

Transfusion Medicine



An international journal published
for the British Blood Transfusion Society

British Blood Transfusion Society

X Annual Scientific Meeting

8-11 September 1992

Short Communications

Thursday, 10th September 1992

S14 CONFIDENTIAL UNIT EXCLUSION: THE NORTH LONDON BLOOD TRANSFUSION CENTRE'S EXPERIENCE

Brennan M., Hewitt P.E., Moore C., Hall G. and Barbara J.A.J.

North London Blood Transfusion Centre, Colindale Avenue, London NW9
5BG

A Confidential AIDS Questionnaire has been in use at North London Blood Transfusion Centre (NLBTC) donor sessions since July, 1985. The purpose of the questionnaire is to encourage those donors whose behaviour puts them at risk of HIV infection to refrain from donating. In a situation where such individuals cannot avoid donating they can indicate, in confidence, that their blood should not be used for transfusion. NLBTC's questionnaire has reflected the information given in the DOH leaflet but the wording and emphasis has been adapted for local use and has evolved to also emphasise risk behaviours for hepatitis B and C infections. Each questionnaire is identified by a unique number matching that on the donor's record and blood pack. Questionnaires are completed confidentially and placed in a sealed box which is not opened until return to the Centre where the contents are sorted by clerical staff prior to the release of any components. Donations corresponding to all positive questionnaire responses are 'held' on a computer and the units are physically quarantined. Follow up of donors who give positive responses are investigated through a personal approach by a medical officer.

As a result of questionnaire responses an average of 0.24% of donors require follow up, 60% of whom are males and 65% are new donors. As a measure of the effectiveness of identifying 'at risk' donors, an average of 9 donors are permanently excluded, and 12 temporarily deferred from donation each month. Approximately 50% of positive responses are subsequently found to be inappropriate and these donors are returned to the panel. Up to 1990, 2400 donors have indicated that they were at risk of HIV infection and 4 of these have been confirmed anti-HIV positive (0.16%) compared with 30 anti-HIV positive donations detected by routine screening of approximately 1,000,000 donations (0.003%). Exclusion of 'at risk' donors reduces the sole reliance on testing to ensure the safety of the blood supply in relation to several transfusion transmissible infections and offers one practical method for excluding at least some 'at risk' donors who may be in the window period of HIV infection.