A summary of present practices with respect of recognition and investigation of Transfusion Associated Hepatitis (TAH) in Northern Ireland.

1. Recognition of TAH

Jaundice in a patient who has previously received blood and/or blood products is reported to the NIBTS either by the clinical staff or the hospital laboratory. District hospitals are actively encouraged to report all instances of TAH/ transaminitis. However, we recognise that a significant number of patients with milder clinical attacks are seen by the General Practitioner. Reports from GPs are seldom received.

2. Investigation

a. A summary of PID, blood/blood products transfused together with dates, serial numbers of units and reason for transfusion, clinical and laboratory data on patient are obtained.

b. Clinical staff in-charge of the patient are advised to send serum to the PHL for Hepatitis A and B markers, EBV and CMV.

c. Since November 1982, donor serum samples are stored at -20°C in the NIBTS for a period of 1 year. Tests for anti-HBc and ALT are performed on the implicated stored samples.

d. An entry is made on the appropriate donor cards to ensure that a sample of blood is taken for ALT at the subsequent donation. In addition to routine HBsAg, tests for anti-HBc and anti-HBs are performed on the sample obtained on this occasion.

e. The unit of blood collected from such a donor is not issued for transfusion until all the tests are completed.

3. Action taken

a. If ALT levels in the donor are repeatedly within the normal range and no

Hepatitis B markers are detected, the donor is retained on the panel and treated as normal.

b. If an "implicated" donor is noted to have repeated elevation of ALT in the absence of Hepatitis B markers his/her GP is notified for further follow-up. Blood and/or blood products from such donors are not used for transfusion.

In answer to points raised by the Chairman of the working party on TAH:

a. We would prefer to continue with our present procedures. The introduction of a proforma to various wards and laboratories in district hospitals, GP practices etc., is not feasible. Continued personal consultation between staff of NIBTS and clinical staff is likely to prove more useful.

b. Donor serum samples are stored at -20°C for a period of one year.

c. We do not experience any difficulties in tests for Hepatitis B markers.

d. Summaries of all cases encountered are filed and can be recovered without delay.

GRO-C

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