

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

Implementation: To be determined by each Service

## Change Notification UK National Blood Services No. 36 - 2017

Applies to the Cell and Tissue Donor Selection Guidelines for Deceased Tissue Donors, Live Tissue Donors, Cord Blood Donors and Bone Marrow & Peripheral Blood Stem Cell Donors

# Hepatitis C

Please merge the 'current' and 'former' sexual partner of confirmed case sections and make the changes as shown below in red text.

### 1. Affected Individual

*Obligatory*

**Must not donate.**

*Discretionary*

If the individual has been told that he/she is HCV antibody negative, then samples should be taken to determine eligibility.

*See if Relevant*

[Tissues Safety Entry](#)

*Additional Information*

Hepatitis C is a serious viral infection that can lead to chronic liver disease, liver cancer (hepatoma) and chronic fatigue syndrome. It has also been linked with malignant lymphomas and autoimmune disease. The infection is very easily spread by transfusion.

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Many cases are linked to previous drug use and, before the introduction of HCV screening of blood donations, to transfusion.

Individuals who have had Hepatitis C infection in the past, and have been told that they have been successfully treated, will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before their donation can be

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issued, their **tissue/cells** cannot be used.

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*Reason for Change* 'Additional Information' has been added.

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## 2. Current **or Former** Sexual Partners of HCV Positive Individuals

*Obligatory* **Must not donate if**  
Less than 3 months from the last sexual contact

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*Discretionary* If less than 3 months from the last sexual contact and the donor/donor family reports that their current or former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for at least 12 months prior to the last sexual contact and continues in sustained remission, accept.

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*See if Relevant* [Tissues Safety Entry](#)

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*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 cessation of 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. This guidance presumes that a validated NAT test for HCV is negative, if this test is stopped for any reason the guidance will change.

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*Reason for Change*

This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23<sup>rd</sup> July 2017.

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**3. Person currently or formerly Sharing Home with an affected individual**

*Discretionary*

Accept.

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*See if Relevant*

Sexual Partners of HCV Positive Individuals above.

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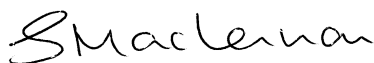
*Additional Information*

Hepatitis C is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood route. For these reasons household contacts do not need to be deferred

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**Update Information**

This entry was last updated in  
**TBC**



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