

Letter to the Editors

Sirs and Madam,

Van Hoogstraten *et al.* (2000) state that stricter indications for blood transfusions will not substantially reduce the number of transfusions. Proper donor selection reduces significantly the overall human immunodeficiency virus (HIV) seroprevalence among donors (Schutz *et al.* 1993; UNAIDS 1997; WHO 1999). However, we believe that stricter indications for transfusion (especially in children, who are the main target group even in this study) will help to reduce unnecessary blood transfusions, resulting in a decrease of HIV transmission. Transfusion can be avoided even in case of distress. In Malawi blood transfusion was given only after unsuccessful treatment of cardiac failure accompanying severe malarial anaemia (Craighead & Knowles 1993). The mortality among anaemic children with distress who were transfused immediately did not differ from that in children in similar condition but managed conservatively.

An Hb threshold at which the probability of dying is significantly lower if transfusion is carried out has been established for children with and without distress (Lackritz *et al.* 1992). Such a threshold, 3.9 g/dl, is independent of clinical signs and it is far lower than transfusion guidelines used in most African countries. Transfusion could be avoided also in some children with a lower Hb value just by treating their distress and through effective antimalarial treatment. The importance of avoiding unnecessary transfusions becomes evident when considering that even assuming a HIV prevalence of 11% (a conservative estimate for several African countries) and a test sensitivity of 99%, 5–10 samples per 1000 classified as negative would actually be HIV positive (Ward *et al.* 1988; Savarit *et al.* 1992). Stricter guidelines for transfusion can, in our opinion, contribute significantly to reduce the number of unnecessary transfusions.

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