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अध्यक्ष की कलम से

कोटा ब्लंड बैंक सोसायटी के 15 वे स्थापना वर्ष पर सबको हार्दिक शुभेच्छा।

इस पुण्य प्रतिष्ठान की वर्षगाँठ पर हम यह दावे के साथ कह सकते हैं कि हमारी यह रक्तदान की गौरवमयी परंपरा इसी तरह अक्षुण्ण रहकर मानवता के हित में स्वैच्छिक रक्तदान का संकल्प पूरा करती रहेगी।

दृद संकल्प के साथ-साथ इच्छाशक्ति एवं प्रगतिशील दूरदृष्टि ही व्यक्ति को सेवा पथ पर अग्रसित करती है। हमारे रक्तदाता व्यक्तियों एवं संस्थानों ने सिद्ध कर दिया है कि सम्पूर्ण सामाजिक, सामुहिक ऐक्य के साथ रक्तदान किस तरह एक महा अभियान में बदल सकता है।

रक्तदान के इस अभियान में निरन्तर कई वर्षों से जुड़े रहने के कारण मैं भी निरन्तर रक्तदाताओं की अभिवृद्धि , स्वैच्छिक रक्त की सहज उपलब्धि के साथ—साथ थैलेसीमिक रोगियों को रक्तापूर्ति के क्षेत्र में पहले की अपेक्षा अधिक विस्तार का आकांक्षी हूँ।

थैलेसीमिक रोगियों के माता-पिता को परामर्श के साथ-साथ इस रोग के प्रति सावधान रहने हेतु उचित मार्गदर्शन के क्षेत्र में भी हम आगे बढ़ना चाहते हैं।

मैं रक्तदाताओं के उत्साह की प्रशंसा करते हुए उन्हें अधिक से अधिक लोगों को प्रचार-प्रसार एवं अपने अनुभव के आधार पर रक्तदान की विशिष्ट सेवा विकल्प से जुड़े रखने हेतु सक्रिय सहयोग की कामना करता हूँ।

स्वैच्छिक रक्तदान जिस प्रकार मृतप्राय शरीर की धमनियों में रक्त प्रवाहित कर उन्हें नवजीवन देता है, उसी प्रकार रक्तदाताओं से आग्रह करता हूँ कि वे इस क्षेत्र में निरन्तर सक्रिय व सजग होकर कोटा ब्लड बैंक सोसाईटी जैसे संस्थान की नसों में भी सेवा का संचार करते रहें एवं अपनी स्वस्थ समीक्षा व रचनात्मक सुझावों से हमें नवीन दृष्टि देते रहेंगे।

डॉ. जे. के. सिंघवी



Secretary Message

Dear Member,

On the occasion of 15th foundation day of Kota Blood Bank Society I congratulate all of you for your sincere and self less service you continue to render to the noble cause of voluntary blood donation movement in Haroti region. I can visualise and feel the dedication and efforts put in by all the founder members in the infancy of KBBS without which the KBBS could not grown to present state and still marching ahead to fulfill their dreams.

Volunteering is generally considered an altruistic activity, intended to promote good or improve human quality of life, but people also volunteer for their own skill development, to meet others, to make contacts for possible employment, to have fun, and a variety of other reasons that could be considered self-serving. Volunteerism is the act of selflessly giving your life to something you believe free of pay. Although if a person volunteers they may not earn money, it produces a feeling of self-worth and volunteers earn respect and Favors instead of money. With this very feeling the concept of voluntary blood donation movement is taking shape in Kota and around.

I am confident that present executive council and the dedicated members of KBBS will take the Kota blood bank to newer heights.

Thanks

Dr. Ashok Sharma





INFECTIOUS COMPLICATION OF BLOOD TRANSFUSION : BACTERIAL AND PARASITES

Long before the transmission of certain viral infections like HIV, HbsAg became a potential hazard of blood transfusion, considerable expertise in preventing the transmission of infection s by transfusion had already been developed in the blood services. The first and most important step in maintaining a safe blood supply will always be a rigorous process of selection of prospective voluntary blood donor. Others are the use of specific microbiological screening tests and following current microbial inactivation procedures.

Bacteria comprising normally skin flora, such as staphylococci, can contaminate blood donations at the time of collection of blood; But the bloods own bacterial powers, citrate and cold storage will however destroy many such contaminants. Due to their storage requirements at room temperature, platelets concentrates carry the highest risk of bacterial contamination. At present all blood components are prepared in closed systems, blood is collected in multiple packs and the possibility of microbes entering the packs is negligible. Reactions to contaminated blood result from the septicemia itself, endotoxins or both .They usually develop within minutes with sign and symptoms : chills, rigors, fever, nausea, diarrhea etc. Diversion of the first 20 ml of each blood donations appears to have reduced the number of bacterial transmissions

Plasmodium falciparum is the most dangerous of the human malarial parasites, others are plasmodium vivax, plasmodium ovale and malariae. Travellers in an area considered endemic for malaria may be accepted as donor 1 year after returning from the endemic area or 3 month after anti malarial prophylaxis. Thus in order to minimize the risk of malarial transmission history taking of donors should be rigorous.

The number of infections that are potentially transmissible by blood transfusion seems daunting. Thus continued monitoring as well as every step should be taken for the safe blood supply and free of bacterial and other infections.

DAT Positive Sample: How to Proceed?

First described by Coombs et al in 1945, the Direct Coombs test (DCT) or Direct Anti globin test (DAT) is an investigational tool useful for diagnosis of conditions that generally result in decreased red cell survival due to in-vivo coating of red blood cells with antibodies or complement or both, in particular IgG and C3d. It is performed to detect either erythrocytes directed IgG in plasma or IgG or complement coating on the surface of circulating erythrocytes Neither of these molecules can cause direct agglutination of erythrocytes so to detect their presence, monoclonal antihuman globulin (AHG) with specificity of erythrocytes.

Conditions associated with hemolysis and a positive DAT result

- Hemolysis disease of new born
- Drug induced hemolytic anemias
- Acute & delayed hemolytic transfusion reactions
- Autoimmune hemolytic anemia

Conditions associated with a positive DAT, with or without hemolysis

- Exogenous immune globin administration
- Recent stem cell /solid organ transplantation
- Systemic lupus erythematosus
- Infectious mononucleosis
- Some hematologic diseases, lymphoproliferative diseases

Clinical Use Of the DAT: When a DAT result is positive, it is important to determine clinical evidence of hemolysis, if there is no evidence of hemolysis no additional investigations are required but in case of positive result then one of the most common cause is autoimmune hemolytic anemia (AIHA). The Gel technique is an simple and sensitive method of DAT evaluation. Specialized gel cards are now available for monospecific DAT Thus despite of adances in laboratory medicine, DAT still remains the diagnostic hallmark of autoimmune disorders.





PROTOCOL FOR MANAGING EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS IN THE LABORATORY

Parenteral (needlestick) exposure to HIV infections is 0.3% risk of transmission of HIV. This is because low concentration of virus in the blood of infected patients. The risk in the case of HBV infected specimen in similar situations is 5-30%.

Immediate Care: For needle stick injury: Briefly induce bleeding from wound. Wash for 10 min with soap and water, or disinfected. For non- intact skin exposure: Wash with soap and water or antiseptic. For mucosal exposure: Splash into eyes, irrigate copiously by running a pint of normal saline over 10 minutes.

Reporting: All sharp injury and mucosal exposure should be reported to the consultant pathologist /physician. All blood and body fluids with visible blood are considered infectious and other body fluids may be potentially infectious and must be evaluated.

Management: For all exposure the following investigations need to be done: the index patient should be checked for the following: HIV antibody, HbsAg, HCV antibody. Health care worker: Blood should be tested for HbsAg, HIV, AntiHBsAg antibodies. These blood samples should be sent for rapid testing.

If index case is negative or unknown case

HbsAg:

Antibodies > 100 MIU Antibodies negative or < 10MIU Reassure Vaccination (Full or booster

HbsAg positive

Counselling

HIV:

Do not start chemoprophylaxis; consult the physician. The HCW is offered HIV antibodies testing 1, 1,3, 6, 12 months

If index caseis positive for HbsAg / HIV

HbsAg:

Antibodies > 100 MIU Antibodies neg or > 10 MIU Reassure
First HBV vaccine and
HBV immune-globulin
(0.6ml/kg-IM)
Booster dose of

vaccine

Antibodies between 10-100

LIST TOP 100

- एच.डी.एफ.सी बैंक, कोटा
- गुड्ड् मरचुर्निया
- भारत विकास परिशद, छीपाबडौद
- सिंघु सोश्यल सर्किल, कोटा
- श्री टीकम नाहटा जी के जन्मदिवस के अवसर पर,
- पंचायत समिति, किशनगंज, बारां
- श्री पार्श्वनाथ चेरीटेबल ट्रस्ट, बारां
- एन.एस.एस. युनिट, राजकीय पॉलीटेक्निक कॉलेज, कोटा
- देव पब्लिक स्कूल, कोटा
- सरबजीत कौर मेमोरियल ट्रस्ट, तालेडा
- चम्बल वेलफेयर सोसाइटी, तालेडा
- पी.एस.सी.एल. इंडिया प्रा. लि., कोटा
- कमल ऑटो इंडस्ट्री, कोटा
- बी.एस. ग्रुप, कोटा
- भारती वॉलमार्ट, कोटा
- भारतीय जनता पार्टी, अंता
- ऑयर्नस ग्रुप, कोटा
- द हेल्पर (युथ कॉडिनेशन कमेटी), कोटा
- स्वामी विवेकानंद युध फ्रंट, कोटा

Blood Components Therapy Still in Infancy; Needs A Boost

WHO recommends that the ratio of the use of blood components and whole blood should be 90;10 since only a limited category of clinical interventions require whole blood. In India majority of blood is used as whole blood only and a part is utilized as components. This also has a serious impact on the plasma product program of the country. Therefore a scientific & judicious use of this plasma is very important for developing the self sufficiency program for plasma product, considering the fact that if each unit of collected blood is utilized in most optimum way, it could benefit thousands of patients of haemophilia, infections, organ transplant, shock and burn and many other critical diseases as their survival is dependent on plasma product. The request for fresh blood, whole blood, use of rapid test for transfusion transmitted infections testing, directed donations and non justified request for FFP were the most common inappropriate practices noted. Thus the active intervention and interaction with clinicians there was a significant reduction in the rates of inappropriate transfusion episodes as well as use of components in place of whole blood.





रवेच्छिक रक्तदान की झलकियाँ





कोटा ब्लड़ बैंक सोसाइटी और थैलेसीमिया सोसाइटी द्वारा 19 फरवरी 2012 को थैलेसीमिया जांच शिविर का आयोजन किया गया। जिसमें एम्स के हेमेटोलॉजी विभाग के पूर्व विभागाध्यक्ष डॉ. वी. पी. चौधरी और राजीव गांधी कैंसर इंस्ट्टीयूट के सीनियर कंसल्टेंट डॉ. दिनेश भुरानी ने थैलेसीमिया पीड़ित बच्चों का परीक्षण किया। साथ ही बोनमैरो ट्रांसप्लांट द्वारा थैलेसीमिया उपचार व इस बीमारी में बरती जाने वाली सावधानियों की जानकारी दी।



CHARTENETONS, DESTE

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Voluntary blood donor are the key to safe blood.