalence.

INTRODUCTION

Transfusion therapy has been the mainstay of several medico-surgical therapeutics since 1930.¹ There are 3 types of blood donors:-

Voluntary, replacement, & paid.² A voluntary blood donor intentionally donates blood without seeking for any kind of remuneration whereas a replacement donor is requested to do so by the patient or his attendants.³

Transfusion of blood & its components is life saving as well as it has its own immediate & delayed complications.

There is 1% chance of transfusion associated problems including transfusion transmitted diseases with every 1 unit of blood transfused.⁴

Blood transfusion increases the risk of transfusion associated infections like Hepatitis B, Hepatitis C, HIV, syphilis, & less commonly malaria, toxoplasmosis and other viral infections.⁵

It is quite difficult to prevent the transmission of infectious diseases through blood transfusion in developing countries because the resources required are not always available.

Even with effective strategies & policies transmission of diseases still occur because of the inability of the test to detect the disease in the window period of infection, high cost of screening, lack of trained staff, funds & laboratory testing errors.

The aim of the present study was to find the prevalence of transfusion transmitted infections in voluntary & replacement donors at a tertiary care hospital based blood bank in Madhya Pradesh. This knowledge can give us an idea of disease burden of society & the basic epidemiology of these diseases in the community.

MATERIAL AND METHODS

We conducted a retrospective study conducted at the blood bank of Sri Aurobindo Institute of medical sciences, Indore, Madhya Pradesh. Data was collected from a period of 4 years from January 2015 to 2018.

Sera of voluntary & replacement donors were screened for HIV, HbsAg and HCV. A total of 45704 blood units were collected & tested. No professional/ paid donor was bled. Exclusion criteria for blood donation was any serious illness, H/O any medication, major surgical procedure, previous recent blood transfusion, weight <50 kg, age <18/>60 yrs, pregnant & lactating women.

All the samples were screened for hepatitis B surface antigen (III generation ELISA), HIV (IV generation ELISA), Hepatitis C (III generation ELISA).

Tests were done according to manufacturers instructions. All the reactive samples were repeated before labeling them as positive.

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seropositive. The donated blood was discarded whenever the pilot donor sample was found positive for any transfusion transmitted infection.

**STATISTICAL ANALYSIS**

Data was collected in excel data sheet and analyzed with IBM SPSS version 20. The associations between categorical variables were tested using Chi-square ($\chi^2$) test. $P < 0.05$ was considered to be significant. The correlation analysis and linear regression analysis was done between age groups and disease.

**RESULTS**

In the present study, out of total 45,704 Voluntary & replacement donors, 44,663 (97.72%) were males & 1041 (2.27%) were females (Table1). A Chi-square test of independence was performed to find the relation between gender and the total study population. The difference of prevalence by sex was statistically significant. ($\chi^2$ 7.78, $p = 0.05$.) Males were more in number than females among donors.

The prevalence of HBsAg, anti HCV, anti HIV among the donors in the study population is shown in table 2. The overall seroprevalence of HBV & HCV was 1.29% & 0.072% respectively, while the prevalence of HIV was 0.076%.

The prevalence rate was highest for HBV followed by HIV and HCV in decreasing order. A Chi square test was done to study the relation between various transfusions transmitted diseases and study population but no statistical significance was found. ($\chi^2$ =3.79, $p$ value=0.70)

We observed that there was a decrease in prevalence of HIV, HBV, HCV with successive years. Thus the year wise trend of seroprevalence was statistically significant. ($p<0.05$)

The age range in our study was 18-60 years. It was observed that highest prevalence of seropositive donors was found within the age group 21-40 yrs. The overall cumulative seroprevalence was lowest in donors of age <20 years, then increased up to 40 years of age followed by a decline with increasing age. The difference of the prevalence of transfusion transmitted diseases among different age groups was statistically not significant ($\chi^2$=12.87, $p$ value=0.116, df=8). The correlation between transfusion transmitted diseases and various age groups was found ($R^2$= 0.026, $p$ value=0.509, Adjusted $R^2$= 0.001, df1=1, df2=656)

**DISCUSSION**

Blood transfusion is an important & life saving procedure in treatment of patients but is also carries the risk of transmission of life threatening transfusion transmitted infections. HIV, Hepatitis- B & Hepatitis C are major public health concerns in developing countries. They can be transmitted parenterally, vertically or through high risk sexual behaviors among one of which is blood transfusion which is a potential route of transmission of these TTI’s. Though the prevalent of TTI’s among the Indian population is seen to be ranging as follows:-

HBV – 0.66% to 12%, HCV -0.5% to 1.5%, HIV – 0.084% to 3.87%, syphilis 0.85% to 3% respectively.

Though our concern for blood safety was mainly due to HIV infection, hepatitis B was most prevalent infection in the present study similar to other studies from India. Our study showed seroprevalence of HBV at 1.29% among the donors which is similar to findings by Chattoraj et al., Kaur et al10, Singh B et al11 and Giri et al.12 Variable results of 0.66%, 2.45%14, 3.44%15, 5.86%16, 25%17 have also been reported in various other studies.

The prevalence of Hepatitis-C in our study was 0.072% similar to that reported by Dhruva et al. Variable results of 0.79%, 0.88%18, 1.57%19, 2.89%20, 6.21%21 have also been reported in various other studies. Hepatitis C is a blood borne infection & the chances of progression to cirrhosis & hepatocellular carcinoma is more as compared to HBV.

In this study the prevalence of HIV was found to be 0.076%. Similar findings by Dhruva et al22 & Giri et al 0.19%23, Gupta et al13 & Tiwari et al21 have been reported. A much higher seroprevalence was reported by Dessie et al 11.7%17 & Matte et al 3.8%.22

We observed a trend of decreased HIV prevalence from 0.09% to 0.04% during 2015-2018 similar to other studies. Some studies have shown an increasing trend also like one by Sabharwal et al20 and Patel et al11 showed an increasing trend of HIV from 2007 to 2011 and 2009 to 2011 respectively. This discordanse may be due to the difference

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<table>
<thead>
<tr>
<th>Year</th>
<th>Total donors</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>14008</td>
<td>13697 (97.77%)</td>
<td>311 (2.22%)</td>
</tr>
<tr>
<td>2016</td>
<td>11800</td>
<td>11562 (97.98%)</td>
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<tr>
<td>2017</td>
<td>10153</td>
<td>9894 (97.44%)</td>
<td>259 (2.55%)</td>
</tr>
<tr>
<td>2018</td>
<td>9743</td>
<td>9510 (97.60%)</td>
<td>233 (2.40%)</td>
</tr>
<tr>
<td>Total</td>
<td>45,704</td>
<td>44,663 (97.72%)</td>
<td>1041 (2.27%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no. of blood donors</th>
<th>HCV</th>
<th>HBV</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>14008</td>
<td>12 (0.08%)</td>
<td>159 (1.13%)</td>
<td>13 (0.09%)</td>
</tr>
<tr>
<td>2016</td>
<td>11800</td>
<td>10 (0.08%)</td>
<td>132 (1.11%)</td>
<td>10 (0.08%)</td>
</tr>
<tr>
<td>2017</td>
<td>10153</td>
<td>07 (0.06%)</td>
<td>133 (1.30%)</td>
<td>08 (0.07%)</td>
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<tr>
<td>2018</td>
<td>9743</td>
<td>04 (0.04%)</td>
<td>106 (1.08%)</td>
<td>04 (0.04%)</td>
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<tr>
<td>Total</td>
<td>45,704</td>
<td>33 (0.072%)</td>
<td>590 (1.29%)</td>
<td>35 (0.076%)</td>
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<table>
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<th>Disease</th>
<th>Age 18-20</th>
<th>Groups 21-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
</tr>
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<tbody>
<tr>
<td>HIV</td>
<td>01 (2.85%)</td>
<td>15 (42.85%)</td>
<td>10 (28.57%)</td>
<td>09 (25.71%)</td>
<td>0</td>
</tr>
<tr>
<td>HBV</td>
<td>06 (1.01%)</td>
<td>169 (28.64%)</td>
<td>259 (43.89%)</td>
<td>100 (16.94%)</td>
<td>56 (9.49%)</td>
</tr>
<tr>
<td>HCV</td>
<td>00 (0%)</td>
<td>10 (30.30%)</td>
<td>18 (54.54%)</td>
<td>03 (9.09%)</td>
<td>2 (6.06%)</td>
</tr>
</tbody>
</table>
in the study population, study period and study areas. As far as sex of the donor is concerned, our study showed that transfusion transmitted diseases are more prevalent among males than females which was comparable to other studies. This difference can be due to large number of male donors in our study, difference in risk behaviour & a high incidence of anaemia in Indian women who are likely to be rejected while being screened for blood donation. The overall seroprevalence of 1.43% of various TTI’s among apparently healthy adults points to the need for sensitive & stringent screening of all blood donors, public awareness programmes and behaviour change communication to young strata of society to keep them free of these infections. In a study by Koshyn et al24 most of the seropositive donors were in the age group of 18-30 yrs, followed by 31-40 yrs. Most of the infected donors in present study were from 21-40 yrs age group, our findings is similar to study by Karmakar et al.25 This may be due to sexual transmission of diseases in this age group and pregnant females being in this age group requiring transfusions for anaemia or post partum hemorrhage.

CONCLUSION
Blood transfusion is one of the major mode of transmission of Hepatitis B, Hepatitis C, HIV. Therefore, a sensitive & stringent screening of all blood donors should be done to minimize the transmission of potentially fatal infections. Public should be enlightened about the benefits of voluntary blood donation & feminine participation should be encouraged in donation campaigns.

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