

TRENDS IN HIV INFECTION IN BLOOD DONORS IN A HOSPITAL BLOOD BANK OF YAOUNDÉ, CAMEROON

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Abstract: The provision of safe blood in resource-limited settings remains a huge challenge. Several factors continue to contribute to these challenges including the lack of appropriate infrastructures and logistics, the shortage of blood donor recruitment and retention programs and the absence of trained human resources. This is aggravated in sub-Saharan Africa (SSA) by the high prevalence of transfusion transmissible infections (TTIs) such as the human immunodeficiency virus (HIV), hepatitis B and C, syphilis and malaria among others, as well as by the minimal resources available for the screening for these TTIs. Rapid diagnostic tests are mostly available and used because besides being cheap and easy to conserve, they require little technical skills in their utilization. However, the rapid diagnostic tests are least sensitive for TTIs screening. In Cameroon such diagnostic procedures are even more complicated because of the wide genetic diversity of HIV established in the general population. Furthermore, a National Blood Transfusion Program was only recently created in the country (2013), and while waiting for the implementation of its recommendations, the Hospital Blood Banking system is still widely used. Family/Replacement blood donors, though described as unsafe by the World Health Organisation, remain a dominant source of blood donations (70 – 90%) in most Blood Services in SSA. The Blood Bank of the Yaoundé University Teaching Hospital (YUTH) has taken various measures over the years, to improve blood safety despite limited resources. These measures have included an increase in mobile collections of blood from voluntary non-remunerated donors, in-house training of our staff and external training whenever opportunities occur. The stringent use of documentation and standard operating procedures, as well as subscription to External Quality Assurance Schemes; collaborative studies and advocacy using research findings have all been indispensable aids. One such collaborative research findings clearly demonstrated the inferiority of rapid diagnostics tests compared to the antigen/antibody combination enzyme immune assay test. This combination test resulted in the prevention of 0.55% HIV transmissions (Tagny et al, 2011). Consequently a modification of the HIV screening strategy was adopted. Hence, an overall decrease in markers for TTIs has been noted, and a decreasing trend observed in HIV infection in blood donors at the YUTH. In conclusion, even with minimal resources, the onus to provide safe blood remains and efforts must be relentless to ensure this.