

## Transfusion Transmitted Infections (TTI) among blood donors in Tripoli and two other districts central blood banks in Libya- Laila Aghil - National Center for Disease Control

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### Abstract

**Background:** Rigorous screening of blood donors for Transfusion Transmitted Infections (TTI) is mandatory in Libya. Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human immune deficiency virus (HIV) prevalence among general population was 0.13%, 2.18% and 1.19% respectively<sup>1</sup>. Libya has a concentrated HIV epidemic among people who inject drugs (87%)<sup>2</sup>. The aim of this study was to examine the prevalence of, HBV, HCV, HIV and Syphilis in blood banks of Tripoli, Gherian and Al-Bayda cities. Methodology: Records of blood donors from January to end of December 2012 were included. Relatives of the recipient patients represent the majority of donors in Libya. SPSS program was used for data analysis.

In current wellbeing administrations, blood bonding is a basically life-saving move. With the present circumstance solid contributor arrangement is the foundation of bonding medication. Hereafter, an arrangement for severe standard in enlistment and deferral of blood benefactors, especially underscoring bonding contagious contaminations (TTI), may improve safe bonding practice.

**Findings:** Records of 8000, 1170, 2541 individuals were examined in Tripoli, Gherian and Al-Bayda blood banks respectively. The median age was around 30 years with male gender domination (98-99%).

The current investigation was executed to survey the commonness of TTIs inside blood givers at a sub-Himalayan rustic tertiary consideration foundation in Darjeeling, India; which can at last guide in assurance of the populace subset to be focused for upgrading contributor pool. The current investigation was a three-year (2010–2012) review study. Information was amassed and broke down from blood donation center records, relating to all benefactors who were screened for different TTIs utilizing separate immunological techniques. At that point the arranged seropositive givers were related with significant epidemiological profiles.

Tripoli had an HBV 0.6%, HCV 0.2%, HIV 0.1% and Syphilis 0.3% prevalence. Gherian had a prevalence of 0.3% while Al-Bayda had 0.1% prevalence for both HBV and HCV. One HIV positive test was found in Gherian and none in Al-Bayda. Syphilis was not documented in both cities in 2012.

**Conclusion:** Prevalence of HBV and syphilis among donors was higher in Tripoli (0.6% and 0.3%) compared to Gherian and Al-Bayda. The capital has always received priority in health services development as compared to other cities. After 2011 revolution and civil war, health services were extremely deteriorated. Severe shortage in medicines and reagents affected small cities more. Many residents migrated to the capital in search of safety or jobs, live in poorly suburban settlements and have a high risk for acquiring infectious diseases. Absolute 28,364 blood contributors were analyzed, involving 25,517 (89.96%) guys and 20,985 (73.98%) deliberate givers. Aggregate seroprevalence of HIV, HBV, HCV and syphilis were 0.42%, 1.24%, 0.62% and 0.65% separately; with lone intestinal sickness contaminated benefactor. The general seroreactivity in present examination essentially lessened through progressive years.