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Blood Safety

The life-saving attributes of blood have generally been recognised by human beings. As early as the 17th century, there were attempts to perform blood transfusions but it was not until this century, after scientists discovered blood types, that blood transfusions became possible.


Blood transfusions have since become a mixed blessing. While saving countless numbers of lives, blood transfusions can also transmit a number of serious infections including malaria, hepatitis B, syphilis, trypanosomiasis and HIV.

Worldwide, it is estimated that as many as 10 percent of HIV infections came from treatment with blood or blood products. The reasons for these infections go beyond the medical. As we will see in this issue of *AIDS Action*, even a highly developed country like Japan can have lapses in its public health system, putting its citizens' lives in grave danger. Because of slow-acting bureaucracies and commercial interests, thousands of individuals in both developed and developing countries have become infected with HIV through blood products.

The HIV epidemic has therefore posed a difficult challenge to ensure that people have access to sufficient supplies of safe blood. The challenges are both financial and ethical. It has become clear that commercial blood banks, which buy blood, are no longer acceptable since people who sell blood are often themselves at risk for various diseases including HIV. Voluntary blood donations

from healthy adults would be the ideal but there are still many obstacles that prevent more widespread voluntary donations, including beliefs that donating blood will affect one's health.

Blood donation campaigns need to be accompanied by education on HIV. Since blood donors are now often screened for HIV, there should be a system for confidential counselling and referral in case there are individuals who do test positive for HIV.

This issue of *AIDS Action* looks at various aspects of blood and blood donations to show the range of problems that need to be solved to ensure safe blood supplies. While trying to show the serious risks for HIV that come with blood, we also want to show how fears are often exaggerated, built both on traditional beliefs as well as "modern" medical folklore. Social prejudices which have been reinforced in HIV are also reflected in the policies many governments and non-government organisations have about blood donations. In many ways, blood takes on symbolic potency, amplifying the unrealistic fears we have of HIV. 

IN THIS ISSUE

Blood: biomedical facts and regional perspectives

Strategies for safer blood

Safer blood and safer sex

Blood scandal in Japan

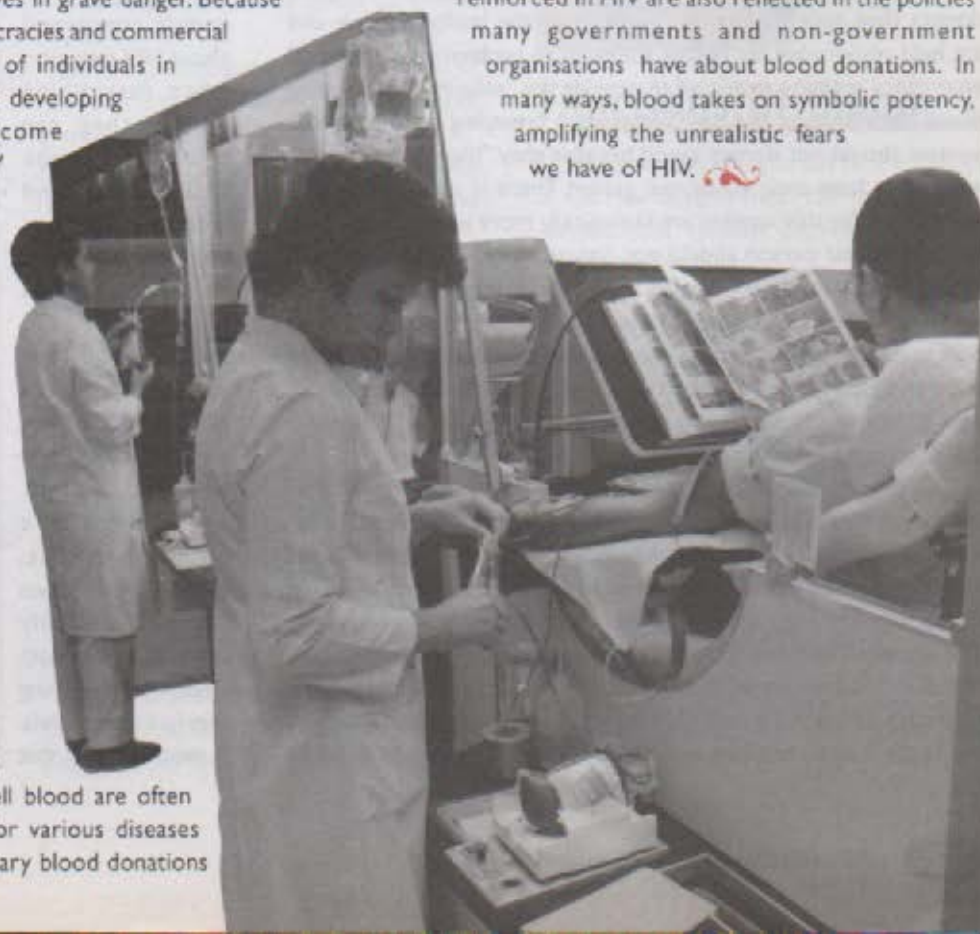
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BLOOD's many meanings

The HIV epidemic has surfaced many important cultural concepts about blood. Blood plays such a crucial role in human life that people imbue it with meanings and symbolisms that go beyond its biomedical nature. Blood transcends its physical state, and crosses over to the realm of the abstract and the intangible. People in the Asia-Pacific region share a number of common perceptions, although there are also marked differences in the meanings and symbolisms attached to blood. In several countries in the region, blood is a symbol of love, of life, and at the same time, it signifies pain, loss, and violence.

In Japan, "modern" and traditional concepts often blend in, as in the perception that blood types indicate personalities and possible compatibility for marriage or a relationship. Many Asians look for injections even when it is not necessary, and sometimes expose themselves to risks of blood-borne infections. In China, blood albumin injections were being used as a kind of elixir to boost resistance in patients with liver and kidney disorders. In 1996, the Chinese government had to ban a blood albumin product called Wolongsong after they found samples with HIV.

In many Asian cultures, blood is practically equated with life. The Vietnamese perceive blood as the essence of humanity. Other cultures look at blood as a kind of life force. Given such perceptions, it should not be surprising that there might be reluctance to donate blood, because of the idea that one becomes weak by giving up blood.

In most countries in the region, there are generally fewer female donors than male donors. In Fiji, men play the leadership role and are held responsible for finding solutions to problems. In a medical emergency, men are expected to provide the "solution" by donating blood. In Indonesia and the Philippines, a prevailing concept is that women should not donate blood because they "bleed" each month when they have their menstrual period. There is a more scientific explanation for this: women are biologically more prone to anaemia, and an anaemic person should not donate blood. The low status of women in some countries also affects their nutritional status, as women would usually have less to eat than the men, resulting in poorer health. Unfortunately, even medical people tend to reinforce popular misconceptions by barring all women from donating blood. This policy needs to change so more women can participate in voluntary blood donation programmes.

While cultural beliefs sometimes act as a deterrent to voluntary blood donations, it could also serve as the basis for effective strategies. Thus, in cultures where blood is perceived as life, then the act of blood donation is seen as the giving of life. In China, for example, donating blood is seen as a citizen's obligation. The popular Thai royal family has done much to increase voluntary blood donations. Blood donation campaigns are held during the birthdays of the King and Queen, while the Princess of Thailand heads the Red Cross. Likewise, the daughter of President Suharto

of Indonesia is active in the blood donation programme. Government officials in the region donate blood to generate awareness and support for blood donation programmes (as well as publicity for their political careers). President Fidel Ramos of the Philippines is a "galloner", a term which refers to those who have donated a gallon of blood.

Several Asian countries have shown how voluntary blood donations can become part of local culture, integrated as one of those practices of social solidarity. In Singapore, National Blood Emergency Exercises are conducted every two years to emphasise the importance of readiness in cases of disasters (as when a hotel building collapsed in 1986, resulting in a massive turn-out of blood donors).

Effective media campaigns are essential for voluntary blood donation to be a success. China's information campaign makes use of posters, mobile cars and television advertisements. There are also shows on television where people tell their life-stories on how blood donations had helped them and their family. In India, a tough and well-built film actor is featured in TV advertisements encouraging people to donate blood and save a life.

The fear of HIV infection has made people more wary of issues regarding blood, sometimes with excessive fears. Thus, law enforcers in Asian countries sometimes become unduly concerned about HIV infection when restraining people they are arresting. In the Philippines and Indonesia, there are periodic rumours about a person going around shopping malls and movie theatres and jabbing people with a syringe containing HIV-infected blood. The fears reached a point, in Manila, where several dozen people actually went to the Health Department claiming they had been victims. A misconception that

Focus:

Rakatan — Jevandan. This is the Indian national slogan for blood donation, which translates to "Donating blood is offering life". A symbol of life as well as a symbol of love, blood can also be "pure" or "impure." Blood is purified by charitable acts, while negative actions would make blood impure. Good food, a clean environment and a happy life are believed to improve the quality and quantity of blood. On the other hand, being tense or burdened causes blood to "dry up". Blood also binds people together: the concept of "being of the same blood" implies kinship ties, or being of the same clan or caste. The belief that kinship ties can be traced through blood is a common theme in Indian movies, where the drama climaxes with the leading character's heroic act of donating blood for a long-lost relative.

In real life, "professional blood donors" proliferate in India, and commercial blood banks abound in the metropolitan cities. These professional donors work with middle men who charge as much as Rs. 600 to Rs. 1,000 per bottle of blood (approximately US\$ 17 to 28). This is more than double the Rs. 150 to Rs. 300 (approximately US\$ 4 to 8.5) testing fee charged by the Red Cross and blood banks.

Monetary reward is not the only reason for donating blood. In a group of 20 post-graduate university students, all of them had donated blood at least once. They cited various

has been noted throughout the region is that donating blood can be a mode of transmission of HIV and other diseases. Information campaigns need to address these fears and provide accurate information.

Aside from stringent laboratory and clinical procedures, cultural sensitivity is essential in developing and implementing blood donation programmes. Blood is life, and thus demands the same sensitivity needed in dealing with life's complexities, with illness and health, in taking and giving.

Sources of information:

John Ballard, Ellison Bowu, Muhadjir Darwin, M.H. Faraaz, Waqatakiwewa Lepani, Desti Murdijana, Nguyen Thi Nhu Ngoc, Johanna AP Pattisiana, Rosalia Scibrino Suwanna Warakamin, Vu Pham Nguyen Thanh, Wang Linhong

INDIA

reasons for donating blood: as an act of charity; for a relative in need; for a sense of security that they would be able to obtain blood if and when they would need it. There were significantly fewer donors, however, amongst a group of lower-income workers, which suggests that access to information plays a key role in voluntary blood donation programmes. The staff members of a blood bank attached to a private hospital regularly donate blood every three to four months.

There has been increasing concern regarding the testing or screening of blood for infectious diseases. This was underscored in a recent outbreak of dengue (haemorrhagic fever) in the capital city of Delhi last year. As many as 8,000 patients were hospitalised. Because of the large number of blood transfusions needed, untested blood was allegedly used. In early January of this year, several patients who had been earlier diagnosed for dengue and who received blood transfusions tested positive for hepatitis B.

In recent months, 150 blood banks in Uttar Pradesh and also several in other states like Bihar and West Bengal were closed down for not maintaining standards laid down by the state. Some of these blood banks were found to be distributing untested blood.

With research by Avinash Kumar, Mearambika Mahapatra and Lester Coutinho

What is BLOOD?

Blood is a fluid tissue that circulates through the heart, arteries, capillaries and veins. It is vital in our body system because it carries nourishment to all the tissues and organs of the body. When there is not enough blood or when its circulation stops, the tissues die of starvation. However, the body is capable of producing enormous quantities of fresh blood as required.

A reduction in blood volume below its normal level may be caused by haemorrhage, a decrease in the total number of red cells, a loss of plasma caused by burns or extensive operations, or a loss of water from the blood due to dehydration or diuretic types of drugs.

Composition of Blood

Approximately 45 percent of the total volume of blood is composed of the Red Blood Cells (RBC), White Blood Cells (WBC) and platelets. The remaining liquid portion is called plasma.

RBC

- made in the marrow cavities of certain bones, especially the spine, ribs and breastbone
- an average person has about 20 trillion red cells
- contains haemoglobin that gives blood its red color and the ability to take up oxygen in the lungs
- iron is a key raw material required by the red cell factories, hence, lack of iron causes anaemia

WBC

- made in the bone marrow and in certain lymphoid tissues of the body
- there is one white cell for every 100 red cells
- has the ability to defend the body against disease, particularly T-cells, which are attacked by HIV

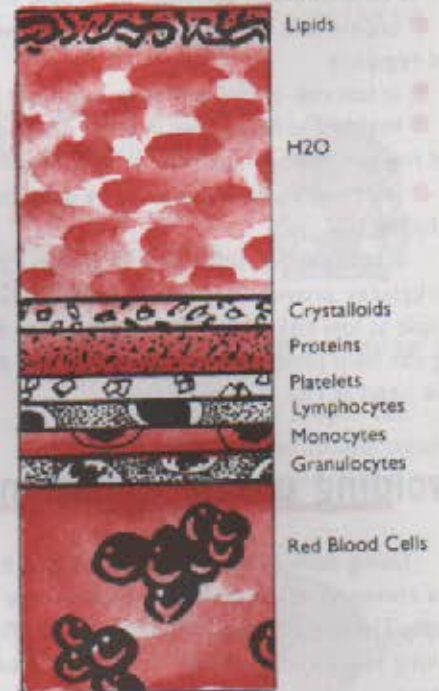
Platelets

- formed in the bone marrow
- there are about a half trillion platelets in the normal bloodstream
- they help to control bleeding by sticking to injured surfaces of blood vessels and provide a surface for clotting factors to

accumulate on, thus plugging up breaks in the blood vessels

Plasma

- composed of 90 per cent water, 7 percent protein and very small amounts of fats, sugar and mineral salts
- plasma proteins include the blood clotting factors



Functions of Blood

1. Transports food materials to the tissues
2. Carries oxygen from the lungs to the tissues and carbon dioxide from the tissues to the lungs
3. Carries waste materials from the tissues to the excretory organs
4. Transfers hormones from the organs of production to the target organs
5. Acts as a defense mechanism against infection through the activities of certain white cells and immune bodies in the bloodstream
6. Assists in the maintenance of constant body temperature and alkalinity of the tissues

Adapted from A Primer on Blood and Blood Donation, Produced by the Department of Education, Culture and Sports, Philippine Blood Coordinating Council, Department of Health and Philippine National Red Cross

Strategies for SAFE BLOOD

Receiving an HIV-infected blood transfusion carries more than a 95 per cent risk of HIV transmission. AIDS Action explains how blood can be made safe.

Donating safe blood

The best way to ensure that donated blood is free from infection is to encourage donation by people who are:

- unpaid and willing to donate blood voluntarily, responsibly and regularly
- at low risk of HIV and other infections transmitted by blood
- healthy and fully grown in order not to affect their own health, and not pregnant or anaemic, or suffering from any infections
- informed about the tests to be done on their donated blood, including HIV.

Schools, universities, church groups, community centres and workplaces provide opportunities for educating and recruiting people at low risk of HIV. Public education and sensitive counselling can help people to decide not to give blood if they feel they have been at risk (self-exclusion).

Avoiding unsafe donations

Using donors who are paid to give blood is likely to lead to a commercial, often illegal, blood trade and an unsafe blood supply. The people who have to sell their blood in order to make a living are often those at most risk of serious communicable disease.

Blood donation should never be compulsory, and should not be carried out in institutions such as prisons or the army. Even if the authorities encourage voluntary donation, it is often hard for people to decide freely whether to give blood. Positive results often lead to discrimination, such as isolation in prisons or dismissal from army service.

In rural areas where blood supplies are scarce, members of the patient's family are sometimes asked to donate their blood. However, this should be avoided unless there is no alternative. In some areas where HIV is common, up to half the blood donated by family members is HIV infected and has to be destroyed.

Health workers faced with this situation should take the family member's blood for testing but use an existing tested unit from the hospital blood bank for the patient. The donor should be told that their blood will not be used for their own relative but, if proved free from infections, will instead be deposited in the hospital blood bank.

Family donors should always be counselled before donating and their blood only collected if they meet the national criteria for blood donation (see pages 6 and 7). If they do not have HIV they should be encouraged to become regular donors.

Screening blood

All donated blood needs to be tested for the presence of infections that are transmitted by blood: HIV, hepatitis B and syphilis. Tests for hepatitis C, Chagas' disease and malaria may be carried out, depending on local disease prevalence and national policy. Blood giving unclear or positive test results for any of these conditions should not be used and be safely disposed of, by incineration, for example.

Occasionally a person whose blood tests HIV negative does in fact have HIV. This is usually because of the 'window period'. HIV tests do not detect HIV itself but antibodies produced by the immune system in response to infection with the virus. However, it can take up to three months for these antibodies to be produced.

During the window period an HIV antibody test will produce a negative result even though HIV is present in the blood and may be transmitted. It is therefore very important for anyone who has had possibly risky activity during the past three months to be advised not to give blood.

HIV test kits used by blood collection services must be of high quality and the instructions followed exactly. The test used depends on local hospital or national recommendations but it needs to identify all possible HIV infections. This means that the test must be highly sensitive, meaning that it has a low number of false negatives (blood testing negative which is in fact positive).

If a blood bank is testing at least 40 blood samples each day an ELISA test will be the most cost effective. If less than 40 blood samples are tested a reliable simple/rapid HIV assay will be more cost effective than an ELISA test.

However, highly sensitive tests can produce false positive results (blood testing positive which is in fact negative). Therefore a positive result does not necessarily mean that the person is infected with HIV.

People should not be informed of their results after only one positive test result. A second blood sample must be tested. Ideally the test needs to be a different test. It does not need to be a Western blot

Key points

Blood transfusion services use three main strategies to reduce the risk of transfusing infected blood:

- minimising the number of HIV-infected blood donations by recruiting and counselling voluntary unpaid donors who are at low risk of HIV
 - testing (screening) all donated blood for HIV and other infections transmitted by blood and safely disposing of infected blood
 - reducing the number of blood and blood product transfusions.
- Blood transfusion services are developing these strategies by: setting up a donor selection process; training staff in education and counselling skills; providing a regular supply of equipment for collecting, screening and storing blood; using blood transfusion guidelines; and ensuring quality control.



test but should be done independently of the first test and accurately checked.

People should be informed of their HIV infection only if the results of both tests are positive, and if counselling and follow-up support are available.

Reducing blood transfusions

Despite rigorous HIV screening procedures, a few infected blood units may go undetected. It is important to reduce the number of transfusions to the minimum, to keep the risk of infecting patients as low as possible and to save costs and blood product use.

Blood transfusion guidelines can help prevent over-use of blood products. For example, in rural Tanzania, staff at district, mission and referral hospitals were trained to use guidelines including:

- precise indications for prescribing transfusions to children, pregnant women and other adults with severe anaemia; to patients with acute blood loss; and during, before and after operations
- using blood substitutes where possible such as saline, for example to replace the amount of fluid in circulation after a haemorrhage
- using the patient's pre-collected own blood when surgery is planned
- not using a single unit transfusion of blood as a 'tonic' (often used for 'topping up' blood when someone is weak from anaemia or after an operation).

The project also recommends the following strategies:

- setting up a blood transfusion committee to monitor blood use
- regular continuing education and supervision on using guidelines
- clinic meetings where blood transfusions can be discussed by staff
- ensuring that staff provide clear reasons when prescribing blood transfusions on a request form.

Most importantly, illnesses and conditions requiring blood transfusions need to be better prevented. In developing countries

FEARS ABOUT GIVING BLOOD

'I'm worried that my test results for HIV or syphilis will be made public.'

Good systems of confidentiality need to be developed and clearly explained to donors.



'I'm scared of being infected with HIV while giving blood.'

There is no risk of infection because a new needle and syringe are used for each person.

'I'm worried that giving blood causes physical weakness or infertility.'

Many donors have given blood over 50 times, up to four times a year, without any harm to their health.



'I can't give blood because I think I'm anaemic.'

Before taking blood, a simple test is performed on a drop of blood taken from a finger prick to find out if the person is anaemic.

'I hate needles.'

A local anaesthetic is applied to the skin to make sure that giving blood is not painful, and the donor does not have to watch the procedure.



'It's too inconvenient and I'm too busy'

Giving blood can mean life itself for a patient, and even the busiest people find time to donate.

Adapted from Fiji Red Cross leaflet.

most blood transfusions are given to children and women for anaemia or pregnancy complications. Community health care programmes need to provide treatment for malaria and worms for pregnant women and vulnerable children, and to improve nutrition, water supply and sanitation.

With thanks to Dr Jean Emmanuel, Chief, Blood Safety Unit, WHO; Dr Robert Beal, Interim Director, Blood Dept, IFACRC; Mr David Mvere, Technical Director, RK Shamu, National Blood Transfusion Service, Zimbabwe; Dr Zarina Bhanucha, Head, Dept Transfusion Medicine, Tata Memorial Hospital, Bombay, India.

Source for Reducing blood transfusions:

TANESA Project, PO Box 434, Mwanza, Tanzania.

Safe blood and safe

Education and counselling for donors not only contribute to making the blood supply safe, but also to promoting safer sexual behaviour.

Public education

Basic information is provided in leaflets, newspaper articles and television or radio advertisements. Donors can be recruited during campaigns or talks at church groups or schools. Messages should emphasise the positive reasons for giving blood, including stories about lives saved with blood transfusions. Education should also highlight the serious need for people to be responsible donors who do not put patients at risk of HIV or other infections.

Before donating blood

When people come to the blood collection centre or mobile van, it is helpful to give a talk or show a video to small groups about the counselling and blood collection process.

The key messages are:

- what happens when you decide to give blood
- why regular safe donations are needed
- your donated blood is tested for HIV and other infections
- basic facts about HIV and HIV prevention
- your confidentiality is guaranteed
- the importance of deciding not to donate blood if you think you may have HIV or another infection (self-exclusion)
- where to go for counselling and HIV testing, if you wish.

One-to-one counselling

Ideally each potential donor should have a one-to-one talk with a trained health worker before blood is collected. Staff need to be able to provide accurate information, ask and answer questions sensitively, and refer people to other sources of support.

People wanting to give blood may not have seriously considered that they may have HIV infection. However, it is also very important that people are discouraged from using blood services as testing centres. The counsellor or nurse should check that the person understands how HIV can be transmitted

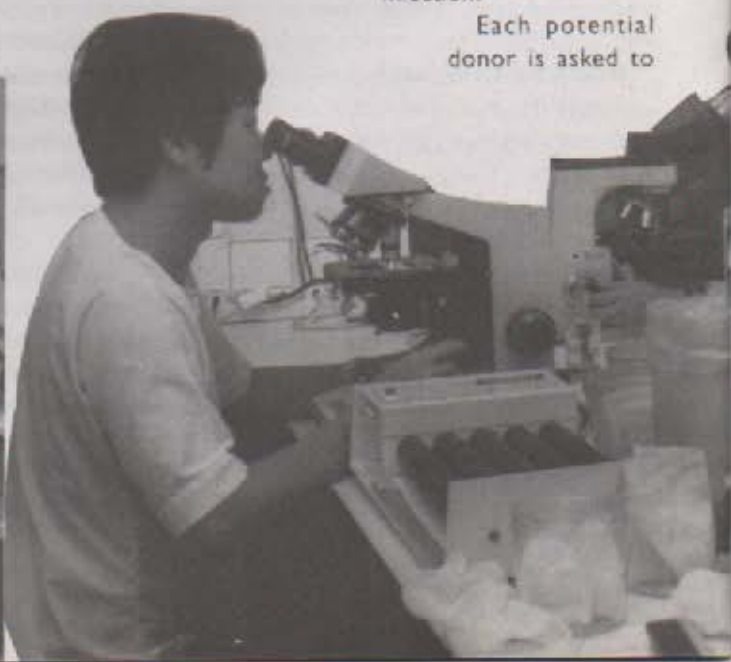
and explain which tests will be done and why, and what the window period is (see page 4). He or she should also explain that blood may not be used for a number of health reasons, including anaemia or syphilis, which can be cured.

Donors need to know why personal questions, for example about their sexual activity and injecting drug use, are necessary. Discussing these issues helps people to decide whether they should donate blood or if they should exclude themselves because they may have been at risk of HIV.

The Namibian transfusion service found that potential donors had difficulty filling in a 'self-exclusion' questionnaire on their own. Now a trained nurse goes through it with each person and answers any questions. The questionnaire lists activities which exclude the person from donating blood, such as ear and skin piercing, tattoos or traditional skin incisions, any past sexually transmitted infection or common HIV-related symptoms such as night sweat, swollen glands or persistent diarrhoea.

In Honduras the Red Cross National Blood Programme provides pre-test counselling for voluntary blood donors. Leaflets contain information about HIV and the importance of not donating if the person has engaged in activities associated with high risk of infection.

Each potential donor is asked to



r sex

read the brochure. A nurse encourages questions and checks that the information has been understood. The nurse then asks specific questions about sexual behaviour such as all forms of unprotected sex including sex with other men and any history of sexually transmitted diseases. When this counselling session was introduced in 1991, HIV prevalence among blood donors dropped from 0.38 per cent in 1990 to 0.19 per cent a year later, even though overall numbers of Hondurans with HIV continued to increase.

If they do give blood, donors also need to decide whether they wish to know their HIV test results. However, as explained on page 4, this option should only be given if a second test is possible, and counselling and support services are available.

After donating blood

It is very difficult for many blood transfusion services to provide post-donation counselling for people with positive test results. If HIV counselling and care or treatment services are not available, people should not be informed of their results.

However, referral links

can be set up with existing counselling organisations.

Negative donors are sent newsletters and invited to donate again, or to join a blood donor association. This provides an excellent opportunity to reinforce education they received before donating blood. It encourages them to become regular donors, as well as talk to

others about safer sex and safe blood.

With thanks to Dr E Vinelli, Medical Director, National Blood Programme, Cruz Roja Hondureña; Mr D Mvere, Technical Director, National Blood Transfusion Service, Zimbabwe; Dr S Kalibala, UNAIDS; Dr Y Silep; Dr Chaivej Nuchprayoon, Director, National Blood Centre, Thai Red Cross Society. European Commission 1995, Safe blood in developing countries: the lessons from Uganda. 

Blood-Borne DISEASES

Before donating blood, potential donors are screened to determine if they are healthy enough to donate blood, and that they do not have diseases which could be transmitted through blood. Aside from HIV/AIDS, some common blood-borne diseases are hepatitis B and C, malaria, filariasis, and syphilis. Some of these diseases may not have any active symptoms, thus tests are necessary to find out if the blood is infected. Below is a description of common blood-borne diseases:

Filariasis refers to a condition characterised by the presence of nematodes (tiny worms) which attack the lymphatic system. Female worms produce microfilaria which are released into the bloodstream. Filariasis is commonly transmitted through the bite of an infective mosquito. It is possible for those with filariasis not to have any symptoms, although in a number of cases the following signs may be observed: recurrent fever, enlargement of the lymph nodes, swelling of the limbs, encephalitis (enlargement of the head), and breathing difficulties.

Hepatitis B and C. Hepatitis B is a viral disease which affects the liver. Common symptoms are tiredness, yellowing of the skin and eyes, and loss of appetite. However, a person may be infected with the virus and not have any symptoms. About 10 percent of cases develop chronic hepatitis, remain infectious to others, and may develop liver disease which can lead to death. Aside from blood transfusions, hepatitis B is spread through unprotected sex with an infected partner. Hepatitis C, on the other hand, is a recently discovered form of the virus which is transmitted mainly through blood, and causes chronic disease in most people infected.

Malaria is commonly spread through the bite of an infective mosquito. The symptoms of malaria are chills, high fever, and cold sweats. Chronic malaria can cause anaemia and an enlarged spleen. Since malaria is primarily spread by mosquitoes, the disease is widespread in tropical areas where mosquitoes thrive.

Syphilis is a sexually transmitted disease, and its symptoms may go unnoticed. Its initial symptoms include a painless sore in the genital area. Women may not notice the sore if it is located on the vaginal walls. The secondary stage of the disease is a rash and swollen lymph nodes. If untreated, syphilis can cause serious problems to the heart and to the brain.



Providing counselling for donors who test HIV positive poses key challenges for blood services and counselling groups.

Ideally, people who may be HIV positive should be encouraged not to give blood. However, if the person decides to give blood, they should be given the option of knowing their results.

They should only be informed if two test results are positive and follow-up counselling and support are available. After talking with a counsellor, people may decide not to give blood but may also want to be referred for an HIV test. Many blood services are trying to link up with NGOs and hospital counselling services.

In 1993, Zimbabwe's blood service reviewed its notification systems after some donors expressed anxieties about confidentiality, especially in relation to HIV, and numbers of adult donors were declining. In the past, people were referred to their doctors, but many donors either did not have a doctor or were reluctant to discuss HIV or syphilis infection with them.

Now, donors with positive test results for HIV, syphilis or hepatitis are informed by mail that they have an unspecified infection, but are offered counselling and follow-up at an organisation or doctor of their choice (who are also sent letters explaining the situation).

However, NGOs which provide counselling have difficulties in following up donors. In Zimbabwe some NGOs reported that less than half of the people referred to them came for counselling. Common reasons included: people's unwillingness to go to the local 'AIDS centre'; fears about which infection they had, or that they had HIV; worries about being referred to a counsellor whom they already knew personally; difficulties in travelling to the counselling centre during its opening hours; and problems with the postal service.

HIV counselling services often receive referrals for other blood infections, such as syphilis or hepatitis, but counsellors may not have enough information on these illnesses.

Testing positive

Young donors


In many countries school age donors are recruited because they are at low risk. It may be best only to recruit students who are legally adults, who therefore can consent to being tested and to receiving their test results without their parents' permission.

Some blood services invite parents to approve the participation of their children, although there is still debate about whether to involve parents in counselling if the young person tests HIV positive. It may be more difficult to confidentially inform and support young people who test HIV positive, especially if they are at school, and if other students are becoming regular donors.

Counselling services and blood transfusion centres need to have a policy on recruiting young donors, and counselling them if they are diagnosed HIV positive.

Other HIV testing options

Individuals who are worried that they have HIV often use blood collection services in order to find out their HIV status, rather than to donate blood. This increases the risk of an unsafe blood supply. Independent counselling and testing services help the blood supply to become safer, by making sure that people who want an HIV test can obtain one.

With thanks to Dr S Kalibala, UNAIDS and Mr David Mvere, NBS, Zimbabwe. 

Counselling organisations can help the blood transfusion service by:

- encouraging head teachers or employers to allow enough time for pre-donation education and counselling, and post-donation counselling and support
- educating the blood service staff, head teachers and employers about HIV to make sure that confidentiality is respected and discrimination does not occur

Blood services can help counsellors by:

- organising adequate pre-donation counselling before taking blood, to help

people decide not to give blood if they have engaged in risky activities, or to encourage them to return for counselling if they are notified of possible positive results

- ensuring that, if the first HIV test is positive, a second test is carried out and is positive, before informing someone that they have HIV
- making sure that referral information is passed to the counselling service before it is mailed to the donor so that the counsellor has full information and time to prepare
- making sure that the donor information contains information about the advantages of knowing results.

Effective counselling

- Wherever possible, the same person should do the pre-donation and post-donation counselling, before referring.
- Pre-donation counselling should include talking about what it means for a person to know their HIV status.
- Blood donors should know that they will be referred if their blood cannot be used, because of other infections, malaria or anaemia and not only HIV.
- Counsellors need information about infections such as hepatitis and syphilis, in local languages, and to know where to refer people for treatment.
- Donors need to understand the meaning of an unclear or false positive result.

Towards better counselling

Role-play

This training exercise aims to help counsellors think about the importance of trust and what might happen if someone's test results are made public.

People's greatest concern about giving blood is that their confidentiality will be broken.

Confidentiality is essential both to protect people's privacy and help them to feel safe about discussing their personal experiences.

1 Introduce the exercise by raising the issue of confidentiality. Remind the group that people feel more able to discuss personal issues and feelings if they trust that the counsellor will not tell anyone else without their permission.

2 Split the group into pairs. Ask each person to think of someone they trust and write down ten words describing them, such as friendly, close, and honest.

3 Ask each pair to read out their words to the larger group and write them on a large sheet of paper, noting common words.

4 Split the group into smaller groups of three or four people to discuss the following questions:

What do you need to say and do when you are counselling someone to help them have confidence in you? What do you need to do to enable them to keep trusting you? What might happen when confidentiality is broken? What are the benefits of maintaining confidentiality? Invite one person from each small group to report back to everyone.

5 Then give each small group a situation (two examples below), and ask them to discuss their reactions and feelings about being in that position.

You have been diagnosed with HIV. During counselling the counsellor promised that he was not going to tell anyone about your diagnosis without your consent. Three days later you receive a phone call from a friend who wanted to confirm the news that you had HIV. Your friend has heard this from your counsellor.

You work in a factory and the blood collection team arrives. While you are doing the questionnaire you mention to the nurse that you were treated for a sexually transmitted infection four months ago. Your blood is not collected. Later a friend mentions to you that the person next in the blood donation queue saw your form and is telling all your work colleagues that you have AIDS.

Is this situation likely to happen? Why might it happen? How would it make you feel? What would you do or say in that situation? As counsellors, how would you prevent it from happening?

Source: Mr T R Makoni, National Blood Donor Counselling Co-ordinator, NBTS Zimbabwe.

Assessing personal risk

This activity helps counsellors to think about how they handle risk in their own lives, and increase their understanding of why other people take risks and their feelings about this.

Before deciding to take an HIV test people need time to think about what it may mean to discover they have HIV. Many people feel anxious about discussing their personal risk of HIV (often for the first time) and are worried about being judged.

1 Invite participants to consider the following on their own for a few minutes:

'Think back on your own life and identify any occasion when you took a risk –related to sex and relationships, to work or to money, for example. It may have been a small risk or a big one that was very important to you at the time.'

- What factors influenced your decision to take a risk?
- What were your feelings at the time?
- What was the result of taking that risk?
- Do you generally take risks?
- How do you view risk taking in others?
- How does risk taking among your friends affect you?
- How does this affect your attitude towards the risk of HIV?

It may be useful to write these questions down.

2 After a few minutes ask everyone to choose a partner and share as much of their situation as they wish. Each person should talk for a few minutes and then listen to the partner's story.

3 Invite everyone to join the full circle. Encourage them to explore links between how people deal with risk and ways in which it may affect their responses to HIV/AIDS.

It may be useful to make the following points:

- We often feel that it is all right to take risks if they turn out well. But we tend to blame others if they take risks and things go wrong.
- We are generally much less harsh in judging ourselves than we are in judging others. Is this fair?
- We are all taking risks all the time.

4 Then invite people to link this discussion with their counselling work. How can they introduce the subject of risky sexual behaviour without being judgemental? How can this be linked to information about safer sex and reducing the risk of HIV infection?

Source: Working with uncertainty, published by FPA England.

When Money is More Important than Blood: Blood Scandal in Japan

Ibarra Mateo

TOKYO - Of the 5,000 haemophiliacs all over Japan, 1,872 or about 40 percent were infected with HIV through transfusions of blood and coagulants. As of the end of 1996, 456 of these haemophiliacs have died.

The "blood scandal," as it is described in the media, has captured world attention because Japan is one of the most developed countries in the world. People forget, however, that similar problems have been reported in other developed countries, including Canada and France, where law suits and criminal cases have in fact been filed against health officials. The Japanese case is perhaps more dramatic because of the much longer delays that have taken place before the case was brought to court, suggesting a cover-up among government officials.

Early Years

The story starts with the HIV epidemic beginning in the west. As early as July 1982, doctors in the United States had linked HIV infection with transfusions of non-heated (unsterilised) blood products, prompting pharmaceutical companies to switch to selling heat-treated blood products the following year. While the non-heat treated blood products were being recalled in the US, Japanese medical practitioners continued to administer such products. It was not until July 1985 that the Japanese government authorised heat-treated blood products and even then, it did not order drug manufacturers to withdraw unheated products from the market. Investigations now show that the unheated blood products may have continued to be on the market up to 1988.

In 1989, Japanese haemophiliacs first filed lawsuits against the government and five pharmaceutical companies that distributed tainted blood but it was not until 1996 that a settlement was reached,

with companies agreeing to give a one-off payment of ¥45 million (about US\$450,000) to each plaintiff or the plaintiff's family. For plaintiffs who develop AIDS, the companies agreed to an additional payment of ¥150,000 (US\$1500) per month.

Collusion Between Health Bureaucrats and Commercial Interests

The settlement only marks the beginning of more investigations, this time into the actions of government officials, who claim that they were not aware of the risks. The Ministry of Health and Welfare had until recently denied the existence of official files relating to blood supplies. Yet, it has been shown that as early as July 1983, an item on the "handling of blood products" was deleted from the agenda of a meeting of the Health Ministry's AIDS study team. This particular item in the agenda has significant implications to the ballooning of the HIV-infection through blood transfusion. The insistence of the senior officials effectively killed the discussion of the early introduction of heated products and in effect affirming the continuation of the policy of administering the unheated blood products.

The Japanese blood scandal exposed the problem of close relationships between government bureaucrats and drug companies. It is a common practice here in Japan that retiring bureaucrats are offered positions in the private sector. This practice is called "amakudari" (sent from heaven). The private sector also funnels a substantial amount of money to academic institutions that conduct scientific research.

Two health officials and several Japanese pharmaceutical companies are in the middle of this drama. One was Dr

Takeshi Abe, regarded as Japan's leading expert on haemophilia. Prosecutors have charged that Abe, in his capacity as chief of a division of Teikyo University hospital in charge of patients such as haemophiliacs, was in a position to decide the hospital's treatment policies for haemophiliacs. Prosecutors say Abe became aware of the infection risk in administering unheated blood products in September 1984 after a US expert sent him the results of blood sample examinations showing that 23 of the 48 haemophiliacs treated in his hospital had been infected with HIV. The prosecutors have also alleged that Abe received an equivalent of about 100 million yen (about US\$1 million) as donations from drug makers who provided the unheated blood products. Abe was known to be a protege of Green Cross founder Ryoichi Naito. Although Naito died in 1982, his aggressive business philosophy lived on. Naito was once quoted as saying: "Money is more important than blood."

There were also allegations that Abe prevented a foreign drug-maker from starting a clinical trial of a concentrated, heat-treated blood product before Japanese drug manufacturers were able to begin clinical testing of similar drugs.

Another government official, Akihito Matsumura, faces charges of professional negligence arising from the death of two patients who received contaminated coagulants imported from the United States and approved by the Japanese government. From July 1984 until June 1986, Matsumura was the chief of the Japanese health ministry's now defunct biologics and antibiotics division which was at that time in charge of examining and approving blood products. Prosecutors also claimed that Matsumura knew fully well of the HIV infection risk from the unheated blood products as early as November 1984. At that time, prosecutors claimed that the findings of a blood sample examination of

the haemophiliacs were announced in a meeting of the health ministry group on post-transfusion infections.

Matsumara has defended his failure to recall the controversial blood products because this would have led to huge financial losses on the part of the Japanese drug companies. Prosecutors have used this statement to show that Matsumara was more inclined to protect the interests of local drug companies.

The Seven Long Years to Court Victory

In March 1996, seven years after the victims of what was described as Japan's worst medical disaster initiated court proceedings against the Japanese government and five Japanese drug firms, victory came to them in the form of a court-arbitrated settlement. The Japanese pharmaceutical firms involved are Green Cross Corp., Bayer Yakuin Ltd., Nippon Zoki Pharmaceutical Co., Baxter Ltd., and Chemo Sero Therapeutic Research Institute. Both the victims and the lawyers decided to jump start negotiations when the court suggested the idea that the defendants should admit their responsibility in causing and spreading the death of hundreds of haemophiliacs. This appealed immediately to the plaintiffs who had been pressing the defendants to admit their guilt and responsibility. It is said that during the seven-year long battle, almost half of the plaintiffs had died of AIDS and that every five days that passed, one case of AIDS breakout or death due to HIV infection is recorded among the original plaintiffs.

The court settlement stated that the drug companies should accept the primary responsibility in connection with the blood disaster and severely criticised the Japanese health ministry by declaring that it failed to take appropriate steps to see to it that the drugs sold in the market are safe. Touching directly on the government responsibility, the court said that one of its agencies in charge of pharmaceutical administration has "responsibility to take action to redress the damage suffered by many patients" and to extend "relief" to these victims. While the court stated that

primary responsibility should be accepted by the drug firms, it also said that the government must share the responsibility especially that the health ministry helped in the spread of the HIV infection by concealing relevant information from haemophiliacs. The unusually strong statements from the court stopped short of saying that the Japanese government has also the legal responsibility to pay compensation money to the victims.




To most observers, what prompted the usually reserved Japanese court to issue such a strongly-worded statement was the snowballing public opinion supporting the victims. Public support started mounting when a 21-year-old victim decided to end his silence. The courageous Ryuhei Kawada, a student of Tokyo Economics University, gave a human face to the hundreds of HIV-infected haemophiliacs who were suffering in silence. Soon Kawada was a familiar face explaining the HIV-infection that was caused by the unheated blood products on television stations. He was the figure standing on platforms in rallies in front of the health ministry building. To Kawada's courage, the Japanese public's answer was strong support that took the form of attending the victims' protest action and invitations to various forums where they can listen and understand further the plight of the victims. "Not much truth has been revealed despite the promises of the defendants to make utmost efforts to

disclose the true story behind the disaster," Kawada told a local newspaper here in an interview. "I could never be satisfied until the truth is disclosed. Without knowing the truth, the defendants would be unable to offer sincere apologies to us because they could not understand what was wrong (with their actions)," he said. "It is not me but the defendants who should be ashamed," he said, touching on the delicate topic of discrimination expressed by health and medical workers and the general public in general toward HIV infected persons. Discrimination "forces a number of people infected with HIV, particularly those living outside of Tokyo to travel a long way to receive medical treatment," he said, adding that small hospitals often refuse to treat HIV-patients.

Etsuko Kawada, mother of Ryuhei, is as outspoken as her son. She recalls how medical specialists in 1985 instructed her to increase the dosage of blood-clotting injections for her son despite suspicions about the product. In a newspaper interview, she said, "I believed them because the Japanese have been taught for decades not to question authority."

At the announcement of the settlement with drug companies, after an official of Green Cross read a statement of apology, someone shouted from the back of the room, "Get down on your knees," to which Etsuko Kawada added: "Admit your responsibility for the crime." Six company executives knelt before their audience, which included millions of television watchers, pressed their heads to the floor and muttered apologies for 10 more minutes.

These days, Kawada is kept busy by requests to give talks to a variety of organisations on his experiences. Kawada dreams of becoming a social studies teacher, perhaps appropriate given the way the Japanese blood scandal has shown how a collusion of business interests and government bureaucrats have proved so fatal. Kawada says, "I believe education is the key to changing the country's current social system, in which the socially strong are favoured at the expense of the socially weak." 

Counselling for HIV/AIDS: a key to caring covers counselling service management and policy issues for planners and managers.

Source book for HIV/AIDS counselling training provides guidelines for developing training courses and participatory activities. *Single copies of both books in English available free from UNAIDS Information Centre, c/o WHO, 1211 Geneva 27, Switzerland.*

Guidelines for blood donor counselling on human immunodeficiency virus (HIV) explains how to integrate donor selection, risk assessment and HIV counselling into blood donor programmes for programme planners and staff. *Single copies in English, French and Spanish available free from International Federation of Red Cross and Red Crescent Societies, PO Box 372, CH 1211 Geneva 19, Switzerland or WHO*

Safe blood and blood products is a distance learning course (five manuals) containing guidelines for managing safe blood transfusion and donation (WHO/GPA/CNP/93). *Available in English (order no 1930050) for Sw.fr.84/US\$60 (developing countries) or Sw.fr.120/US\$84 from WHO/DST, 1211 Geneva 27, Switzerland.*

Practical guidelines for preventing infections transmitted by blood or air in health settings is a briefing paper published by AHRTAG discussing the risks of blood-borne and airborne infections to both carers and patients. Write to HAIN for free copies to developing countries. £5/US\$10 elsewhere.

New resources:

TB/HIV: a clinical manual is a clinical management guide for clinicians in resource poor countries. *Available for Sw.fr.12 US/\$10.80 in developing countries from WHO*

Starting the discussion: strategies for making sex safer is based on the popular series Let's Teach about AIDS, and provides guidelines for participatory education on HIV, gender and relationships. *Available free to readers in developing countries and for £5/US\$10 to readers elsewhere from AHRTAG.*

Updates

Tuberculosis and HIV (Issue 30)

Tuberculosis guide for low-income countries is a handbook providing information for primary level staff. *Single copies are available free from IUATLD, 68 Blvd. Saint-Michel, 75006 Paris, France. (Available in English, French, Spanish)*

The April-June 1996 issue of **Child Health Dialogue** focuses on tuberculosis and children. *For copies, write AHRTAG at 29-35 Farringdon Road, London EC1M, 3JB, United Kingdom.*

HIV, Drugs and Diet (Issue 31)

Eric Van Praag and Joseph H. Perriens, **Caring for patients with HIV and AIDS in middle income countries**. *British Medical Journal, August 24, 1996.* The authors argue that in some middle-income developing countries, it may be cost effective to use antiretroviral drugs to reduce mother to child transmission or for HIV-positive individuals who were diagnosed early. *Offprints may be requested from HAIN.*

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