ETHNICITY AND THE BLOOD SUPPLY

Type O-positive blood is the most common and most frequently used blood type. Type O-negative blood is the universal donor, since almost anyone can accept it for a transfusion regardless of their blood type. These types are the first to run out during a blood shortage. Forty-five percent of people in the U.S. have type O blood. This percentage is higher among Hispanics (57 percent) and African-Americans (51 percent).

Though compatibility is not based on race, genetically similar blood is best for those who need repeated or large volumes of blood transfusions, or those who have produced red blood cell antibodies for various diseases and conditions like sickle cell, heart disease and kidney disease. Blood that closely matches a patient’s ethnicity is less likely to be rejected by the patient. Some African-American patients have different combinations of antigens in their blood, like U-Negative or Duffy-Negative. Because these antigens are rarely found in other ethnic groups, these patients often depend on African-American blood donations.

Sickle cell is the most common inherited blood condition among African-Americans in the U.S. Sickle cell patients can use up to four pints of blood weekly. One of every 12 African-Americans has the sickle cell trait, and one in every 400 African-American babies are born with sickle cell disease.

37% of the population is eligible to donate blood, yet fewer than 3% in Chicagoland actually donate. Less than 1% of these blood donations are from African-Americans or Hispanics.