

Questions and Answers for implementation of 100% Hepatitis E Virus (HEV) screening.

The following information is intended to cover some questions you may have regarding NHSBT's transition to 100% HEV screened components. If you have additional questions please email either your local Customer Services Manager or Patient Blood Management Practitioner.

Following the implementation of 100% HEV screened components, will NHSBT issue any HEV positive components?

No components will be issued from donations that are screen reactive for HEV. Donors who are confirmed to be HEV positive will be deferred as outlined below and will then become eligible to donate again.

What is the deferral period for donors who are confirmed positive for HEV?

For blood donors, 6 months. For platelet donors, who we want to get back to donation earlier than 6 months, we offer a re-test at 6 – 8 weeks and reinstate when shown to be HEV RNA negative and antibody positive, demonstrating clearance of infection.

What proportion of donors are confirmed positive for HEV?

Monthly numbers for HEV RNA positive donors have fluctuated quite markedly over the year of testing, so it is hard to predict what will happen in the future. Listed below is a summary of testing to end November:

Month 2016	Total singles tested	Confirmed positive	Per 1000 donations
February	797	1	1.25
March	28671	24	0.84
April	40305	24	0.60
May	43443	34	0.78
June	48072	27	0.56
July	47589	29	0.61
August	52672	18	0.34
September	51784	9	0.17
October	53668	11	0.20
November	59362	5	0.08
TOTAL	426363	182	0.43

How much will the HEV screening of components cost and how will this cost be recovered by NHSBT?

At the point where all NHSBT components are screened for HEV, an additional cost will be added to the price of red cells as outlined in the NCG communication issued in December 2016. NHSBT will not apply the increase in red cell price for HEV until universal screening is in place and all red cell and platelets issued are HEV screened. This is anticipated to be from 1 May 2017. So from 1 April the red cell price will be £122.35 and this will rise to £124.46 once all red cell stock issued by NHSBT is HEV negative. In the period between 1 April and 1 May when HEV components are requested the premium of £9.37 will be charged. From 1 May a small

number of frozen components that have not been tested for HEV may still be in stock and we will continue to issue these components after this date, although the ad hoc premium for screening will no longer apply.

Will there be any exceptions to the HEV testing?

All routine components will be screened for HEV from the introduction date. Some very rare long shelf-life components (E.g. frozen red cells and IgA deficient plasma) will not have been screened and stocks will not be discarded due to their scarcity. These components will be replaced as quickly as possible but for some rare frozen red cells it may be years before replacement donations are identified. If non-screened components are issued in the interim it will be on concession, with the advice of an NHSBT Consultant Haematologist.

How will we know that components have been screened?

NHSBT will continue to label all UK screened components as HEV negative at least until such time as we are sure there are no unscreened components remaining in hospital stock. As discussed in previous communications, methylene blue treated, imported plasma components will not be labelled 'HEV negative' as they are currently HEV screened at source.

How will hospitals order components on OBOS?

In the introduction period hospitals will need to order as they do now, indicating if HEV negative is required. When it is confirmed that all NHSBT stock has been tested for HEV then the OBOS HEV negative box will be greyed out. This switch will be made for different component groups at different times if necessary. So for red cells and platelets the box to select HEV negative will be greyed out by 1 May but for frozen components the ability to select HEV negative will be required until 100% of NHSBT stock is tested.

Will the electronic despatch note (EDN) format change again?

No. The HEV test result will remain in the electronic despatch note.

Will I need to discard any unscreened components?

No. There are still many groups of patients for whom the unscreened components are suitable. NHSBT are working to implement 100% testing as quickly as possible and will not be building large stocks of HEV negative components prior to the introduction of 100% tested components. We will be asking hospitals NOT to discard stock unscreened for HEV. Discard of these components could impact on overall supplies and has the potential to cause shortages of some component types and groups.

How will SHOT be expecting us to report instances of HEV unscreened components being given to the new patient categories identified in the latest SaBTO guidelines in the period before all components are HEV negative?

SHOT categories are aligned with national guidance, so the reporting requirements will not change until after the UK Blood Services have implemented 100% screening for HEV. In the interim SHOT would not require reports of failure to provide HEV screened components to an extended category of patient, but would encourage reporting to continue for the existing categories of patients as indicated in the original SaBTO guidance issued in March 2016.