

cities/towns to escape detection. There they may get more money and their blood is easily accepted.

Knowing well that HIV is a dreaded disease and blood is a potential source of transmission, it is mandatory that only HIV seronegative blood be administered in all parts of our country, and all possible precautions be undertaken for the prevention of spread of HIV infection.

V.D. Charan,  
Ambika Nanu,  
N. Desai,

V.P. Choudhry,

Department of Hematology and  
Blood Bank,

All India Institute of Medical Sciences,

Ansari Nagar,

New Delhi 110 029.

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## Comments

The points raised by Charan *et al.* are both pertinent and topical. As to why of two groups of thalassemics from the same city, one group is HIV free and one group not is difficult to explain. An outbreak of seropositivity among the blood donors of the latter group [as has been reported earlier from Pune(1)] is a distinct possibility. This angle is being closely examined by us at the moment.

Though the use of disposable syringes and needles is certainly an important step in the prevention of cross-infection with HIV, the correct 'disposal of disposables', by incineration or otherwise, is perhaps equally important. In this regard, our Thalassemia Unit is probably among the first to follow the correct techniques of waste disposal.

The point raised about HIV-2 is relevant. HIV-2 infection in India is a reality. Though we have not observed HIV-2 infection among multitransfused children with

thalassemia (unpublished observations) at other centers significant number of cases of HIV-2 have been found(2). Routine testing for HIV-1 and HIV-2 in all units of donated blood is mandatory. Most current kits offer combined tests for HIV-1 and HIV-2 at no additional cost. Although a major thrust of the National AIDs Control Organization (NACO) is the emphasis on safe blood, it is ultimately the responsibility of each individual pediatrician to ensure that HIV untested blood is not transfused.

However, it should be seen in perspective, that though blood borne HIV infection is preventable, it comprises less than 10% of all cases of pediatric AIDS. A bulk of the cases (more than 90%) are perinatally transmitted, and the means of preventing this are far more complex.

**Siddhartha Sen,**  
*Pediatrician,*  
*Charak Palika Hospital,*  
*Moti Bagh, New Delhi 110 021.*

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## A Case for Combined Mother and Child Card

This letter is in response to Shanti Ghosh's letter to the editor published earlier in your journal(1). The purpose of this communication is to convey regarding functioning of such a card, so as to stimulate others to devise their own cards as per their needs.

We at the Department of Obstetrics and Gynecology, Institute of Medical Sciences, Banaras Hindu University have designed a simple "Mother and Child Health Card" which is specifically meant for being used by the female health workers (ANMs) in the community. We find that once they are explained about it, the ANMs are using it happily and it makes their MCH work easier for them. One card is to be used for one