

11/1/85

SCREENING OF BLOOD DONATIONS FOR ANTI-HTLV III IN  
REGIONAL BLOOD TRANSFUSION CENTRES

REPORT FROM THE WORKING PARTY OF THE  
REGIONAL TRANSFUSION DIRECTORS' COMMITTEE

- 1) In accordance with the resolution of Expert Advisory Group on A.I.D.S. that Dr. A. Smithies consult with the National Blood Transfusion Service on matters relating to the screening of blood donations for anti-HTLV III, the Regional Transfusion Directors' Committee formed a Working Party comprising the following membership:

Dr. I.D. Fraser	- Director, South Western R.T.C. (Chairman)
Dr. K.Ll. Rogers	- Director, SE/SW Thames R.T.C.
Dr. L.A.D. Tovey	- Director, Yorkshire R.T.C.
Dr. A. Napier	- Director, Cardiff R.T.C.
Dr. M. Contreras	- Director, N.W. Thames R.T.C.
Dr. H.H. Gunson	- Director, North Western R.T.C.
Dr. D.B.L. McClelland	- Director, S.E. Scotland R.T.C.
(nominated by the S.N.B.T.S., Directors' Committee)	
Dr. A. Smithies	- D.H.S.S.

- 2) The contents of this document have been approved at full meetings of both the Regional Transfusion Directors' Committee and the S.N.B.T.S. Directors' Committee.
- 3) **INTRODUCTION OF ANTI-HTLV III SCREENING TESTS**

It was agreed that routine screening tests for anti-HTLV III should not be introduced until the following had taken place:

- 3.1 The proposed evaluation in the N.B.T.S. of different test kits has enabled satisfactory system(s) to be selected.
- 3.2 The establishment of Reference Centres for the purpose of carrying out nationally agreed confirmatory tests on sera giving positive results upon screening.
- 3.3 The establishment of alternative venues for anti-HTLV III tests on members of the General Public who are not blood donors.

It was further agreed that the introduction of anti-HTLV III testing in Regional Transfusion Centres should take place throughout the U.K. over the shortest period practicable following the agreed starting date.

- 4) **DEFINITION OF ANTI-HTLV III TEST RESULTS AND ACTION TO BE TAKEN ON RECEIPT OF TEST RESULTS**

The following scheme is proposed for the definition of test results and of the actions to be taken by the R.T.C. during the process of initial and confirmatory testing.

- 4.1 **INITIAL SCREEN TEST NEGATIVE**

Donation passed for use, providing all other tests are satisfactory.

#### 4.2 INITIAL SCREEN TEST POSITIVE

Donation is labelled 'Biohazard' - NOT FOR TRANSFUSION

The screening test is repeated both on the initial sample and on a sample taken from the actual donation or integral donor line.

#### 4.3 IF ONE OR BOTH REPEAT SCREENING TESTS POSITIVE

Sample of serum and plasma from donation sent to Reference Centre for confirmation.

Note: If the screening tests on the samples are POSITIVE and the test on the donation is NEGATIVE, the whole session or batch of tests must be rescreened from samples taken from the donations to exclude a sample transposition or labelling error.

#### 4.4 IF BOTH REPEAT SCREENING TESTS NEGATIVE

The donor will remain on the panel and will not be informed. The donor will be recalled for a further donation. The donor records will be flagged so that particular attention will be given to the testing of a subsequent donation. (Sample may be sent to Reference Centre, depending on local agreements).

##### IF SCREENING TESTS ON SUBSEQUENT DONATION NEGATIVE

The donation will be made available for use. The flag will be removed from the donor's record.

##### IF SCREENING ON SUBSEQUENT DONATION POSITIVE

Donation discarded.  
Sample of serum and plasma from donation sent to Reference Centre for confirmation.

#### 4.5 CONFIRMATORY TESTS ON THE INITIAL DONATION POSITIVE

Suspend the donor from the panel.

Arrange to interview the donor (see 5.2 below). At the interview a SAMPLE OF BLOOD IS COLLECTED from the donor, and sent to the Reference Centre where the original confirmatory tests were carried out.

#### 4.6 CONFIRMATORY TESTS ON THE INITIAL DONATION NEGATIVE

The donor's name will remain on the panel and the donor will not be informed. The donor will be recalled for at least one further regular donation. The donor's record will be flagged so that particular attention will be given to testing a further donation.

**IF SCREENING TESTS ON SUBSEQUENT DONATION POSITIVE**

The donation will be discarded.  
A sample of serum and plasma from the donation will be sent to the Reference Laboratory for confirmatory tests.

**IF CONFIRMATORY TESTS ON SUBSEQUENT DONATION NEGATIVE**

This is probably a "non-specific result"  
Remove name of the donor from the panel.  
The donor should be interviewed and advised that his/her blood contains a factor which is not harmful, certainly not related to AIDS, but which interferes with routine testing of blood. The names of these donors may be transferred to a reserve panel for further samples to be taken at future dates for research purposes according to local arrangements.

**IF CONFIRMATORY TESTS ON SUBSEQUENT DONATION POSITIVE**

Proceed as in paragraph 4.5

**IF SCREENING TESTS ON SUBSEQUENT DONATION NEGATIVE**

Proceed as in paragraphs 4.1

**5. PROCEDURES FOR THE HEALTH CARE OF DONORS**

- 5.1 All donors will be notified before donating, by being sent or given a leaflet, that their donation will be tested for anti-HTLV III (Appendix I). Donors will be asked to confirm that they agree to the test being carried out (Appendix II).

Donations will not be accepted from donors who do not wish their blood to be tested.

- 5.2 On receipt of the first CONFIRMED positive result for anti-HTLV III the donor will be sent a letter by a member of the consultant staff at the Regional Transfusion Centre. A specimen letter is given in Appendix III. An early appointment will be arranged for the donor to be interviewed by a doctor from the Regional Transfusion Centre, who has been trained in counselling.

During this interview the significance of a positive anti-HTLV III result will be explained. The donor will be asked for the name and address of his Family Doctor and every effort will be made to ensure that the donor receives further medical consultation and that the results of the tests can be reported to his/her Family Doctor. A further sample of blood will be collected from the donor and sent to the Reference Centre where the original confirmatory tests were carried out.

6. CONFIDENTIALITY

Systems will be developed within the R.T.C.'s to ensure confidentiality of records. Staff within the R.T.C. will have information on a "need to know" basis. The main donor record (card or computer) will not have HTLV-III antibody positive data directly recorded on it, but will be identified by a reference such as "REFER TO LABORATORY FILE"

7. FOLLOW-UP OF RECIPIENTS OF PREVIOUS DONATIONS GIVEN BY DONORS FOUND TO BE HTLV-III POSITIVE

- 7.1 Efforts will be made to determine the names of any patients who received blood and components from the donations taken during the past five years and the information regarding the known or possible seropositivity of the donation given to the Consultant in charge of the patient.
- 7.2 If plasma from any of the donations was sent for fractionation, full follow-up of all patients receiving coagulation factor concentrates may be difficult or impossible. Since patients suffering from haemophilia A and B are being investigated for anti-HTLV III at present, it is recommended that no additional follow-up be carried out.

INFORMATION FOR BLOOD DONORS

Our concern is for your safety and for the safety of the patient who receives your blood.

Before we take your blood we need to know that you are in good health and will not suffer because you have volunteered to give it.

A sample of your blood is taken before you donate to ensure that you are not anaemic. Further tests are done in the laboratory on a sample taken from your donation. The laboratory tests include those for hepatitis, syphilis and will in future include the test for the antibody to the AIDS virus

At each visit we ask you to read and sign the form which gives the list of medical reasons for not giving blood to make sure that you are reminded what they are. This will also include a reminder that your blood will be tested.

If in the unlikely event your blood gives positive results to any of these tests you will be informed by the Regional Transfusion Director so that additional confirmatory tests can be arranged.

Your medical history will be kept confidential. If you have any questions please do not hesitate to call the local Regional Blood Transfusion Centre and ask to speak to a member of the medical staff.

If you are at risk from AIDS as are:

1. Practising homosexual and bisexual men.
2. Drug abusers, both men and women, who inject drugs.
3. Sexual contacts of people in these groups.

Please do not volunteer to give blood.

There is no danger of getting AIDS through giving blood.

Thank you for your co-operation and for your contribution to the vital service of blood donation.

Remember blood is urgently needed to treat those less fortunate in health than you.

SESSION AT ..... DATE .....

TO BLOOD DONORS

Please tell the doctor in charge:

If you have had an infectious disease in the past two years or have been in contact with a case of infectious disease in the past six months or have received any inoculations or vaccinations.

If you have visited places abroad (other than in Europe or North America) or lived in such places recently.

If you have had any of the following conditions:

ANAEMIA	DIABETES
ASTHMA	EPILEPSY (Fits)
BRUCELLOSIS (Undulant Fever)	GOITRE
CANCER	HAY FEVER

HEART DISEASE  
HIGH BLOOD PRESSURE  
JAUNDICE (Including contact with a case  
during the past six months)

KIDNEY DISEASE

MALARIA  
NETTLE RASH  
STROKE  
TUBERCULOSIS (Consumption)

Please read the leaflet explaining about AIDS.

All blood donations will be tested for the AIDS antibody and other infections. If your donation reveals a positive result you will be asked to attend for further confirmatory tests.

Please sign below to show that you have read this notice and that you agree that your blood is tested.

LETTER TO BLOOD DONORS WHO HAVE BEEN CONFIRMED AS  
POSITIVE FOR HTLV III ANTIBODY

Dear

Examination of your blood has shown that it contains properties which may be of importance to your health.

We should like you to attend to see Dr. - to discuss this and to take a further small sample of blood. Please complete the slip below and return it in the stamped addressed envelope provided.

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CONFIDENTIAL

Regional Blood Transfusion Centre,  
.....  
.....  
.....  
.....

Date:

Name of Donor

Reference No.

I suggest one of the following appointments, and I would be grateful if you will tick the one which is most suitable for you.

Dates and time: ..... ..

Place: ..... ..

If you are unable to keep any of these appointments would you please telephone me at the Transfusion Centre, Telephone No. ....

Signed: .....  
DIRECTOR