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Dengue epidemics in India: Platelet transfusion and HIV-follow up interpretation

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India has a shortage of platelets during the dengue and malaria epidemic months. Medical practice compels platelet transfusion in dengue/malaria patients with thrombocytopenia. This can result in transfusion-transmitted infections(TTI). TTI is reduced by preferential transfusion of platelets. 600 patients were tested for NS1, screened for platelets count, mean platelet volume (MPV), IGG and IGM and HIV, HBsAg and HCV. A significant difference in chi-square ($p<0.05$) value was observed in patients with low platelet count, high MPV, not associated with overt bleeding as compared with patients with low platelet count, normal mean platelet volume and overt bleeding. Platelet Functions Tests were performed on both groups with normal and large platelet volume. A regular follow up of platelet count test at six hourly intervals revealed that the crisis period for an active dengue patient persists only for "twenty-four hours", and it can be easily overcome with simple intravenous (IV) saline transfusion for flushing and/or oral hydration. As a result, we can avoid transfusion in around 60.2% of patients who are tested positive for NS1 dengue parameters with low platelets, and prevent transmission of TTI. Our study showed one presence of HIV antibodies in one patient after six months.

Biography

Yogini completed her Ph.D. in Applied Biology (Liver Disease in Hemophilia and Thalessamia with special reference to HIV AND HBsAg), NABL Internal auditor Certification.- GOI India –Jaipur, ICH GCP Certification-Pharmacy college Mum. University. Lead Assessor Course certification NABH-GOI, Assessor for Blood bank accreditation for NABH, Joint Director Blood Safety and Quality Assurance-MDACS Oct2009-Dec 2010, Quality Manager NACO Blood Safety – Feb-May 2009 (Annual Action Plan& compilation of the stand alone blood bank report for GOI)

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