

# **EVALUATION OF THE CONTRIBUTION OF THE VIRAL** SERUM MARKER "ANTI-HBc" TO BLOOD SAFETY IN **LEBANON BY POLYMERASE CHAIN REACTION**



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Introduction

# Objectives

• Lebanon is considered as a zone of low to moderate endemicity for the Hepatitis B virus with a prevalence of 1.74% (1), (2). • Classical screening of blood units was based on HBsAg testing

- Evaluate, by PCR, the prevalence of HBV in a Lebanese donor population with negative HBsAg but positive anti-HBc (3). Provide justification for the usual practice of discarding blood
- only.
- Since 2013, the Lebanese Ministry of Public Health and the Lebanese National Committee of Blood Transfusion (LNCBT) have recommended the testing of anti-HBc in the screening of blood units.

units with such a serological profile especially in settings where PCR screening is not routinely available.

#### Methods

10,945 blood donors (2013-2015)

224 samples with

HBsAg negative anti-HBc positive anti-HBs antibodies measured in all 224 samples

Hepatitis B viral load measured by PCR in 79 randomly selected samples

• A retrospective study was conducted at the Centre Hospitalier Universitaire- Notre Dame des Secours (CHU-NDS), Byblos-Lebanon.

- A total of 10,945 blood donors that were screened for HBsAg and anti-HBc on an ARCHITECT (Abbott Diagnostics) between 2013 and 2015 were analyzed.
- 224 of these donors had a negative HBsAg but a positive anti-HBc and were selected as study samples.
- Anti-HBs antibodies were measured in all of these study samples on an ARCHITECT (Abbott Diagnostics).
- 79 samples were then randomly selected and hepatitis B viral loads were determined by PCR on a Cobas<sup>®</sup> Taqman<sup>®</sup> (Roche).

### Results

# Conclusion

- Anti-HBs antibodies were grouped into 3 categories based on their levels.
- Viral HBV DNA was detected in 2 of the 79 samples that were tested with PCR at a percentage of 2.53% (4).

Units with negative HBsAg and positive anti-HBc	Anti-HBs antibodies level (IU/L)	Number of samples	HBV DNA detected by PCR
	< 10	18	1
	10 - 1000	51	0
	> 1000	10	1
Total		79	2

- HBsAg alone is insufficient to determine the infectivity of donated blood units and to ensure transfusional security.
- Even in the absence of HBsAg, and probably regardless of the level of anti-HBs antibodies, HBV DNA may still be present and the blood unit may be contagious (5).
- In the absence of PCR, it is recommended to be overcautious and to discard all blood units with a positive anti-Hbc even though this may be a false positive.

The systematic blood screening of anti-HBc, in addition to HBsAg, decreases the risk of post-transfusion HBV transmission especially in settings and countries, such as Lebanon, where PCR is not routinely available due to economic reasons.

#### **References:**

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