

FOLLOW UP OF BLOOD DONATIONS PREVIOUSLY GIVEN BY DONORS WHO ARE IDENTIFIED AS POSITIVE FOR HTLV III ANTIBODY

1. The Screening Sub-Committee have considered what measures should be taken by Regional Transfusion Directors when Donors of long standing are identified to be HTLV III antibody positive when screening tests are introduced as a routine.
2. Regular blood donors generally are asked to attend donor sessions twice each year. In some Regions they may be asked to return more often but not more frequently than every three months. Donors attending for donation of plasma only, can donate up to 15 times a year.
3. When a regular donor is confirmed to have antibody to HTLV III the donation collected at the time will be discarded. It is unlikely that it will be possible to ascertain from the donor when HTLV III infection was contracted. Thus, donations given by the donor earlier will have to be regarded as potentially positive. In certain Transfusion Centres Pilot tube samples from donations are retained for a period of months and where this is positive and in those cases where a sample from an earlier donation is not available testing the recipients will be the only way of ascertaining if the donor has transmitted the infection.
4. The Screening Sub-Committee have recommended that the haematologist in charge of the hospital blood bank should be informed if it is believed that an earlier donation could have transmitted HTLV III infection. The haematologist would be asked to identify the recipient of the suspect donation and to inform the clinician in charge of the case when the blood was transfused. The clinician must exercise his clinical judgement about informing and testing the recipient. The Regional Transfusion Director should be informed of the outcome.
5. In certain cases the recipient will have died, in others it may not be appropriate or possible to follow up the recipient. The Regional Transfusion Director would then initiate follow up of a donation given earlier. Only when earlier donations can be regarded as HTLV III antibody negative through finding the recipient negative should this process stop. The Screening Sub Committee whilst recognising that this could be a complex and prolonged task consider that it should be undertaken in order to identify infected recipients whose health could be affected as could their children's or sexual contact.
6. The Expert Group are asked to consider this proposal and to advise. If the Expert Group endorse the proposal their advice about the number of years that such a retrospective search should be made is sought.