

Joint UKBTS Professional Advisory Committee (1)

Position Statement

Blood donor selection to minimise risk of transfusion transmissible infectious agents entering the blood supply

November 2017: Applied to England, Scotland and Wales only.

June 2020: Applies to all UK Blood Services (see Change Notification 28 - 2020)

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This document will be reviewed whenever further information becomes available. Please continue to refer to the website for in-date versions.

The highest priority of the United Kingdom Blood Transfusion Services (UKBTS) is to ensure that blood provided for patients is as safe as possible. The UK adopts a highly precautionary approach to blood safety. The guiding principle is that if the best available evidence shows that there are reasonable grounds to believe that a course of action will improve the safety of blood, this action should be taken. Decisions must, however, recognise the need for an adequate supply of blood to meet patients' essential needs.

Donor selection guidelines help to protect not only against those infections that are tested for in every blood donation, but also against other infectious agents, both known and unknown that could be transmitted by blood and other body fluids. The guidelines have developed over the years, and have been revised and updated to take account of scientific and medical knowledge and advances.

Donor selection guidelines to minimise the risk of transfusion transmissible agents were first introduced when the risk of hepatitis B virus, and other infections such as malaria, were recognised to be associated with certain specific situations, such as non-sterile needles and travel to certain areas of the world. Over time, the guidelines have grown in complexity as more infections are identified and overseas travel has increased.

Donor selection guidelines to protect the blood supply from HIV were first formulated early in the 1980s, based on the best evidence then available. At that time, no blood tests were available to detect HIV infection, and hepatitis C infection had not been identified. Since then, tests for HIV, hepatitis C and HTLV have been introduced to supplement those for hepatitis B and syphilis infection, and all tests have been regularly improved through scientific and technological advances. Despite these advances, UKBTS donor selection guidelines, in common with those of many other countries, permanently bar from blood donation any individual who has ever injected drugs.

Despite the availability of high quality blood tests which can be applied to blood donations, there remains a risk that an infectious donation could escape detection in the tests used. There is a very low failure rate for every test. The main risk is that an infection goes undetected because the donor has attended very early in the incubation period of the infection, very soon after infection, and the infection cannot be detected no matter how good the test may be. This situation is known as a "window period". Donor selection guidelines take account of the window period for the tests used and in many situations require a period of time between possible exposure to the infection

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and the time when blood tests would be reliably expected to detect any infection which is tested for.

UKBTS regularly analyses the numbers of infections detected in blood donors, and uses these figures to calculate the risk of an undetected infection. Furthermore, information provided by infected donors helps to identify where and how the infection was picked up. This information can then be used to improve and strengthen the donor selection guidelines.

In the period 1995 to 2017, HIV infections detected in blood donors in the UK were most often sexually transmitted. Hepatitis B infection was predominantly related to place of birth or parents' birth, since the infection is very widespread in some countries, while hepatitis C was mainly associated with injecting drug use

Re-attending donors provide about 80% of all donations in the UK. An infection such as HBV, HCV or HIV detected in such a donor must have occurred at some time following the earlier donation. Furthermore, the fact that an individual has recently become infected is evidence that he or she has been exposed to some risk during the period between the two donor attendances.

Following publication of the SaBTO Donor Selection Criteria report 2017 the deferral period for many risks has been reduced from 12 months to 3 or 4 months. This review considered advances in the sensitivity of testing procedures currently in use in the UK, the prevalence of transfusion transmissible infections and the level of compliance with the previous 12 month exclusion for donors at higher risk of blood borne infections.

The changes in the guidelines are not expected to alter the excellent safety record of UK blood transfusions, but it remains vitally important that all donors clearly understand and comply with existing guidelines in order to maintain this record. Public Health England are currently undertaking a survey of blood donors throughout UKBTS to assess this in order to improve blood donation practice where necessary.