Madam, Identification of hepatitis C virus (HCV) as a major causative organism of non-A, non-B hepatitis (NANBH) in the late 1980's and the development of a screening test has led to the introduction of routine tests for antibodies to HCV in 1991 in the U. K. and U.S.A. In Pakistan, apart from few voluntary blood bank services who have incorporated anti-HCV screening in 1994, majority of blood banks and transfusion services do not routinely perform pre-transfusion testing on all donations whether they are voluntary unpaid, directed donations or paid professional blood donations. A study was conducted to screen 135 registered professional blood donors for Hbs Ag and Anti HCV, in our hospital. Hepatitis B was tested by a third generation ELISA while hepatitis C by second generation ELISA technique (Abbott’s Diagnostic Division). All positive donors were informed of their results and rejected for further donations. Of the 135 professional male blood donors, between 20-50 years of age, 43(31.8%) reacted positively for FIBs Ag and anti-HCV. HBs Ag was reactive in 14(10.4%), ant-HCV in 28 (20.7%) and 1(0.7%) was seropositive for both. HIV was non-reactive in all. Blood transfusion is an important and established source of transmitting viral diseases to the recipient. Transfusion of unscreened blood products from professional blood donors has a 30% chance of transmitting these viruses to the recipients. The seroconversion rate for HCV in the recipients is 40-93% and is a major cause of post-transfusion hepatitis. This study performed in one hospital gave a sero positive result in 30 percent donors. A high prevalence of HBV and HCV in our population makes screening of blood before transfusion mandatory. Funds for the purpose should be provided by the government and NGOS.

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References