Study of Disorder of Visual Acuity among Adolescent School Children in Pune

Dear Editor

The children titled "Study of Disorder of Visual Acuity among Adolescent School Children in Pune" made interesting reading.

We would like to share our findings observed during the Annual Health Examination of school children at an Air Force School.

The proportion of children detected with refractive error is as given in Table 1.

Two observation need elaboration:-

(a) The gender difference (females > males) is present in our study

too.

(b) The much lower incidence of refractive error in our data may possibly be a reflection of the socio economic statues of the parents, easy access to military health care services and therefore an early detection of the refractive error.

Contributed by

Gp Capt N Taneja

SMO & Senior Advisor (Aviation Medicine), 20 Wing AF, C/o-99 APO.

Table 1

Class	Boys		Girls		Total	
	No. Examined	No. with Def vision	No. Examined	No. with Def vision	No. Examined	No. with Def Vision
V	19	03 (15.7%)	17	04 (23.5%)	36	07 (19.4%)
VI	42	02 (4.7%)	16	01 (6.25%)	58	03 (5.17%)
VII	23	03 (13.04%)	08	02 (25%)	31	05 (16.1%)
VIII	28	02 (7.1%)	22	03 (13.6%)	50	05 (10%)
IX	49	---	19	01 (5.26%)	68	01 (1.4%)
X	37	01 (2.7%)	24	---	61	01 (1.6%)
XI	44	04 (9.09%)	26	05 (19.2%)	70	09 (12.8%)
XII	42	03 (7.14%)	29	05 (17.2%)	71	08 (11.26%)
Total	284	18 (6.33%)	161	21 (13.04%)	445	39 (8.76%)

Voluntary and not replacement donors are safe!

Dear Editor

I read with the interest article 'Infectious disease markers in blood donors' published in Jan 2008 issue of MJAFI [1]. The authors reported the data of routinely screened Transfusion Transmitted Infection (TTI) markers from 2003-2005. Similar article by Gupta P et al [2] presented the blood donor screening data for period from 2000-2004 of Department of Transfusion Medicine, Armed Forces Medical College (AFMC) Pune. Screening of blood donors for these TTI markers is statutory requirement vide Drugs and Cosmetics Act 1940 [3]. Further all blood banks are required to submit the data to National AIDS Control Organization (NACO). In addition, blood banks of Armed Forces are required to submit the data to Central Disease Registry/ AIDS Control Organization (ACO), Dept of Preventive and Social Medicine, AFMC, Pune.

The authors reported 14.3% voluntary blood donation [1]. Voluntary donation of 58.7% and 55.2% in year 2003 and 2004 respectively was reported at AFMC [2]. NACO reported overall voluntary blood donation of 52.2% in 2004 [3]. A study from Kolkata reported voluntary blood donation of 94.6% [4]. Thus voluntary blood donation of 14.3% is abysmally low; against the national short term goal of 80% [3].

The authors reported no difference in prevalence of TTI markers in voluntary and replacement donors (in fact prevalence of infectious markers except HIV was lower in replacement donor than voluntary, though statistically not significant). Based on these findings, authors recommended replacement donation in meeting blood demand in Armed Forces setting [1]. The recommendation is retrograde and against the present national policy of recruitment and retention of

voluntary donors [4]. Even data from AFMC in Armed Forces perspective is unambiguous; replacement donors carry more risk of TTI [2]. Further, any such recommendation needs to be based on all India data, in which role of ACO for Armed Forces perspective is of paramount importance.

The authors arrived at conclusion of better socioeconomic status of blood donors being the reason for low prevalence of TTI. Will these individuals be more amenable to motivation for voluntary donations? It will be prudent to know the effect of more proactive strategies in improving voluntary blood donations in this group; which will avoid reverting back to replacement donations.

The authors found declined trend in prevalence of Hepatitis C virus infection and syphilis; which is encouraging. This also means the time to move on and evaluate newer tests or strategies such as nucleic acid tests, anti HBc assay or leucodepletion in achieving newer heights in safety of transfusion than rejoicing the declining trends of conventional TTI markers. We need to evolve for safety in transfusion!

References

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