4PS-19-05

THIRD PARTY INFORMATION,SUBJECTIVE DONOR ASSESSMENT AND SEROCONVERSION RATES IN BLOOD DONORS

V. Poovalingam, R. Patak, P. Knox
South African National Blood Service, Durban, South Africa

Background: Hearsay or third party information about otherwise qualified blood donors related to risk of transfusion transmittable diseases is sometimes relayed to blood donor clinic staff after completion of the donation process.In addition, certain behaviour on the part of donors may be judged to be suspicious by clinic staff. Policies on dealing with this difficult situation vary from centre to centre . Most centres quarantine or discard the implicated donation as a precautionary measure in the interest of recipient safety. In some centres further clarification is sought from the donor with the attendant risk of provoking anger, whilst other centres do not contact the donor for verification.In the East Coast Region of the South African National Blood Service, clinic staff append a temporary 'Perceived Risk'(PR) comment against the donation record. The donated product is discarded. The donor remains active unless the information is verified.

Aim: To evaluate the relationship of clinic staff assessment of perceived risk(PR) and subsequent seroconversion for antibodies to HIV and HCV and HBsAg.

Method: The computerised records of all donors in the East Coast Region of the South African National Blood Service who had donated more than once in the 5 year period from 1st January 2000 to 31st December 2005 were reviewed. Repeat donors perceived as being at increased risk (PR) at any donation episode during this period were identified. Results of viral tests for all donors were noted. Where possible, the reason for the PR designation was obtained.

Results: There were a total of 114117 repeat donors. Of these, 819 were categorised as having been perceived as being at increased risk(PR). The main reasons recorded were third party information relating to the donor or the donor's partner, and donor behaviour suggesting that the reason for donating was to obtain an HIV test.Seroconversion occurred in 8 (0.97%) of the 819 PR donors compared to 525(0.46%) of 113592 repeat donors not marked as PR (p=0.03).Of the 8 seroconverting PR donors(5 HIV, 2 HBV, 1 HCV),only 1 donor was found to have seroconverted at the time of his subsequent donation 2 months later The remaining 7 made negative donations prior to the seroconverting donation a mean of 15 months later.

Conclusion: Significantly more donors who were perceived to be at increased risk of transfusion transmittable viral disease based on third party information or subjective staff assessment(PR group) later seroconverted, compared to the non PR donor group.With the possible exception of 1 case,this practice had no impact on recipient safety during this period. Further debate is required regarding appropriate policies to deal with unsubstantiated hearsay information or subjective assessment of donor behaviour in an ethical and effective manner while maintaining the primary goal of recipient safety.

©ISBT 2006 Backwell Publishing Ltd.