

HCV Look Back

NBS Procedure to be followed: -

1. All reference laboratory confirmed HCV antibody positive donors to be identified and their donor record examined. *There is no requirement to follow up donors whose final result is deemed to be indeterminate.*
2. All donations given prior to the index HCV antibody positive donation to be identified by donation number together with all the unfractionated blood components prepared from these previous donations.
3. The fate of all these previously donated units and their associated unfractionated components must be established.
 - i.e. red cells
 - platelets
 - clinical fresh frozen plasma
 - cryoprecipitate
 (plasma that went for fractionation does not need to be traced back but its fate needs to be noted for completeness)
4. A list of all components issued to each hospital must be prepared. This list must provide the donation number, the type of component and the date of issue to the hospital.

N.B. Regardless of how far back individual hospital records are kept the NBS must endeavour to provide a complete list of components issued and the date of issue for each previous donation from reference laboratory identified anti-HCV positive donors. This is crucial information as even if the hospitals no longer have records going back far enough, at least the NBS will still be able to provide an estimate of how many potentially at risk recipients cannot be traced and when and at which hospital they were transfused.

5. Based on available data, it is sensible to work on the assumption that all previous donations were potentially infectious. It is not therefore considered necessary to test archived samples for the presence of anti-HCV. An exception could be made where individual patient circumstances make it desirable to know whether or not they were put at risk.
 - i.e. in individual patients where it would be preferable not to inform them that they had been put at risk unless the presence of an HCV infection would alter their management.
- Please feel free to alter, amend, correct, reword, make additions, etc. This is just a starter for 10.
 - Please also flag up potential areas of difficulty in following this trail - I have a particular concern about Issue/Despatch/Components departments as to how well these records are kept and how easy/difficult it will prove to be to identify which hospitals all the components were issued to.
 - What sort of time scale do you think we will need for the above exercise and what resource (i.e. manpower) will be required to complete this exercise within a reasonable time frame?