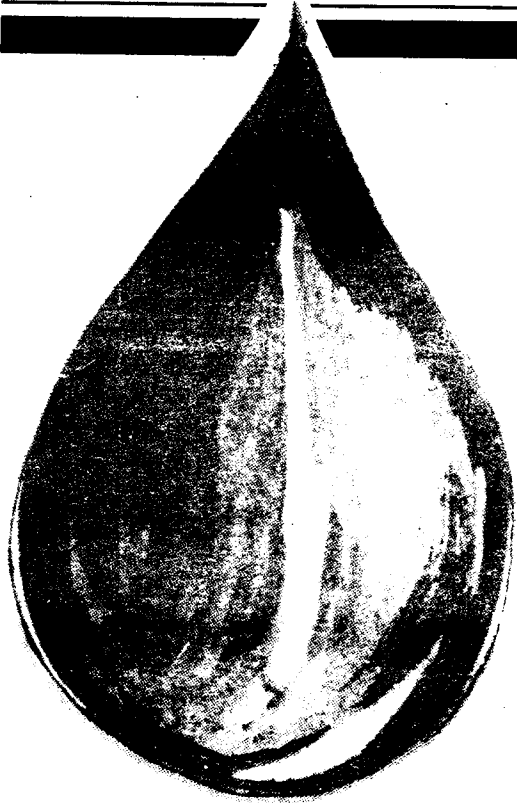


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Aids and blood test

With the ever evolving modern medical diagnostic techniques, blood transfusion should be a safe and reliable exercise. However, this may not have been the case a few years ago in some developed nations and is still a problem in some poor nations of Africa.

Chilling revelations that two million people may die because patients in some European countries were given blood products infected with the lethal Human Immune-deficiency Virus, is yet another indicator that the full story of Aids has yet to be told. It had always been assumed that such kind of "accidents" could only have occurred in an African country where Aids screening kits are minimal.

However, the unbelievable story is that in Germany, a leader in the biomedical sciences, has become the third major European nation to announce that apart from various blood products, up to 4,500 units of unscreened blood – possibly tainted with Aids virus – was transfused into its citizens.

France and Italy have also had cases of officials turning a blind eye to the spread of Aids through the use of unscreened blood in transfusions or sale of blood products.

The chilling news from Europe should serve as special warning to Kenya and other developing nations on the need to pay close attention to issue linked donation, transfusion and utilisation of blood products.

Blood donation and transfusion services have always been taken for granted and in country like Kenya it is the last item to get allocation and the first to be deleted.

One of the country's leading haematologists – expert on composition and diseases of the blood – professor Edward Kasili has repeatedly complained that "blood transfusion is included among miscellaneous items and receives little or no funding apart from shortages of equipment and skilled manpower."

The country's may probably be reflected by the fact that a facility or building that used to be small blood bank centre in Mombasa, erected 21 years ago, was discarded and later served as public toilet.

If officials have downplayed the importance of blood transfusion services except when appealing for donors during emergencies or special occasions,

That 4,500 units of unscreened blood – possibly tainted with Aids virus was transfused into citizens in Germany was a chilling revelation. If such a mistake can take place in Germany, a leader in the biomedical sciences, what about the African countries where Aids screening kits are minimal?

By OTULA OWUOR

then Aids has complicated everything.

Indeed this year the campaign for increased blood donation aimed at getting 35,000 units but attained less than 10 per cent. In one leading private hospital only one pint of blood was obtained despite appeals.

When Aids first appeared in Kenya most people were willing to rush for blood donation which involved free Aids tests. People overwhelmingly understood that donation is different from transfusion and it did not result in getting Aids virus unless the syringes or needles used are contaminated.

Still most people wanted to know their status. However, things seem to have changed and Kenyans are afraid to donate blood. Because blood is screened some people say it is like going for an Aids test without being counselled.

Two university students say: "Even if they release the results only when requested, the fact is that one should go for it and failing to find out is unacceptable."

However, there are also kind hearted people like Alice Kinyeki, a student at Kenyatta university who by last year had donated blood 21 times and sometimes volunteered three times a year without problems or side effects. In short Aids is already killing blood transfusion services in Kenya and new strategies must be quickly found.

Already in Kenya there is policy of minimising transfusion and only making it the last resort meaning that a patient will die if he or she does not get blood.

Indeed in the past, especially in areas haunted by malaria, the usual treatment for anaemia included blood transfusion. However, this is nowadays being curbed and there are steps including use of "iron tablets" that are preferred.

Pregnant women, especially in the malaria prone areas also used get transfused because they suf-

fered much from anaemia. However, those who bleed during delivery commonly get transfused and this is extended to the developed nations.

Victims of road accidents are also among priority groups receiving blood transfusion while patients undergoing surgery may nowadays have a chance to donate their own blood if they are "healthy" and the operation is planned and not an emergency.

However, haemophiliacs, who need blood or blood products to survive, have been among the worst hit by Aids in the western nations of France, United States, Germany and Canada.

There is much truth in the expression that "blood is life" or still "life is blood." It constitutes nine per cent of body weight and normally there should be 85 millilitres per kilogramme body weight.

However, it is the functions of the blood that make it the most important fluid in human body. Some experts say that the transportation of oxygen to the body tissues and cells is the most important function of blood and a thorough reduction or termination of this process results in immediate death.

Usually the oxygen we breathe mixes with blood in the lungs and combines to form oxyhaemoglobin which is transported to all parts of the body. Thus in most patients with anaemia the haemoglobin is low.

Aids has made the whole blood transfusion business more risky unlike diseases like syphilis, hepatitis and others which can be easily curbed through screening. Aids however, generates fear and greater problems than hepatitis B which can be controlled or curbed through mass vaccination.

The problem with Aids is that some of the tests used in Kenya and other nations may not detect the virus during the first six months. Indeed in Germany there is already a move that those who donated blood undergo another test after six months to en-



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sure that they did have the virus during the six month window period.

However, the Germans who should be better off because of higher education and numerous channels of information, already fear donating blood and transfusion services could face major problems.

Kenya has been used to getting Aids screening equipment from donors and the country urgently needs to establish its own firm mechanism to ensure that the equipment materials needed to test for HIV are always available in hospitals. The policy is that no one should get unscreened blood.

Surprisingly research shows that there are hardly any group that has been infected by Aids virus from blood transfusion, especially the haemophiliacs. This is unlike some major western nations.

Apart from presenting biomedical scientists with unlimited challenges, there are too many unanswered questions about how experts and officials handled the virus and some crucial information about it.

The story from France, Germany, Canada and Italy is not complete. For example, it was assumed that Aids had become widespread in Central and East Africa in the early 1980s and yet very few transfused people seem to have been infected by the virus seven to ten years ago unlike the above western nations.

The question which has yet to be answered is that why was transfusion blood in these nations unproportionally contaminated with HIV at time some of these nations were recording zero cases?

It is true that high risk groups, a term nowadays replaced with high risk behaviour, like intrave-

nous drug users and prisoners in the West are alleged to have been major donors of blood.

However, it is a shame that while France struggled with the US over finances linked to the patenting of HIV tests haemophiliacs and thousands of others were being infected with contaminated blood. In France at least 1,200 haemophiliacs were infected with already 300 dead while their government is said to have ignored "foreign" technologies that could have been used to kill the virus in blood products.

The country's socialist party government is said to have been brought down by the scandal which involved transfusion and use of unscreened blood products, especially among haemophiliacs.

How blood is tested

First the Eliza test, which detects Aids antibodies, is performed on a blood sample. This test is designed to be highly sensitive. It will produce many false positive results but rarely a false

negative. The results can be available in about three hours.

A confirmatory test is done based on the highly specific Western blot. Results are ready within 24 hours.