

OPINION

Sibling Anesthesiologists Plead For Pathogen Reduction/ Inactivation Technologies Acting On Whole Blood And Its Components/ Products To Counter Transfusion Transmissible/ Transmitted Infections/ Pathogens Locally, Regionally And Globally

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ABSTRACT

The time is very ripe to futuristically aim globally for potential sterilization-before-transfusion of donated whole blood and its components/products with uniform and potentially mandatory inclusion of pathogen reduction/inactivation technologies thereafter evolving to potentially make current screening questions asked from blood donors and current laboratory tests performed on blood donations as byline/postscript.

OPINION

Updated objective and shareable information regarding transfusion-transmissible (transmitted) infections (pathogens) abbreviated as TTIs may often get overlooked as byline/postscript by healthcare providers until and unless they themselves were to require transfusion whence it could become an issue of sleepless nights to burn the candle at both ends for weighing risks of TTIs against benefits of whole blood or its components'/products' transfusion. Therefore, it may be proactive on behalf of healthcare providers to regularly refresh their

knowledge especially in regard to TTIs when they are counseling their patients and consenting them before transfusing whole blood or its components/products in their counseled and consenting patients (1-15).

The questions for healthcare providers to ask themselves could simply be the following (16-27): Are they aware about which and why screening questions are currently asked from volunteers donating their whole blood or its components/products? Are they aware about whether those current volunteers adequately understand before appropriately and

completely volunteering to disclose their pertinent and holistic but private information sought by and explored in those screening questions? Are they aware about which current laboratory tests about which current pathogens causing TTIs are mandatorily conducted on the currently donated whole blood and its components/products locally, regionally, and globally so as to supplement or overcome known or unknown current information related to TTIs shared or not shared by those current volunteers? Are they aware about current pathogen reduction/inactivation technologies available now in high-income high-resource locations and regions but yet to uniformly percolate globally for acting on whole blood and its components/products so as to counter TTIs not only locally and regionally but also globally (28-34)?

Despite their non-uniform global availability and accessibility, pathogen reduction/inactivation technologies are being increasingly researched, explored, approved and utilized locoregionally because it may be high time for global blood transfusion safety to move beyond total dependence on potentially unquantifiable adequacy of known and unknown pertinent information being voluntarily disclosed by volunteers at the time of donation of whole blood and its components/products and potentially non-standardized efficacy of laboratory tests in detecting and disclosing the tested-known and even the untested-unknown pathogens potentially causing TTIs before discarding such potentially unquantifiable as well as potentially non-standardized whole blood and its components/products.

Essentially, the time is very ripe to futuristically aim globally for potential sterilization-before-transfusion of donated whole blood and its components/products with uniform and potentially mandatory inclusion of pathogen reduction/inactivation technologies thereafter evolving to potentially make current screening questions asked from blood donors and current laboratory tests performed on blood donations as non-

overlooked byline/postscript if not completely deemed as potentially unnecessary.

AUTHORS CONTRIBUTION

Both authors contributed equally.

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