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WEST AFRICAN JOURNAL OF MEDICINE

ORIGINAL ARTICLE



Comparative Analysis of Rapid Test and Enzyme Linked Immunosorbent Assay for Screening of Blood Donors for Hepatitis B Surface Antigen Seropositivity

Analyse Comparative du Test Rapide et du test Immuno-Enzymatique Pour le Dépistage de la Séropositivité de l'Antigène de Surface de l'Hépatite B Chez les Donneurs de Sang

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ABSTRACT

BACKGROUND: The Hepatitis B surface Antigen (HBsAg) is the most utilized indicator marker of hepatitis B infection. This study assesses the accuracy of the two most common screening assays used to detect HBsAg among blood donors.

MATERIALS AND METHODS: A total of 350 eligible blood donors were screened for HBsAg using both Bio-Check HBsAg Rapid screening kit (BioCheck Inc, South San Francisco, USA) and a fourth-generation Enzyme-Linked Immunoassays (ELISA) kit, MonolisaTM HBs Ag Ultra (Bio-Rad Laboratories, Marnes-la-Coquette-France). Questionnaires were used to inquire about risk factors for HBV infection among blood donors. The calculation of sensitivity, specificity, negative predictive and positive predictive values were carried out by comparing the performance of the rapid kit with ELISA test as the reference standard.

RESULTS: The prevalence of HBV infection using Rapid Diagnostic Test (RDT) was 5.7% but was 14.6% by ELISA. Using ELISA as a reference, the sensitivity and specificity of RDT were 31.4% and 98.7% respectively. The positive predictive value and negative predictive value for RDT were 80.0% and 89.4% respectively. Overall non-compliance with transfusion-transmitted infection (TTI) risk-related deferral criteria was 38%.

CONCLUSION: The low sensitivity of RDT kits precludes its continuous use in high HBV endemic regions where many donors fail to disclose full and truthful information about their risk for TTI. It is suggested that blood banks should complement the use of RDT with a more sensitive assay such as ELISA. **WAJM** 2021; 38(1): 19–23.

Keywords: HBsAg, Blood transfusion, rapid kit, ELISA, blood donors.

RÉSUMÉ

CONTEXTE: L'antigène de surface de l'hépatite B (HBsAg) est le marqueur indicateur de l'infection par l'hépatite B le plus utilisé. Cette étude évalue la précision des deux tests de dépistage les plus courants utilisés pour détecter l'HBsAg chez les donneurs de sang.

MATÉRIAUX ET MÉTHODES: Au total, 350 donneurs de sang admissibles ont été soumis à un test de dépistage de l'HBsAg à l'aide du kit de dépistage rapide de l'HBsAg Bio-Check (BioCheck Inc, South San Francisco, États-Unis) et d'un kit d'immuno-essais enzymatiques (ELISA) de quatrième génération, MonolisaTM HBs Ag Ultra (Bio-Rad Laboratories, Marnes-la-Coquette-France). Des questionnaires ont été utilisés pour s'enquérir des facteurs de risque d'infection par le VHB chez les donneurs de sang. Le calcul de la sensibilité, de la spécificité, des valeurs prédictives négatives et positives a été effectué en comparant les performances du kit rapide avec le test ELISA comme standard de référence.

RÉSULTATS: La prévalence de l'infection par le VHB en utilisant le test de diagnostic rapide (TDR) était de 5,7 %, mais elle était de 14,6 % en utilisant le test ELISA. En utilisant ELISA comme référence, la sensibilité et la spécificité du RDT étaient respectivement de 31,4 % et 98,7 %. La valeur prédictive positive et la valeur prédictive négative du TDR étaient respectivement de 80,0 % et 89,4 %. La non-conformité globale aux critères d'exclusion liés au risque d'infection transmise par transfusion (ITT) était de 38 %.

CONCLUSION: La faible sensibilité des kits de TDR empêche leur utilisation continue dans les régions à forte endémicité du VHB, où de nombreux donneurs ne divulguent pas d'informations complètes et vérifiables sur leur risque d'ITT. Il est suggéré que les banques de sang complètent l'utilisation du TDR par un test plus sensible tel que l'ELISA. **WAJM** 2021; 38(1): 19–23.

Mots-clés: HBsAg, transfusion sanguine, kit rapide, ELISA, donneurs de sang.

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Abbreviations: ELISA, Enzyme-Linked Immunoassays; HBsAg, Hepatitis B surface Antigen; RDT, Rapid Diagnostic Test; TTI, Transfusion-Transmitted Infection.