



# Testing for blood-borne infections.

## Routine tests

All donations are tested for:

- HIV
- Hepatitis B
- Hepatitis C
- HTLV
- Syphilis
- Hepatitis E

These infections can be passed on easily by blood transfusion, so testing is an important way to keep blood safe for patients.

Our tests are very reliable, but there is an extremely small chance that we could miss an infection in its early stages. This is why we also screen our donors using



the questions on the donor health check. By combining donor questions with state of the art testing we can keep our blood supply as safe as possible.

A small sample of every donation is frozen and kept for at least five years. This is done in case we need to carry out additional tests at a later date.

## **The testing process**

Samples from each donation are tested using an automated system. If everything is negative the donation can be released for use in patients.

Occasionally a donation will cause a reaction during the automated testing process. If this happens, we send samples of the donation to our reference laboratory for more in-depth testing. This specialised testing will show whether the reaction is false or whether the donation carries one of the infections we test for.

Approximately three in every 1,000 donations cause a reaction in our initial screening tests but only a very few of these turn out to be true infections. The majority are false reactions.

## **False reactions**

False reactions sometimes happen after a donor has had a minor illness such as a cold or flu. They can also happen if we update our test systems. Because of our safety procedures, SNBTS (Scottish National Blood Transfusion Service) cannot use a donation if it gives a false reaction. This is the case even if the donation has been cleared by our reference laboratory.



If a donor's blood causes a false reaction we will write to let them know. The false reaction does not mean that there is anything wrong with their health. There is no need for the donor to see a doctor or have any further tests. They will be able to donate again once the reaction has cleared. We will check this by taking samples, rather than a full donation, when they next attend a session.

## **Donors who test positive**

Very rarely we find that a donor has evidence of a current or previous infection with one of the conditions listed earlier. In this situation, we will always inform the donor. We will contact them, asking them to speak to one of our donor clinical staff, either at their local transfusion centre or by telephone.

SNBTS clinical staff will give confidential advice to any donor who tests positive. They will also ask permission to refer the donor to an appropriate clinical service for further tests and follow up as required. If we are not able to contact a donor who has tested positive, we may discuss their

case with an appropriate service such as their GP or a local sexual health clinic.

## **Hepatitis E virus**

Since March 2017, all donations are tested for Hepatitis E virus. Hepatitis E is an acute infection that is usually caught from eating infected food products. It has become more common in the UK in the past few years.

Healthy people will clear Hepatitis E infection within a few weeks. Most people who acquire the infection have only mild symptoms or no symptoms at all. It is possible that they could donate while the virus is in their bloodstream.

If a donor tests positive for Hepatitis E virus we will let them know. We will also advise them to see their GP for a check over and ask them not to donate for six months. After this time they can return to donation as usual.

## **Other tests: Malaria and West Nile virus**

We sometimes test donors or donations for these infections, depending on previous medical or travel history. More information can be found in our *Travel information for blood donors* leaflet.

## **Public health**

We are required by law to notify Health Protection Scotland when we diagnose some infections, including Hepatitis B, Hepatitis C and Hepatitis E.

## Contact us

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