

The Epidemiology of Posttransfusion Hepatitis

Basic Blood and Plasma Tabulations

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Conclusions

Serum hepatitis and infectious hepatitis may have a common pathogen and their few clinical differences may be the result only of a difference in portal of entry.

The risk of serum hepatitis from transfusions derived from prison and Skid Row populations is at least 10 times that from the use of volunteer donors. For every 100 patients receiving a single transfusion, the attack rate is 0.3 percent when the donor is the conventional family man or volunteer and 3.2 percent when the donor is from a prison or Skid Row population.

The most practical methods of reducing the hazard of serum hepatitis from blood are to limit the use of blood by giving one transfusion instead of two, two instead of three, etc., and especially by excluding, if possible, all prison and Skid Row or commercial donors.

It is urged that state and federal control of the quality of blood used for blood transfusions be studied with the possibility that measures may be taken to increase its safety. If it is necessary that blood from prison and Skid Row or commercial donors be used to meet the demands, such blood should be labeled as carrying a significantly increased hazard of transmitting serum hepatitis in order that the physician prescribing blood may take the necessary precautions and weigh the consequences.

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It is worth commenting that we have observed no relationships between the quality of blood and the racial or ethnic origin of the donor. Nor do our prison or Skid Row characterizations imply social judgments; it is simply a fact of life that some lifestyles are more prone to produce hepatitis carriers than others.