Donor Notification

How to go about it?

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Blood Safety

1986: 1st case of HIV detected in Chennai by Late Sunithi Solomon and her team

Transmission of HIV through blood transfusion established

Status of Blood Banks in India: Sub-standard

Collection of Blood by Blood Banks in India:
- Voluntary Blood Donation: 10%
- Replacement Blood Donation: 30%
- Professional Blood Donation: 60%

Source: DGHS, MoHFW, GoI
National AIDS Committee

In 1986, Government set up an AIDS Task Force, under
Indian Council of Medical Research (ICMR), and
Established a National AIDS Committee (NAC)

*Chaired by the Secretary, Department of Health and Family Welfare, GoI*
1986-1992 (DGHS)

Till 1992, the bulk of funds for AIDS-related projects were used:

* Improving blood testing facilities in blood banks
* 62 Surveillance facilities.

In addition, 154 Zonal Blood Testing Centres (ZBTC) were set up

**HIV test made mandatory- 1988**

ELISA machines and HIV test kits were supplied to 138 blood banks throughout the country.
The Year 1992

National AIDS Control Programme (NACP-1) was launched
- to be implemented by

National AIDS Control Organization (NACO) established in Ministry of Health and Family Welfare, Government of India

PIL was placed in Hon’ble Supreme Court of India by Late Mr. H. D. Shourie
Services of NACP-1

• Blood Safety programme – 30% of the budget

• Mass “Information, Education, Communication” programme

• Condom promotion

• Sentinel Surveillance

• Upgrading STI clinics
Blood Safety

Blood Safety was an integral part of NACP

- Scheme for Modernization of blood banks
- Provision of HIV testing kits to blood banks
- Screening of every donated units for HIV
- Manpower development – Capacity Building

- ZBTC were already operational and further strengthened
Supreme Court of India Judgment

Judgment given in 1996 against the PIL and directed GoI


3. Compulsory Licensing of Blood Banks

Directives to Blood Bank

- Promote collection of blood from voluntary blood donors
- Improve standards of blood bank practices
- Test every donated units for HIV with kits of high sensitivity and specificity
- Only one test has to be carried out – No repeat testing
- Discard all sero-reactive units

- **No notification to sero-reactive donors** – confidentiality and social discrimination
National Blood Policy – April 2002
Action Plan – July 2003
Objective no. 4 of NBP

Objective 4
To launch extensive awareness program for blood banking services including donor motivation, so as to ensure adequate availability of safe blood

IEC Campaign Implementation

4.1 Each SBTC will undertake a communication needs assessment and develop an IEC strategy within its jurisdiction.

4.2 NBTC will finalise (with technical assistance as appropriate from partners and bilateral agencies), an IEC strategy and a plan for the national campaign.

4.3 The national campaign and some key specific IEC campaigns will be launched early.

4.4 Counselling services will be set up and implemented for pre- and post-blood donation in all states.

4.5 The total requirement of blood will be sourced through voluntary blood donation.

4.6 The critical set of strategies for ensuring safe and adequate blood supply is to pursue the motivation, recruitment, selection and retention of voluntary non-remunerated blood donors.

4.7 The aim is to phase out replacement donors, and to focus our attention on augmenting blood collection through voluntary blood donations for over 95 per cent of blood requirement. This can be achieved by following the four steps to improving voluntary blood donation: (1) regular IEC in respect of voluntary blood donation, (2) providing appropriate facilities for citizens to donate blood at their convenience, (3) prompt and sympathetic response when an individual is in need of blood, (4) maintaining up to date donor records in order to promote donor
Revealing TTI status to Blood Donors

Revealing the Transfusion Transmitted Infection status of the individual

Every unit of blood donated / collected is tested for at least five major infections: Hepatitis B, Hepatitis C, syphilis, Malaria and HIV. Prior to every test the informed consent of the donor is taken by detailing in the donor questionnaire, a listing of the tests proposed to be conducted in respect of the blood he/she donates. Specific consent of the donor should be taken in respect of disclosing the result of the tests.
WHO – Aide Memoire

World Health Organization

Blood Safety

AIDE-MEMOIRE for National Health Programmes

A well-organized blood transfusion service (BTS), with quality systems in all areas, is a prerequisite for safe and effective use of blood and blood products.

The HIV/AIDS pandemic has focused particular attention on the importance of preventing transfusion-transmitted infections (TTTs). Up to 3% of HIV infections worldwide are transmitted through the transfusion of contaminated blood and blood products. Many more recipients of blood products are infected by hepatitis B and C viruses, syphilis and other infectious agents, such as Chagas disease.

The global burden of disease due to unsafe blood transfusion can be eliminated or substantially reduced through an integrated strategy for blood safety which includes:

- Establishment of a nationally-coordinated blood transfusion service
- Collection of blood only from voluntary non-remunerated blood donors from low-risk populations
- Screening of all donated blood, including screening for transfusion-transmissible infections, blood grouping and compatibility testing
- Reduction in unnecessary transfusions through the effective clinical use of blood, including the use of simple alternatives to transfusion (crystalloids and colloids), wherever possible.

Words of advice

- Secure government commitment and support for the national blood programme
- Establish a blood transfusion service as a separate unit with responsibility and authority, an adequate budget, a management team and trained staff
- Educate, motivate, recruit and retain voluntary non-remunerated blood donors from low-risk populations

Checklist

Blood transfusion services
- Government commitment and support
- National blood policy and plan
- Legislation/regulation
- Organization with responsibility and authority for the BTS
- BTS management committee
- BTS medical director
- BTS quality manager
- Specialist BTS advisory groups
- Trained BTS administrative and technical staff
- Adequate budget
- National quality system

Blood donors
- National blood donor programme officer
- Blood donor unit
- Blood donor recruitment officer
- Standard operating procedures
- Training of staff in blood donor unit
- Low-risk donor populations
- Educational materials
- Register of voluntary non-remunerated blood donors
- Donor selection, deferral, care and confidentiality
- Donor notification and referral
- Monitoring of TTTs

Testing of donated blood
- Technical officer
- Screening strategies and protocols
- Training of laboratory technical staff
- Screening of all donated blood for TTTs
- Blood grouping and compatibility testing
- Good laboratory practice, including standard operating procedures (SOPs)
- Continuity in testing
- Effective blood cold chain
Donor Notification

Blood donors must be notified and counseled about all events associated with their donation that may affect their health, or may affect their eligibility for future donations.

Disclosure of information has led to a lot of dissatisfaction among blood donors, particularly those with screening test results which were not confirmed by supplemental tests (false positive).
Objectives of Donor Notification and Counseling

(a) Protects the health of the donor, and in a number of cases, prevents secondary transmission of infectious diseases to sexual partners and offspring;

(b) Protects the safety of the blood supply by conveying the message that the individual should refrain from future blood donations;

(c) Provides feedback about the effectiveness of donor selection procedures such as pre-donation education, medical history and confidential unit exclusion; and

(d) Fulfills ethical requirements of disclosure.
Pre-donation counseling

• Comprehensive pre-donation risk assessment

• Questions aimed to elicit specific high risk factors

• Questionnaire helps the donors to self-defer, if they have any risk factors.

• Importance of being aware of a reactive test result is conveyed to the donor, i.e. to start early treatment, and take preventive measures for self and others in family.

• A written consent and their contact address and telephone numbers are noted on the donor questionnaire form.

• They are made aware that they will be informed of a reactive result either via a letter, phone call or email.

• Confidentiality of the test results is assured.
Benefits of Donor Notification

Benefits to the blood center and community
• Prevents transmission of infectious diseases
• Protects the safety of the blood supply
• Prevents wastage of resources

Benefits to the donor
• Early diagnosis and treatment
• Preventive interventions for self and family
Limitations of Donor Notification

• Donor do not provide proper communication information
• Donor do not respond to calls
• Donor hides high risk behavior – social stigma
• Donor feels uncomfortable to referrals
• Donor becomes aggressive – false results
• Donor doesn’t wants to involve family /spouse
• Donor visit other blood banks to donate
• De-motivating factor for donation
Limitation in NACO’s policy

- Poor linkages between blood banks with ICTCs or STIs or Medical units
- No uniform format available for referral
- Counselors are not trained properly to counsel and refer
- Content of the letter for communication to donors – not uniform
Limitation in NACO’s policy - 2

- Donor notification only to result seeking donors (as per questionnaire) or to all sero-reactive donors

- No clear cut policy on referral and management for HBV/HCV/Syphilis/Malaria positive donors

- No communications between Blood banks and referral units

- Poor follow up
Revised NACO Blood Policy, 2007

• The major blood banks are to be equipped with facilities for counseling and TTI confirmation in sero-reactive donors.

• Sero-reactive blood donors may be called to the blood bank concerned for their counseling and confirmatory test to be carried out.

• A counselor would be placed at all major blood banks, who would provide the pre- and post-donation counseling to:
  * Identify high-risk donors during pre-donation counseling
  * Defer the donor and refer to ICTC or allied division
  * Sero-reactive blood donors to be called for post-donation counseling
Steps for HBV/HCV/Syphilis/Malaria Sero-reactive donors

When the donor contacts the blood bank

• Fresh blood sample is collected from sero-reactive donors
• Repeat the test for these markers as per report
• Do a post test counseling
• Assure the donor

• If the repeat test is positive for the same marker, refer to a physician of Gastroenterology/Hepatology/Medical/Dermatology unit
Steps for HIV Sero-reactive donors

When the donor contacts the blood bank

• Do a post donation counseling at blood bank
• Assure the donor
• Refer the donor to the linked ICTC for confirmatory test
• Fresh blood sample is collected in ICTC for confirmatory testing as per NACO’s guidelines
• If the results are confirmed, a post-test counseling is done
• Refer to ART centre for further management and treatment
Post Referral

• The ICTCs or Medical units should convey the results to the blood bank

• Both the referral centre and blood bank maintains permanent records of the donor

• Discussion about counseling of sexual partners

• Donor is counseled for abstaining from further blood or tissues or organ donation

• Avail proper medical treatment and follow up

• Information about support groups
Fact Findings

How India is doing in Donor Notification?
Report from ICTCs
(2013-2014)

• No. of clients attended ICTCs: 1,30,30,604
• No. of clients found HIV positive: 2,28,226 (1.8%)
• No. of clients referred from Blood banks: 1967 (0.02%)

Source: NACO Annual Report 2013-14
Status of Donor notification and Referrals 
(2013-2014)

Total blood collection: 99 lakh units
HIV sero-reactive in blood donors: 0.2%
No. of HIV sero-reactive donors: 19800
No. of sero-reactive donors attending ICTC: 1967 (9.9%)

No information on referral of sero-reactive donors for HBV/HCV/TP/ Malaria

Source: NACO Annual Report 2013-14
Report from ICTCs
April –September 2014

- No. of clients attended ICTCs: 57,02,000
- No. of clients found HIV positive: 87266 (1.5%)
- No. of clients referred from Blood banks: no information

Source: NACO Annual Report 2014-15
Status of Donor notification and Referrals
(April – September 2014)

Total blood collection: 30 lakh units

HIV sero-reactive in blood donors: 0.2%

No. of HIV sero-reactive donors: 6000

No. of sero-reactive donors attending ICTC: No information

No information on referral of sero-reactive donors for HBV/HCV/TP/ Malaria

Source: NACO Annual Report 2014-15
How to face it

In the present scenario it is like OSTRICH head buried in earth.
Way Forward

• All licensed blood banks should participate in Donor notification process

• Request SACS to link up the blood bank with nearest ICTC/STI/Hospital – documentation on linkages should be filed

• Counselor should be appointed for all blood banks

• Counselor should be trained on counseling, notification and referral

• All high risk donors in pre-donation phase should be deferred from donation and appropriate referral carried out
Way Forward

• Develop a format for sending notification – mails/letters/sms

• Content of the notification letter should carry appropriate message

• Follow up with the non-responding donors

• Referral form in triplicate – blood bank/referral centre/sacs

• Follow up with referral centers for reports

• Maintaining confidentiality of the sero-reactive/positive donors
Important Tools for TTIs Prevention & Control

• Proper Donor Notification

• Proper Donor Referral

• Proper Donor Confirmatory testing

• Proper Donor Counseling

• Proper Donor Management & Treatment

- Effective Donor care and Blood Safety program
Sri Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST)
Thank You!