Editor's comment

Saving lives

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This issue of *CME* focuses on haematology and covers a variety of topics that may be of interest to the non-specialist. Haematological disease can be daunting to a non-specialist. So this issue of *CME* will provide a much-needed set of easily understood articles that cover the most commonly encountered haematological diseases, focusing on diagnosis and management.

Blood transfusion is another side of haematology, and in South Africa blood transfusion services are something that we take for granted. But a recent visit to the South African National Blood Service's website (http://www.sanbs.org.za/) shows that we shouldn't be at all complacent. The SANBS blood stock is generally pretty low. At the time of writing there was 3 days' supply of group O, 4 days' supply of group B, 5 days' supply of group A and 34 days' supply of group AB. To comfortably provide a service, the SANBS needs an 8-day supply at all times. I must admit that I have not donated blood for a very long time – my stock excuses are that I run at least every second day and I am group AB, which they seldom need urgently.

But there is another side to blood transfusion services, particularly in Africa. In South Africa we are in the minority on the continent in having safe blood supplies. In 1975 a World Health Assembly (WHA) resolution urged all countries to adopt nationally coordinated, voluntary blood transfusion services. By 2005, fewer than 30% of member states had country-wide systems in place, many still paying donors, a practice which is known to result in unsafe blood supplies. Many developing countries still do not screen donated blood for even the most common blood-borne infections. According to the WHA this resulted in up to 16 million HBV infections, 5 million HCV infections, and 160 000 cases of HIV around the world each year.

The demand profile in the developing world is different from that in the developed world, where increasingly complex medical procedures and longer life expectancy are pushing up demand for blood. However, safe blood supplies are still essential in the developing world and demand is equally high. Women and children are those who need it most – 70% of blood transfusions in Africa are to children with malaria, the other major use being to women with postpartum haemorrhages. But there are still 100 000 deaths annually from this complication of pregnancy, indicating that there is a shortfall.

Poor countries generally find it difficult to adopt safe transfusion practices and many still offer financial incentives for donating. However, even a small and poor country like Malawi managed, within 2 years, to set up an effective blood transfusion service based on voluntary donations – cutting the death rate in children with malaria by 60% and resulting in a fall in pregnancy-related maternal mortality by 50%. But voluntary donation doesn't mean that blood screening is not necessary. South Africa has managed to maintain levels of HIV contamination below 0.5%, in spite of a population prevalence of around 20%. The same used to be true in Zimbabwe, but what the situation is there now is anyone's guess.

Other countries have not been as successful, and the WHO estimates that HIV-contaminated blood is responsible for about 5% of infections in Africa.

However, people have been given contaminated blood in developed countries as well. The US Centers for Disease Control estimates that in 2000 as many as 7 807 HIV infections were caused by HIV-contaminated blood. This rate has now fallen after the introduction of HIV RNA testing, but at a substantial cost. Nucleic acid testing was introduced in South Africa in 2005. But even this is not 100% reliable and transfusion services rely on the honesty of donors in order to ensure a completely safe blood supply.

CME is published monthly by the South African Medical Association Health and Medical Publishing Group, Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME should be addressed to the Editor at the above address.
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