

**Date of publication:** 30<sup>th</sup> October 2017

**Implementation:** To be determined by each Service

## Change Notification UK National Blood Services No. 35 - 2017

**This change applies to the Whole Blood and Components Donor Selection Guidelines for England, Scotland and Wales. For Northern Ireland see separate entry.**

### Hepatitis C

Section 1 – Affected Individual and Section 3 - Person Currently or Formerly Sharing a Home with an Affected Individual are unchanged.

Please replace section 2 with the text below.

#### 2. Current or Former Sexual Partner of Affected Individual

*Obligatory*

**Must not donate if.**

Less than 42 **three** months from the last sexual contact.

*Discretionary*

If less than 42 **three** months from the last sexual contact and the donor reports that their current or former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for 42 **three** months and continues in sustained remission, accept.

*See if Relevant*

Blood Safety Entry

*Additional Information*

Confirmation of the success of treatment of the HCV positive partner is not required.

There is now sufficient evidence to establish that individuals who have a sustained virological response to treatment for hepatitis C infection (defined as remaining hepatitis C RNA negative six months after completing treatment) are likely to have been 'cured' and that the chance of relapse is less than 1%. (Data from the Pegasys Study presented at the 38th annual Digestive Diseases Week conference, Washington, USA, 21 May 2007 by Shiffman et al [abstract ID #444]).

In the United Kingdom sexual transmission of HCV from an infected individual to a sexual partner is low, but not zero.

As the treated individual would have a very low (<1%) risk of

relapse of infection and sexual transmission of the hepatitis C virus is rare, the transmission of hepatitis C from a successfully treated individual to a sexual partner is most unlikely.

All donations in the UK undergo HCV NAT screening so that the chance of a window period donation escaping detection is also exceedingly low (estimated residual risk for HCV transmission from a UK blood donation for 2006-2008-2014 - 16 is 1 in 8095.8 million donations).

### **Sexual Partners of anti-HCV positive, PCR negative donors**

From time to time, individuals are identified (through donation) who are HCV antibody positive, but have negative results for both pooled HCV NAT and individual HCV PCR tests. The question of eligibility of their partners as blood donors has been raised. While it is routine practice to request further tests on a follow-up blood sample from any donor who has positive microbiology test results, it is the current view that one or two negative PCR tests performed by the blood service, inevitably close together in time, are not sufficient to allow the (uninfected) partner to donate. This situation is not analogous to the partner of an individual who has been successfully treated for HCV infection, who will have undergone monitoring of test results over a period of time. The HCV antibody positive partner would need to have a full assessment and be given the assurance that he/she is not currently infected before the non-infected partner could be considered eligible as a donor.

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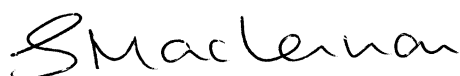
*Update Information*

This entry was last updated in:  
DSG-WB Edition 203 xx, Release 04 xx.

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*Reason for change*

~~'Additional Information' has been added concerning the sexual partners of anti-HCV positive, PCR negative donors.~~  
This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.



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