Blood donation, attitude and practice in HFF: increasing safety

Donors selection is accomplished by a clinical screening which is actualised on guideline basis criteria and taking in consideration the state of art and the "window period" for infecto-contagious diseases. The purpose of this study is to show the efficiency of clinical screening, as new selection criteria were implemented.

The donors who go through clinical screening must fill in a pre-established inquiry which is examined for approval or deferral, by the specialist. All the harvested blood past through a specific sensitive screening tests (HIV+, HBV, HCV, HTLV+ and TPHA, CMV, ALT, AST, NAT-test for HIV+, HCV and HBV) and haemogram. We collect and analyzed data since 2001 up to 2006 (total number of blood donations and total of deferral in post-screening tests). We have compared the number of deferral donors in the clinical screening and the number of those which were deferral in the post-screening tests.

Data analyses show an increase of 75% of donors registrations since 2001 (3732) up to 2005 (6495). In 2001, when the inquiry of 23 questions was implemented, we verified a 20.4% of suspensions in clinical screening and 9.2% of non-approved in the post-screening tests. We evidenced a trend for the increase of the percentage of suspensions in the clinical screening from the year of 2002 (15%) up to a 2005 (19.3%) and a trend for the reduction of non-approved in the post-screening tests: 2002 (8.2%) and 2005 (4.5%). In 2005 the inquiry was remodelled, getting the current format of 28 directed questions.

As we were being more rigorous in the criteria of selection of the donors throughout the years, the number of non-approved in the post-screening tests decreased, concluding that clinical screening, with this defined criteria of selection, must be made by specialists increasing and improving safety in one of the most important processes of the Transfusional Chain.

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