Guidelines for Post-Test Discussion with Donors Confirmed to be HCV Positive

This Management Process Description replaces NEW	Copy Number	
Locally issued by	Approved	31 DEC 2002
Summary of Sign	ificant Changes	

N/A

Policy

It is the policy of the NBS to provide a post-test discussion for donors confirmed to be HCV positive.

Purpose

The purpose of the post-test discussion with donors confirmed to be HCV positive is

- · to explain the meaning of the test results and why further donation is not possible
- to explore the consequences for the donor's future health and circumstances
- to arrange further medical referral
- to reduce the risk of onward transmission
- to obtain information about the source of infection

Responsibilities

Lead Consultant Transfusion Microbiology or designated member of the medical staff

has over all responsibility for this process

Consultant on the site where the donation was given or designated member of the medical staff is responsible for

- contacting the donor
- providing the post-test discussion

The person conducting the discussion is responsible for

- · explaining the test results
- explaining the implications to the donors health
- recommending ways to reduce onward transmission
- recommending a specialist unit

All staff involved in the process

all staff involved in the process are responsible for maintaining donor confidentiality

Definitions

None

Applicable Documents

MPD/MED/CM/009 - Management of Donors with Confirmed Microbiological Markers **INF/MED/CM/008** - Important information about your test result (TMW)

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THE AIMS OF THE DISCUSSION

These objectives were identified in the report 'Recommendations for the Minimum Standards of Good Practice for the Management of Donors with Confirmed Positive Microbiological Markers', October, 1997 (now Clinical Policy MPD/MED/CM/009) and are as follows:-

- · to explain the meaning of the test results and why further donation is not possible
- to explore the consequences for the donor's future health and circumstances
- to arrange further medical referral
- to reduce the risk of onward transmission
- to obtain information about the source of infection
- to maintain confidentiality

THE INTERVIEW

The interview should be conducted as set down in Clinical Policy MPD/MED/CM/009. The emphasis placed on each of the aims of the discussion will depend on the individual donor and his/her circumstances. How much information, and the degree of detail given, will be a matter of individual judgement. Discussion will centre around specific queries with respect to the hepatitis C virus and the tests performed, but the Blood Service cannot assume clinical responsibility for the donor/patient.

The leaflet 'Important information about your test results' INF/MED/CM/008(TMW)' should be used as an adjunct to the session and a copy given to the donor.

The discussion should ensure, as far as possible, that the donor is 'safe' i.e. not going to harm himself/herself, after leaving the interview. immediate concerns, such as whom to tell, and plans for the rest of the day should be covered. Contact telephone numbers, which may include 'out of hours' helplines, should be given.

EXPLANATION OF THE TEST RESULTS

The basic facts about the test results should be explained to the donor:-

- The test result relates to a virus called hepatitis C virus.
- The principal test is an antibody test and a positive result suggests that the donor has been infected with the hepatitis C virus at some time in the past.
- A positive antibody test result does not necessarily indicate continuing infection with the hepatitis C virus, although the pattern of antibody response can give a good indication of whether virus is present the stronger the antibody, the more likely it is to represent continuing infection.
- Most individuals who are exposed to infection remain carriers and therefore the donor should be regarded as continuing to be infected with the hepatitis C virus.
- Tests for viral material (PCR polymerase chain reaction) are usually also carried out on a pooled plasma sample, if a blood donation, rather than a sample, has been given. If PCR results are available from the donation, the donor can also be told that a test for viral material has been performed and, if positive, that it is confirmation that the donor is carrying the hepatitis C virus.
- The tests do not indicate how long ago the donor was infected. An idea of how long the infection has been there can only be gained from exploring possible sources of infection.
- The tests do not give an indication as to whether the donor's health is affected and cannot predict whether any individual donor will develop illness, or if so, when.

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In the absence of a PCR result, a positive anti-HCV result could, therefore, indicate:-

 Continuing infection (carrier state), which may be long-lasting but not necessarily leading to any illness.

See 'How hepatitis C can affect health'.

- Continuing infection (carrier state), leading to symptoms/illness at a later date. See 'How hepatitis C can affect health'.
- Previous infection which has been cleared with the development of immunity. (In this case the PCR result will be consistently negative - one negative result is not sufficient to conclude that infection has been cleared.)

BLOOD/ORGAN DONATION

Because hepatitis C infection can be passed on by infected blood and tissues, donors :-

 cannot be considered for future blood, tissue or organ donation - nor can their current sexual partners.

See 'Sexual partners who are donors'.

- must destroy any organ donor cards which they may have.
- should be asked for details of any previous donations and the date, place, name (if different) and address at the time should be documented. (Steps will be taken to check recipients of the donor's previous donations.)

If appropriate, donors should be reassured that hepatitis C infection cannot be caught through giving blood.

HOW HEPATITIS C CAN AFFECT HEALTH

The basic facts about hepatitis C-related health problems should be explained to the donor:-

- The natural history of hepatitis C infection in the general population is not known, though it appears that the longer the virus is present the more the likelihood of liver damage: thus the source/time of infection may be significant.
- It is known that some carriers develop a form of chronic hepatitis (liver damage).
- Chronic hepatitis can lead to symptoms of ill-health over months or years. (Such symptoms are usually vague and non-specific e.g. anorexia, weight loss, fatigue etc. and probably should not be discussed in great detail.)
- Chronic hepatitis can lead to cirrhosis in some people: in a few cases this could lead to liver cancer after a number of years.

MEASURES TO PROTECT HEALTH

To reduce the risk of hepatitis C-related health problems, donors should be advised to:-

- eliminate or at least reduce alcohol consumption there is no other specific advice which can be offered to donors regarding protection of their health.
- follow a healthy lifestyle.

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CONFIRMATION OF THE RESULTS / MEDICAL REFERRAL/FOLLOW-UP

- A fresh blood sample is required to repeat the original test, both to reaffirm the original result and to confirm that the donor has been correctly identified.
- Once the results have been confirmed on the second sample, specialist referral is strongly recommended in order to assess and monitor the donor's health.
- The donor's general practitioner should be informed, so that specialist referral can be arranged and/or communication between the specialist and the general practitioner facilitated.
- With the donor's permission the Blood Service will inform the donor's general practitioner of the test results and provide a list of named specialists or, in some instances, refer directly to a specialist. no lifestyle information will be provided, however, unless the donor has no objections to it being passed on.
- Specialist assessment will provide information about whether the virus is present (if this is not already known) and other tests can be carried out - viral strain, viral load, liver function tests, a liver scan and possibly a liver biopsy may all be required - which will give more information about the donor's current health.
- The specialist centre will also be able to monitor the donor's health at intervals and give advice on the treatment options.
- New improved treatments are becoming available, and although not all patients will experience a response, the various options should be discussed with the specialist once a full health assessment has been made.

REDUCING THE RISK OF ONWARD TRANSMISSION

The donor should be informed about the possible transmission routes for hepatitis C infection and how to avoid passing it on to others. The discussion may result in the likely source of the infection being identified but, if this does not occur, it may be possible to ask the donor about the risks outlined in 'Obtaining information about the source of the infection'.

Transmission routes

- Although hepatitis C is infectious, for it to be passed on, blood (or other body fluids) from an infected person must be able to get inside another person's body and, in particular, into his/her bloodstream.
- Any procedure which could involve puncturing the skin with non-sterile equipment may pose a risk, for example:-
 - tattooing, acupuncture, ear piercing.
 - sharing drug injecting equipment (among injecting drug users) where use of the same paraphernalia ('works') can be a source of infection.
 - less commonly, injecting steroids for body building, taking part in 'blood brother' rituals and 'snorting' cocaine have been implicated as sources of infection.
- Medical/dental treatment has been implicated in countries where sterile equipment is not used.
- A history of previous blood transfusions (before screening was introduced) is also a recognised risk.

Protecting others from infection

- · The virus can be destroyed by ordinary household disinfectants or hot water and detergent.
- In ordinary, everyday contact with people, it is thought that there is very little risk of the infection being passed on provided that all usual hygiene precautions are observed.
- It is most unlikely that hepatitis C can be spread by food or water and so there is no risk of infection from shared washing or toilet facilities, cooking utensils, crockery, cutlery, clothing, towels or swimming pools.

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- As far as is known, hepatitis C cannot be passed on by tears, sweat, coughs, sneezes or insect bites.
- Any accidents which involve blood spillage could expose others to risk and, if possible, the spillage should be cleaned up using disposable paper towels and then the area should be swabbed with undiluted household bleach.
- Cuts or open wounds should be covered with an appropriate dressing. Soiled dressings and used sanitary towels or tampons should be flushed down the toilet.
- Razors, toothbrushes and scissors should not be shared since traces of blood may be left on them
 after use.
- Contact sports should not be played if there is a cut or other injury which is likely to bleed.
- Tattooing, body piercing, acupuncture and electrolysis should not be undertaken unless sterile, single-use equipment is employed.

Sexual partners

- The donor should be advised to inform his/her sexual partner(s) of the infection risk and be encouraged to discuss having protected sex using condoms and dental dam with a regular partner if he/she is known to be HCV negative or has not been tested.
- Testing the partner is not the function of the Blood Service and should be carried out at the time of specialist assessment or by the general practitioner.
- Protected sex should be recommended for any new or casual partners.
- The risks of sexual transmission should be explained:-
 - Hepatitis C is not readily passed on by sexual contact but any sexual contact where infected body fluids enter the body of another person carries a small risk of infection.
 - The activities most likely to transmit infection are unprotected vaginal or anal intercourse, any activity which draws blood, including intercourse during menstruation and sharing sex toys or vibrators.
 - Other activities, e.g. oral sex, carry low risks and kissing is thought not to be a risk if both partners have healthy mouths.

Sexual partners who are donors

- Sexual partners of confirmed hepatitis C antibody positive individuals are not eligible as blood donors.
- If the partner is aware of the donor's test results then he/she should be advised to stop donating.
- If the partner is unaware and the donor will not inform him/her, the Blood Service can arrange
 not to use that individual's future donations, provided that full details of his/her identity are
 provided. If these details are refused, the onus is on the donor to ensure that his/her partner
 does not donate. This should be made clear to the donor and documented. The partner's test
 results cannot be divulged to the donor.
- Reinstatement of partners to the donor panel can be considered if the relationship ceases and one year has elapsed since the last sexual contact.

Pregnancy

- Spread from mother-to-baby (vertical transmission), like sexual transmission, seems to be uncommon and usually associated with concurrent HIV infection.
- Hepatitis C is also very unlikely to be passed on by breast feeding.

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OBTAINING INFORMATION ABOUT THE SOURCE OF THE INFECTION

If a risk history has not already been obtained, if feasible, donors should be asked about possible sources of infection:-

- Previous blood transfusions.
- Drug use at any time including body-building injections.
- Tattoos, acupuncture and any other skin-puncturing procedures where sterile equipment may not have been used.
- Invasive medical procedures particularly abroad where disposable equipment may not have been used.
- Any time in penal institutions (there is a high prevalence of injecting drug use in prisons/borstals).
- · High risk sexual contacts.

CONFIDENTIALITY

The donor should be reassured that the Blood Service guarantees complete confidentiality and no information is divulged to any other party (including the donor's general practitioner) without the donor's consent (usually in writing).

- Dentists, and other clinical care providers, should be informed by the donor.
- Most donors will choose to inform their current sexual partner, and this should be encouraged and discussed. On rare occasions where this is refused and the partner is also a donor, the Blood Service may be obliged to take steps to see that the individual is informed, in order to fulfil duty of care.
- Employees working outside health care settings do not need to notify their employers see 'Health care workers'.
- Other individuals do not need to be informed unless the donor chooses to do so.
- The result does not affect existing insurance policies. In taking out a new policy the donor should answer all questions truthfully since concealing relevant information might render any policy invalid. If no relevant question is asked then the result need not be volunteered but it is likely that any new policy which does ask relevant questions will carry a prohibitive premium.

HEALTH CARE WORKERS

There are restrictions on hepatitis C infected health care workers working within the Health Service. NBS staff who hold discussions with donors should ensure that they are familiar with current Department of Health guidelines, but in general

- individuals working directly with patients should be warned that their status may affect their future employment and be urged to discuss the matter with their occupational health department at the earliest opportunity.
- for those who are HCV PCR positive and performing procedures which could be considered in any way invasive, sick leave should be recommended until their occupational health department has been informed.
- if a donor does not have access to an occupational health department, and is assessed to be a risk, alternatives, such as urgent specialist medical assessment, should be pursued.

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