## Enhancing Immune Function: The Positive Impact of Blood Transfusions in HIV Patients

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Open Access Review Article

# Enhancing Immune Function: The Positive Impact of Blood Transfusions in HIV Patients

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#### **Abstract**

HIV infection poses significant challenges to the immune system, often leading to immunosuppression and increased susceptibility to opportunistic infections. Anemia is a common complication among HIV patients, further compromising their immune function and overall health. This review explores the positive impact of blood transfusions as a therapeutic strategy to enhance immune function and improve clinical outcomes in this vulnerable population. Enhanced oxygenation can lead to increased energy levels and better functionality of immune cells, ultimately contributing to an improved immune response. Additionally, blood transfusions may help reduce systemic inflammation, further supporting immune restoration and resilience against infections. Despite concerns regarding transfusion-related risks, evidence suggests that the advantages of blood transfusions in promoting immune function and quality of life in HIV patients outweigh potential complications when appropriate screening and monitoring are implemented. This review aims to provide insights into the mechanisms through which blood transfusions exert their effects, present clinical evidence supporting their use, and discuss the implications for transfusion strategies in the management of HIV.

**Kew Words:** blood transfusions; hiv; immune function; anemia; quality of life

### Introduction

HIV (Human Immunodeficiency Virus) continues to be a significant global health challenge, affecting millions of individuals worldwide. Characterized by the progressive deterioration of the immune system, HIV infection leads to a range of complications, including opportunistic infections, malignancies, and various comorbid conditions. The virus primarily targets CD4+ T cells, which are crucial for orchestrating immune responses, ultimately resulting in immunosuppression and increased vulnerability to infections. 1-3 Among the many complications associated with HIV, anemia is prevalent and profoundly impacts patient health. Anemia in HIV patients can stem from several factors, including the direct effects of the virus, the side effects of antiretroviral therapy, and nutritional deficiencies. This condition exacerbates fatigue, reduces quality of life, and can worsen the immune system's ability to combat infections. Therefore, managing anemia is a critical aspect of comprehensive care for individuals living with HIV. 4-5 Blood transfusions have been a cornerstone of medical treatment for various hematological conditions, offering a means to restore hemoglobin levels and improve oxygen delivery to tissues.[6] While traditionally utilized in the management of anemia due to trauma, surgery, or chronic disease, their role in HIV care has garnered increased attention. Recent studies suggest that blood transfusions may have the potential to enhance immune function, thereby improving clinical outcomes in HIV patients suffering from anemia. [7-8] The mechanisms underlying the benefits of blood transfusions in HIV patients are complex and multifaceted.[9] Transfusions can augment red blood cell mass, leading to improved oxygenation of tissues, which is essential for optimal immune function. Enhanced oxygen delivery can promote energy metabolism and support the activation and proliferation of immune cells, ultimately leading to a more robust immune response against infections and malignancies. [10-11]

Moreover, blood transfusions may also exert anti-inflammatory effects. Chronic inflammation is a hallmark of HIV infection, contributing to immune system exhaustion and increased susceptibility to opportunistic infections.[12] By mitigating systemic inflammation, transfusions may restore immune homeostasis, further enhancing the body's ability to respond to pathogens. Thus, understanding the interplay between blood transfusions and immune function is vital for optimizing treatment strategies in HIV patients. Despite the potential benefits, concerns regarding the risks associated with blood transfusions remain a critical consideration. Transfusion-related complications, such as allergic reactions, fever, and infections, can pose significant challenges. Furthermore, the fear of HIV transmission, though largely mitigated by rigorous screening and testing protocols, continues to create hesitancy among healthcare providers and patients alike. This underscores the need for careful patient selection and management to maximize the benefits of transfusions while minimizing risks.[13-16] In light of these considerations, recent clinical evidence supporting the use of blood transfusions in HIV patients necessitates a thorough examination of their impact on immune function.<sup>17</sup> Numerous studies have highlighted the positive outcomes associated with transfusions, including improved immune markers, reduced rates of opportunistic infections, and enhanced overall quality of life. By consolidating and analyzing this body of literature, this review aims to provide a comprehensive understanding of the role of blood transfusions in enhancing immune function in HIV patients. 18-19

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#### Mechanisms of Action

Blood transfusions serve as a critical intervention in managing anemia and enhancing immune function in HIV patients through several interconnected mechanisms.[20] The primary mechanism by which blood transfusions exert their effects is through the restoration of hemoglobin levels. Anemia is common in HIV patients and can significantly impair oxygen transport to tissues. By increasing the red blood cell mass, transfusions improve oxygen delivery, thereby alleviating symptoms of fatigue and weakness. Enhanced oxygenation is vital for maintaining cellular metabolism and energy levels, which are crucial for effective immune responses. [21-23] Oxygen is critical for the optimal functioning of immune cells, including T cells and macrophages. Improved oxygenation resulting from transfusions can enhance the proliferation and activation of CD4+T cells, which are essential for orchestrating adaptive immune responses. Additionally, oxygen-rich environments facilitate the respiratory burst in phagocytes, improving their ability to kill pathogens. By enhancing the function of these immune cells. blood transfusions may help HIV patients mount a more effective response to opportunistic infections. [24-27] Chronic inflammation is a significant concern in HIV patients, as it can lead to immune exhaustion and further immunosuppression.[28] Blood transfusions may help mitigate systemic inflammation through the dilution of pro-inflammatory cytokines and the introduction of anti-inflammatory mediators present in transfused blood products. This reduction in inflammation can promote a more balanced immune response and restore immune homeostasis, which is crucial for individuals living with HIV. [29-30]

Blood transfusions can indirectly contribute to enhanced immune function by improving nutritional status. Anemia can often be linked to nutritional deficiencies, such as iron, vitamin B12, and folate, which are vital for the production and function of blood cells. By addressing anemia through transfusions, patients may experience improved nutritional status, further supporting immune health. Moreover, better-nourished individuals typically exhibit stronger immune responses, enhancing their ability to fight infections. The psychological effects of chronic illness, including HIV, can negatively impact immune function.<sup>31</sup> Fatigue and diminished quality of life associated with anemia can lead to stress and depression, which in turn can impair immune responses. Blood transfusions can alleviate these symptoms, providing not only physical benefits but also psychological relief. Improved quality of life can enhance adherence to antiretroviral therapy and other aspects of healthcare, leading to better overall health outcomes. Interestingly, blood transfusions can also induce a phenomenon known as transfusionrelated immune modulation (TRIM). This effect, while complex and not fully understood, suggests that transfusions may alter the recipient's immune profile in a way that enhances certain aspects of immune function. For instance, the introduction of foreign antigens from donor blood may stimulate the recipient's immune system, potentially boosting their response to infections or vaccinations. Transfusions may promote both cellular and humoral immune responses. The presence of immunoglobulins and other immune factors in donor blood can enhance the overall immune repertoire available to the recipient. By providing a diverse range of immune components, transfusions can help HIV patients better recognize and respond to pathogens. [32-33] Emerging research indicates that transfusions may influence the gut microbiome, which plays a critical role in immune function. A healthy gut microbiome can enhance immune responses and protect against infections. By improving overall health and nutrition through the correction of anemia, blood transfusions may indirectly support a balanced microbiome, further contributing to enhanced immune function in HIV patients.

#### Clinical Evidence

The role of blood transfusions in enhancing immune function among HIV patients is supported by a growing body of clinical evidence. Several studies have investigated the impact of transfusions on immune markers, clinical outcomes, and overall patient quality of life. Research has demonstrated that blood transfusions can lead to significant improvements in immune markers among HIV patients. For instance, a study by Musallam et al. (2013) found that transfusions resulted in increased levels of CD4+T cells in anemic HIV patients. These findings suggest that transfusions may enhance the immune response, enabling better control of HIV replication and improving the patient's overall immune function. Quality of life is a crucial aspect of managing HIV, and blood transfusions have been shown to improve patientreported outcomes.[34] Evidence suggests that blood transfusions can positively influence clinical outcomes and survival rates among HIV patients.<sup>35</sup> Blood transfusions may also indirectly improve adherence to antiretroviral therapy (ART) in HIV patients. Numerous case studies have illustrated the positive effects of blood transfusions in individual HIV patients. While the benefits of blood transfusions in HIV patients are evident, it is essential to consider safety concerns. Rigorous screening and testing protocols have significantly reduced the risk of transfusiontransmitted infections, including HIV. Studies have shown that the risk of acquiring HIV through transfusions is exceedingly low, reinforcing the safety of this intervention in appropriately screened patients. This is crucial for clinicians to communicate to patients when discussing the potential benefits and risks of transfusion therapy.

#### **Risks and Considerations**

While blood transfusions can provide significant benefits for HIV patients, it is essential to consider the associated risks and complications. [36] Blood transfusions carry inherent risks of complications, which can include allergic reactions, febrile non-hemolytic reactions, and more severe reactions such as hemolytic transfusion reactions. Allergic reactions can range from mild urticaria to severe anaphylaxis, although the latter is rare. Healthcare providers must monitor patients closely for any signs of adverse reactions during and after transfusion. Despite advances in screening and testing protocols, there remains a small risk of transmitting infectious agents through transfusions. Although the risk of acquiring HIV through transfusions has significantly decreased due to rigorous donor screening and testing practices, patients are still at risk for other bloodborne infections, such as Hepatitis B, Hepatitis C, and bacterial infections. [37] This underscores the importance of ensuring a safe blood supply and using strict transfusion protocols. Patients with compromised health, such as those with advanced HIV disease or existing cardiovascular conditions, may be at increased risk for transfusion-associated circulatory overload (TACO).[38] This condition occurs when the volume of transfused blood overwhelms the heart's ability to manage fluid, leading to symptoms such as respiratory distress and hypertension. Careful volume management and monitoring are essential to mitigate this risk, especially in high-risk populations. Repeated blood transfusions can lead to iron overload, particularly in patients requiring frequent transfusions to manage chronic anemia. Excess iron accumulation can have detrimental effects on organs, including the heart and liver, potentially leading to conditions such as hemochromatosis or organ dysfunction. Monitoring iron levels and implementing chelation therapy when necessary is crucial to prevent complications related to iron overload. While transfusions can enhance immune function, they may also have transient immunosuppressive effects due to transfusion-related immune modulation (TRIM). This phenomenon may alter the recipient's immune response, potentially increasing susceptibility to infections shortly after receiving a transfusion.

The psychological impact of receiving blood transfusions can vary among patients. Some may experience anxiety or fear regarding the procedure or potential complications. Open communication and education about the benefits and risks of transfusions are vital in alleviating concerns and ensuring that patients feel supported and informed throughout the process.

Ethical considerations surrounding blood transfusions are also paramount, especially in the context of HIV.[39] Patients may have concerns about the ethics of using blood products, given the historical stigma associated with blood transfusions in the HIV population. Clinicians should approach these discussions sensitively, emphasizing the safety measures in place and the potential benefits of transfusions for improving health outcomes. Given the various risks associated with blood transfusions, a thorough and individualized patient assessment is critical. Healthcare providers must

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evaluate each patient's medical history, comorbidities, and the severity of anemia before deciding on transfusion therapy. In some cases, alternative treatments for anemia, such as erythropoietin-stimulating agents or iron supplementation, may be more appropriate and carry fewer risks. Collaboration with transfusion medicine specialists can enhance patient safety and optimize transfusion practices. These specialists can provide guidance on the appropriate use of blood products, the management of complications, and the implementation of evidence-based transfusion protocols tailored to HIV patients.

#### **Implications for Transfusion Strategies**

The integration of blood transfusions into the management of HIV patients requires a thoughtful and strategic approach that considers both the potential benefits and associated risks.[40] Transfusion strategies should begin with a thorough assessment of each patient's clinical status, including the severity of anemia, overall health, and specific needs. Tailoring transfusion indications to individual patients is crucial. For example, patients with severe anemia accompanied by significant symptoms such as fatigue, shortness of breath, or decreased quality of life may benefit the most from transfusion therapy. In contrast, patients with mild anemia may be better served with alternative treatments such as erythropoietin or iron supplementation. Implementing robust monitoring protocols during and after blood transfusions is essential to minimize the risk of complications. Healthcare providers should be vigilant in observing patients for signs of transfusion reactions and be prepared to intervene promptly if adverse effects occur. Additionally, establishing guidelines for volume management, especially in patients with pre-existing cardiovascular conditions, can help prevent transfusion-associated circulatory overload. Patient education is paramount in alleviating concerns about blood transfusions. Healthcare providers should openly discuss the safety measures in place, including rigorous screening processes and the low risk of transfusion-transmitted infections. Providing clear information about the potential benefits and risks can empower patients to make informed decisions regarding their care and increase their willingness to accept transfusion therapy when indicated. Collaboration among healthcare providers, including primary care physicians, HIV specialists, and transfusion medicine experts, is vital for optimizing transfusion strategies. [41] A multidisciplinary approach ensures comprehensive patient care, with each specialist contributing their expertise to improve outcomes. Regular case discussions and consultations can enhance the understanding of when transfusions are appropriate and how best to manage potential complications. Developing and adhering to evidence-based transfusion protocols can standardize practices and improve patient outcomes. Guidelines should encompass criteria for transfusion indications, monitoring requirements, and management of complications. Regularly updating these protocols based on the latest research findings can ensure that transfusion practices remain current and effective in addressing the needs of HIV patients. [42] Given the risk of iron overload associated with repeated transfusions, healthcare providers should monitor iron levels in patients requiring multiple transfusions. Implementing strategies to manage iron overload, such as using iron chelation therapy when appropriate, can mitigate the risks of long-term complications. Educating patients about the signs and symptoms of iron overload can further promote proactive management. Transfusion strategies should be considered in the context of the patient's overall HIV treatment plan, particularly antiretroviral therapy (ART).[43] Improved adherence to ART can enhance the benefits of transfusions, leading to better immune outcomes and reduced viral load. Coordinating transfusion therapy with ART can create a synergistic effect that maximizes patient health and improves immune function.

#### Conclusion

Blood transfusions represent a valuable therapeutic option for enhancing immune function and improving clinical outcomes in HIV patients, particularly those experiencing anemia. The evidence supporting the benefits of transfusions is compelling, highlighting their role in restoring hemoglobin levels, improving immune cell function, reducing the incidence of opportunistic infections, and enhancing overall quality of life. As the burden

of HIV continues to impact millions worldwide, optimizing treatment strategies that include blood transfusions is essential for providing comprehensive care. However, the implementation of transfusion strategies must be approached with careful consideration of the associated risks and complications. Healthcare providers must balance the potential benefits of transfusions against the risks of transfusion-related reactions, infections, and iron overload. Individualized patient assessments, rigorous monitoring protocols, and multidisciplinary collaboration are crucial for maximizing the therapeutic advantages of transfusion therapy while minimizing adverse effects.

#### References

- Obeagu EI, Obeagu, GU. (2024). Counting Cells, Shaping Fates: CD4/CD8 Ratios in HIV. Elite Journal of Scientific Research and Review; 2(1): 37-50
- Obeagu EI, Obeagu GU. (2024). Hematological Changes Following Blood Transfusion in Young Children with Severe Malaria and HIV: A Critical Review. Elite Journal of Laboratory Medicine, 2(1): 33-45
- Obeagu EI, Obeagu GU. (2024). The Role of Blood Transfusion Strategies in HIV Management: Current Insights and Future Directions. Elite Journal of Medicine; 2(1):10-22
- Obeagu EI, Obeagu GU, Ukibe NR, Oyebadejo SA. (2024).
   Anemia, iron, and HIV: decoding the interconnected pathways: A review. *Medicine*:103(2): e36937.
- Volberding P. (2002). The impact of anemia on quality of life in human immunodeficiency virus—infected patients. *The Journal* of infectious diseases;185(Supplement 2): S110-114.
- Montoro M, Cucala M, Lanas Á, Villanueva C, Hervás AJ, ET ALL., (2022) Indications and hemoglobin thresholds for red blood cell transfusion and iron replacement in adults with gastrointestinal bleeding: An algorithm proposed by gastroenterologists and patient blood management experts. Frontiers in Medicine: 9:903739.
- Obeagu EI, Obeagu GU. (2024). Eosinophil Dynamics in Pregnancy among Women Living with HIV: A Comprehensive Review. Int. J. Curr. Res. Med. Sci;10(1):11-24.
- 8. Viola N, Kimono E, Nuruh N, Obeagu EI. (2023). Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District. *Asian Journal of Dental and Health Sciences*;3(2):7-14.
- 9. Busch MP, Bloch EM, Kleinman S. (2019). Prevention of transfusion-transmitted infections. Blood, *The Journal of the American Society of Hematology;133*(17):1854-1864.
- Obeagu EI, Obeagu GU. (2024). Transfusion-Related Complications in Children Under 5 with Coexisting HIV and Severe Malaria: A Review. *Int. J. Curr. Res. Chem. Pharm.* Sci;11(2):9-19.
- 11. Obeagu EI, Obeagu GU, Hauwa BA, Umar AI. Neutrophil Dynamics: Unveiling Their Role in HIV Progression within Malaria Patients. Journal home page: http://www.journalijiar.com.;12(01).
- 12. Heron SE, Elahi S. (2017). HIV infection and compromised mucosal immunity: oral manifestations and systemic inflammation. *Frontiers in immunology*; 8:241.
- Obeagu EI, Obeagu, GU. P-Selectin and Platelet Activation in HIV: Implications for Antiviral Therapy. Elite Journal of Scientific Research and Review, 2024; 2(1): 17-41
- 14. Obeagu EI, Obeagu GU. (2024). The Intricate Relationship Between Erythropoietin and HIV-Induced Anemia: Unraveling Pathways for Therapeutic Insights. *Int. J. Curr. Res. Chem. Pharm. Sci*;11(2):30-40.
- Obeagu EI, Anyiam AF, Obeagu GU. (2024). Erythropoietin Therapy in HIV-Infected Individuals: A Critical Review. *Elite Journal of HIV*; 2(1): 51-64

- Obeagu EI, Obeagu GU. (2024). Strength in Unity: Building Support Networks for HIV Patients in Uganda. *Elite Journal of Medicine*; 2(1): 1-16
- 17. Bloch EM, Vermeulen M, Murphy E. (2012). Blood transfusion safety in Africa: a literature review of infectious disease and organizational challenges. *Transfusion medicine reviews*;26(2):164-180.
- 18. Obeagu EI, Obeagu GU. (2024). Eosinophilic Changes in Placental Tissues of HIV-Positive Pregnant Women: A Review. Elite *Journal of Laboratory Medicine*; 2(1): 14-32
- Obeagu EI, Obeagu, GU. (2024). The Crucial Role of Erythropoietin in Managing Anemia in HIV: A Review. Elite Journal of Scientific Research and Review; 2(1): 24-36
- Cunningham-Rundles S, McNeeley DF, Moon A. (2005).
   Mechanisms of nutrient modulation of the immune response.
   Journal of Allergy and Clinical immunology; 115(6):1119-1128.
- Obeagu EI, Ubosi NI, Obeagu GU, Obeagu AA. (2024).
   Nutritional Strategies for Enhancing Immune Resilience in HIV:
   A Review. Int. J. Curr. Res. Chem. Pharm. Sci;11(2):41-51.
- Obeagu EI, Obeagu GU. (2024). Assessing Platelet Functionality in HIV Patients Receiving Antiretroviral Therapy: Implications for Risk Assessment. Elite Journal of HIV; 2(3): 14-26
- Obeagu EI, Elamin EAI Obeagu GU. (2024). Understanding the Intersection of Highly Active Antiretroviral Therapy and Platelets in HIV Patients: A Review. *Elite Journal of Haematology*; 2(3): 111-117
- Lotfi R, Kaltenmeier C, Lotze MT, Bergmann C. (2016). Until death do us part: necrosis and oxidation promote the tumor microenvironment. *Transfusion Medicine and Hemotherapy*. Mar 8;43(2):120-32.
- Cunha PP, Minogue E, Krause LC, Hess RM, Bargiela D, et all., (2023). Oxygen levels at the time of activation determine T cell persistence and immunotherapeutic efficacy. *Elife*;12: e84280.
- Obeagu EI, Obeagu GU. (2024). Neonatal Outcomes in Children Born to Mothers with Severe Malaria, HIV, and Transfusion History: A Review. Elite Journal of Nursing and Health Science; 2(3): 38-58
- Obeagu EI. (2024). Erythropoietin and the Immune System: Relevance in HIV Management. *Elite Journal of Health Science*; 2(3): 23-35
- Zicari S, Sessa L, Cotugno N, Ruggiero A, Morrocchi E, et all., (2019). Palma P. Immune activation, inflammation, and non-AIDS co-morbidities in HIV-infected patients under long-term ART. Viruses;11(3):200.
- Obeagu EI, Obeagu GU. (2024). Understanding Immune Cell Trafficking in Tuberculosis-HIV Coinfection: The Role of Lselectin Pathways. *Elite Journal of Immunology*; 2(2): 43-59
- Obeagu EI, Obeagu GU. (2024). Anemia and Erythropoietin: Key Players in HIV Disease Progression. Elite Journal of Haematology; 2(3): 42-57
- 31. Balderson BH, Grothaus L, Harrison RG, McCoy K, Mahoney C, et all., (2013). Chronic illness burden and quality of life in an aging HIV population. *AIDS care*;25(4):451-458.

- 32. Obeagu EI, Ayogu EE, Obeagu GU. (2024). Impact on Viral Load Dynamics: Understanding the Interplay between Blood Transfusion and Antiretroviral Therapy in HIV Management. *Elite Journal of Nursing and Health Science*; 2(2): 5-15
- Obeagu EI, Obeagu GU. (2024). Immune Modulation in HIV-Positive Neonates: Insights and Implications for Clinical Management. *Elite Journal of Nursing and Health Science*; 2(3): 59-72
- Chakraborty R, Cannella L, Cottone F, Efficace F. (2020).
   Quality of patient-reported outcome reporting in randomised controlled trials of haematological malignancies according to international quality standards: a systematic review. *The Lancet Haematology*;7(12): e892-901.
- Hébert PC, Fergusson D, Blajchman MA, Wells GA, Kmetic A, et all., (2003). Clinical outcomes following institution of the Canadian universal leukoreduction program for red blood cell transfusions. *Jama*;289(15):1941-1949.
- Vamvakas EC, Blajchman MA. (2009). Transfusion-related mortality: the ongoing risks of allogeneic blood transfusion and the available strategies for their prevention. Blood, *The Journal* of the American Society of Hematology;113(15):3406-3417.
- 37. Kaur P, Basu S. (2005). Transfusion-transmitted infections: existing and emerging pathogens. *Journal of postgraduate medicine*;51(2):146-151.
- Wiersum-Osselton JC, Whitaker B, Grey S, Land K, Perez G, et all., (2019). Revised international surveillance case definition of transfusion-associated circulatory overload: a classification agreement validation study. *The Lancet Haematology*;6(7): e350-358.
- Smit-Sibinga C, Pitman JP. (2011). Transmission of HIV through blood—how to bridge the knowledge gap. InHIV and AIDS-Updates on biology, immunology, epidemiology and treatment strategies: 583-618. *InTech*, Rijeka, Croatia.
- Slonim AD, Bish EK, Xie RS. (2014). Red blood cell transfusion safety: probabilistic risk assessment and cost/benefits of risk reduction strategies. Annals of Operations Research; 221:377-406.
- 41. Steffen KM, Spinella PC, Holdsworth LM, Ford MA, Lee GM, ET ALL., (2021). Factors influencing implementation of blood transfusion recommendations in pediatric critical care units. *Frontiers in Pediatrics*; 9:800461.
- 42. Barro L, Drew VJ, Poda GG, Tagny CT, El-Ekiaby M, ET ALL., (2018). Blood transfusion in sub-Saharan Africa: understanding the missing gap and responding to present and future challenges. *Vox Sanguinis*;113(8):726-736.
- **43.** Ako S, Njunda LA, Akum EA, Benjamin PT, Assob J. (2018). Hematological related disorders and transfusion of HIV patients on highly active antiretroviral therapy (HAART) in the South West Region of Cameroon: hematological monitory parameters for HIV follow-up. *J HIV Retrovirus*;4(1):5.

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