

**COVER LETTER TO ACCOMPANY REVISED SABTO RECOMMENDATIONS ON THE USE OF HEV-SCREENED COMPONENTS (ATTACHED)**

Dear Colleague

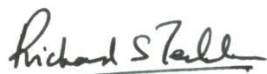
As you know, SaBTO recommended the supply of blood and components screened for Hepatitis E Virus (HEV) for patients undergoing solid organ and stem cell transplants. HEV infection is usually a mild, self-limiting illness. However, for those who are immunosuppressed, HEV infection may lead to chronic hepatitis and cirrhosis.

As from 14 March 2016, NHSBT will be able to issue, on request, blood and blood components that have been prepared from donors who have been screened for Hepatitis E virus infection. SaBTO has reviewed the available evidence and recommends that transplant patients who are receiving immunosuppressive therapy or likely to receive immunosuppressive therapy who require blood or blood components are given HEV screened components. These recommendations have been difficult to finalise because of limited data available, and variation in clinical opinions. Consequently, SaBTO invites feedback from clinicians and from other interested parties (contact: [jonathan.graves@dh.gsi.gov.uk](mailto:jonathan.graves@dh.gsi.gov.uk)). This will be taken into account in SaBTO's review of these recommendations in September 2016.

I attach for your information and implementation the current SaBTO recommendations which can be expected to mitigate transfusion associated HEV risk.

Whilst substances of human origin remain a potential source of HEV infection, diet remains a long term risk for patients. SaBTO is working with professional and other bodies for them to issue guidance that will mitigate the risk of HEV infection generally. The attached transfusion recommendations should, therefore, be seen as part of the process for reducing this risk and not the only way to mitigate this risk.

Yours sincerely



Richard S Tedder MB.BChir.

On behalf of the SaBTO HEV Working Group

22 March 2016