

NORTH LONDON BLOOD TRANSFUSION CENTRE STANDARD PROCEDURES

INITIATION AND WORKING OF A REPORT OF HEPATITIS/JAUNDICE  
AFTER TRANSFUSION

SOP PL PTH 001

Revision No: 000

Written by: Senior Microbiologist

Signed:

GRO-C

Date: 8 June 1990.

Approved: Deputy Director

Signed:

GRO-C

Date: 8<sup>th</sup> June 1990

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Purpose

To provide a detailed procedure for the initiation and running of an enquiry following a report of hepatitis or jaundice after issue of blood from NLBTC

Distribution

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Microbiology Laboratory/Plasma Clerks Office

Initiation and working of a jaundice enquiry

Purpose

To establish a detailed procedure for the initiation and running of a "jaundice" (post transfusion hepatitis - PTH) enquiry following issue of NLBTC blood and components.

1. Any notification received from a hospital of a possible PTH enquiry including NLBTC blood/components; must be passed to a Medical Officer/Consultant/Dr. Howell/Dr. Barbara (i.e. clinical details must not be taken by secretaries/clerical officers).
2. Details are then passed from the authorised individual receiving the notification to plasma office giving:
  - No and year of enquiry (e.g. J1/90, J2/90 etc)
  - Patient's name
  - Name of reporting hospital + reporting individual.
3. Plasma office start a file containing the details listed in 2 and pass to Dr. Hewitt (Consultant in charge) with a standard letter coded:
  - Con. Haemat (addendum 1)
  - or Dr. at Hosp (addendum 2)
  - plus a PTH enquiry form (addendum 3)
4. Dr. Hewitt decides on appropriate letter, which is typed by plasma clerks. Patient name and JE no. are entered on the notification form. Form and letter (after signature) forwarded to hospital, to individual who notified the case.
5. When details are returned (addressed to Dr. Hewitt), Dr. Hewitt reviews details and file and decides whether to instigate an enquiry, in consultation with the Head of Microbiology.
6. Donation numbers given on the notification form or accompanying documentation are forwarded by Dr. Hewitt to Dr. Brozovic, (Consultant in charge, Quality Monitoring) for onward transmission of relevant details to BPL, after checking of computer records for the fate of all components from the donations involved.
7. Donation numbers given on the notification form or accompanying documentation must be traced back to the donors, via the bleed sheet and/or computer.

- 7.1. In the case of donations given prior to 15.5.90 and all donations given at WEDC, Luton or Deansbrook Road (DBRC), 101 cards must be traced.
  - 7.1.1. Lists of numbers relating to 101 cards should be sent to donor records, WEDC, Luton or DBRC with a memo requesting tracing of 101 cards, which should be forwarded to the plasma office. The memo must bear the JE no. and year (e.g. J4/90) which must then appear on the "yellow peril" in the panel file.
  - 7.1.2. Copies of the requesting memos must be filed in the JE file, with dates of request.
- 7.2. In the case of donations given after 15.5.90 at mobile clinics, no 101 card will be available. Records Department should be asked for a print out of the relevant donor details, and instructed to put a temporary withdrawal on the donor with reference to the JE number.
  - 7.2.1. Copies of the requesting memo must be filed in the JE file, with date of request.
- 7.3. All 101 cards/donor print-outs must be held with the JE file until instructions are given to return the donor to the panel (RTP) (see item 12).
8. When donor details are received, donors are contacted by letter.
  - 8.1. Letter Au1/71 (addendum 4) and letter Au2/71 (addendum 5). are sent to the donor for his/her attention and for the information of the hospital or clinic doctor obtaining the blood samples.
  - 8.2. Two dry samples tubes, labelled with donor name and JE number, are placed in a plastic bag with cotton wool.
  - 8.3. A pre-paid address label is enclosed with "Microbiology Lab", donor's name and JE number on the label.
  - 8.4. The above are to be sealed in a postal approved sample box with adequate cotton wool in case of spillage.
9. The 101 cards are stamped jaundice enquiry no ..... or the appropriate entry made on the computer (see 7.2.).

10. The names of involved donors are entered on the jaundice enquiry form with details of clinics, donation number etc, date when the letters and tubes are sent, date samples received and the results (Addendum 6).
11. When the enzyme and microbiology results are received they are entered by the plasma clerks on the appropriate results sheet.
12. If the results are negative and the enzyme levels normal the 101s are returned to records with the appropriate negative stamp (Addendum 7), on instruction from Dr. Hewitt, Dr. Barbara, or Dr. Moore. If the donor records are computerised, the temporary withdrawal will be cancelled.
13. Letters JE/cleared/86 (addendum 8) are sent to the donors who are negative notifying them of the results and that they will be called up at the next donor session.
14. Donors with a positive result are notified by a Consultant or the Hepatitis Councillor by letter (Addendum 9), the 101 card taken off the panel and master file card withdrawn. A yellow file is made up for donors implicated in HBV transmission and a repeat sample is requested from the donor every 3, 6 or 12 months. The donor's name is put in the HBsAg pos. book. If the donor is implicated in NANBH transmission a yellow file with green stripes is made to identify the difference from a Hep B donor. The 101 card is put in the NANBH panel. These donors are called in annually for samples.
15. If a donor involved has high enzymes, then another sample is required for further testing. Letter JAB/MM/1/82 (Addendum 10) is sent with another sample tube etc.
16. If donors in a jaundice enquiry do not respond to the initial letter a second letter with sample tubes is sent after 1 month. If there is still no response after a further month, Dr. Hewitt will make a decision whether the 101 should be withdrawn from the panel.
17. If a donor is implicated in PTH transmission then the fate of any other components of the same or any subsequent donation must be traced and the relevant hospital informed by letter (Addendum 11).
18. When a PTH enquiry is to be closed, Dr. Hewitt will sign the summary form (addendum 12) after it has been completed by the SSO in microbiology. The file is then ready for microfilming. Dr. Hewitt sends a report to the hospital concerned.

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19. A summary will also be sent to Dr. Brozovic so that BPL may be informed of all donations which have been cleared and any which have been implicated.
20. It is the responsibility of the SSO in microbiology to produce a summary of the year's PTH enquiries, in consultation with the Head of Microbiology. These are then discussed with Dr. Hewitt and the honorary consultants.
21. All files must bear details of all actions taken with regard to a JE; all entries must be dated; a Consultant must countersign all entries.
22. All files must be reviewed by the Consultant (Dr Hewitt) in the first week of each month, so that outstanding details can be reviewed and further action instigated.

Copies of the report are sent to:

Plasmapheresis Office  
Dr. Barbara  
Dr. Tedder (Middlesex Hospital)  
Dr Julia Heptonstall (CDSC)

7th June 1990  
PEH/mm

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