China is urged to compensate 100 000 survivors of HIV blood scandal which affected one million

Jane Parry  HONG KONG

The Chinese government has been urged to set up a compensation fund for the victims of an illegal blood selling scandal that resulted in thousands of people in central China in the 1990s being infected with HIV. A new report calls for a full and independent investigation into the number of people affected and an official apology to the people affected as well as compensation.

The report, jointly published by the Korekata AIDS Law Center in Beijing and the US based non-governmental organisation Asia Catalyst, describes the plight of impoverished farmers who donated blood to commercial blood collection centres across central China. The blood was often pooled for centrifugal fractionation, and donors were then re-injected with blood to reduce the risk of anaemia and were encouraged to donate more often. HIV tainted blood products were distributed through the healthcare system, creating another route of primary infection. There was also widespread secondary infection to the children and sexual partners of donors.

Although by 1995 HIV infection through paid blood donation had come to light, the authorities did not act to regulate blood donation until 2005, says Li Dan, founder of the Korekata centre. “They knew there was a problem, but they ignored it. From 1996 to 2004 they didn’t officially inform the victims that they had been infected with HIV.”

A 2007 Ministry of Health report put the number of people infected with HIV as a result of receiving illegal blood or tainted blood infusions and still alive at 65 100, but Mr Li puts the figure at closer to 100 000, 10% of the original number infected (primary and secondary infections).

The report is based on case notes from Korekata’s files and interviews with HIV experts and 31 victims. The report found that of these 31 people “26 were in critical health and had sought medical care from multiple clinics before finally discovering they were HIV-positive. Some victims found out they were HIV-positive so late that they were unable to obtain timely treatment, and died as a result.”

Efforts to obtain redress through the legal system have been largely fruitless, the report states.

One interviewee, surnamed Zhao, from Henan province, said in the report, “We managed to find the invoice from the blood transfusion we had back when we stayed in the hospital, the medical certificate, and the hospital discharge certificate, but the People’s Court wouldn’t hear our case. We wish the government would give people living with HIV/AIDS their right to sue and that the courts will give us fair compensation.”

The report was funded by UNAIDS, the joint United Nations programme on HIV and AIDS. Mark Stirling, UNAIDS’ country coordinator for China, said, “UNAIDS supports efforts to establish a national mechanism to provide compensation to persons infected with HIV through transfusion of contaminated blood products.”


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Europe needs more kidney transplants from living and dead donors

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Besides immeasurably improving the quality of life of patients with chronic kidney disease, an increase in kidney donations would lead to major savings for financially strapped health services, the European Kidney Health Alliance says.

With 250 000 patients in Europe on dialysis and 60 000 on the waiting list for a renal transplant, the alliance, a not for profit group of organisations that represent the key stakeholders in kidney health in Europe (www.ekha.eu), has appealed for an increase in the number of transplantations of organs from deceased and living donors. Currently 18 000 take place each year.

Daniel Abramowicz, professor of medicine in the nephrology department of the Erasmus Hospital in Brussels, set out the financial arguments at the appeal’s launch in the city on 6 March. Although dialysis costs some €40 000 (£33 000; $53 000) a patient each year, annual expenditure on a transplant, after the initial operation, ranges between €2000 and €4000.

Dialysis treatments account for 2% of national healthcare budgets, a figure set to double over the next five years.

The quality of life case was presented by the 34 year old Irish patient Darren Cawley, who, after nine years of dialysis every two days, had successfully received a kidney from a deceased donor last year. After describing his daily life before and after the transplantation, the difference that he felt now was “amazing,” he said.

Professor Abramowicz said that donor rates tend to be higher in countries that apply the opt-out system, where consent is presumed after an individual’s death, than in those where people have to opt in and register their explicit agreement.

However, there are exceptions. Deceased donation rates are lower in Italy and Sweden, where consent is presumed, than in Ireland and the UK, which have the opt-in system.

He said that between 10% and 50% of brain dead potential donors are not reported to transplant coordination units and that intensive care physicians from non-academic hospitals may not be familiar with the procedures involved. He recommended the appointment of donor coordinators in every hospital.

Professor Abramowicz endorsed the European parliament and European Commission’s call for information on donations to be made to the general public and health professionals; creation of national online donation registers; and ways of recording a person’s consent on identity cards and driving licences.

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