

Protecting and improving the nation's health

Information for GPs on the Infected Blood Inquiry

About Public Health England

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Why there is an Infected Blood Inquiry (IBI)

This public inquiry, chaired by Sir Brian Langstaff, will examine the circumstances in which patients treated by the NHS in the 1970s and 1980s received infected blood and/or blood products, the impact on their families, how the authorities (including government) responded and the care and support provided to those infected and affected (such as their families, loved ones and carers).

The inquiry will look at the medical rationale for treatment and will scrutinise testing processes and when they were put in place. This inquiry will mainly focus on the transmission of hepatitis C and HIV before effective screening tests were available. The blood services began routinely screening donations for hepatitis B in 1972, screening for HIV in 1985 and screening for hepatitis C in 1991.

More information about the Infected Blood Inquiry is available at: https://www.infectedbloodinquiry.org.uk/

What to advise if your patient thinks that they received blood in the 1970s/1980s

Some patients will already have been contacted by the blood service as part of the 'lookback investigations' which began in the mid-1990s following the introduction of HIV and hepatitis C screening.

Lookback investigations were carried out when previously untested donors were found to have hepatitis C or HIV infection, but only donors who returned to donate could be identified. Recipients of their blood donations were identified and offered testing. However, not all recipients of infected blood will have been identified as it was not always possible to trace all the recipients of potentially infectious donations. Since the infected blood inquiry began a number of patients and relatives have contacted the blood services to ask if they may have received infected blood.

If your patient received blood prior to 1992 but has never been tested for hepatitis C then please arrange for a test to be carried out. The risk of having received HIV through transfusion is much lower as the prevalence of HIV is significantly much lower in blood donors, in addition it is likely that any HIV infections will have already been identified. However, if your patient is concerned, they may request a test – more information and guidance on HIV testing is available here: https://www.bhiva.org/HIV-testing-guidelines

What to do if your patient is hepatitis C positive and is concerned a past transfusion is the source

If your patient has hepatitis C, then they should be referred to secondary care specialists for treatment. New direct-acting antiviral (DAA) drugs are available in the NHS. These drugs are tablets, have few side effects, are shorter treatment regimens, and clear infection in over 90% of people.

Hepatitis C screening was introduced in 1991 across the UK blood services. Since 2000 both serology (hepatitis C antibody and/or antigen) and nucleic acid testing (NAT, also known as PCR) has been used to screen blood donations for hepatitis C. These days the risk of acquiring an infection through transfusion is extremely low.

If your patient thinks that they received blood prior to 1992 and are concerned that they may have acquired the infection through blood transfusion (for example, following surgery or major trauma or after giving birth), more information is available on the Infected Blood Inquiry website: https://www.infectedbloodinquiry.org.uk/ about what to do next. Your patient will need to obtain a copy of their medical records before contacting the blood services — there is information on the IBI website explaining how to access hospital medical records. NHS Blood and Transplant do not hold medical records or details of transfusions received by individual patients. The blood services will only hold information about individuals who have previously been blood donors or individuals that have been contacted in the past as part of a transfusion investigation.

Hospital records should contain the donation numbers of any blood components transfused. It is impossible for the blood services to investigate without these numbers.

NHS Blood and Transplant, the English blood service, can be contacted on 0300 1232323 where your call will be redirected to the most appropriate team.

How blood services investigate possible transmissions from more recent transfusions

If your patient thinks that they may have acquired a blood borne infection following a more recent transfusion the blood services can investigate. Although transfusion transmitted infections are very rare, they do still happen and are documented in the annual Serious Hazards of Transfusion (SHOT) report: https://www.shotuk.org/. The last HIV transmission was recorded in 2002 and the last hepatitis C transmission in 1997. Investigations can be instigated by the clinical team looking after the patient, their GP or the local PHE Health Protection Team. The information required and relevant contact details are available here:

https://hospital.blood.co.uk/diagnostic-services/reporting-adverse-events/

We are always happy to discuss these cases further so if you are in doubt, please contact the NHS Blood and Transplant Microbiology Services team on:020 8957 2988.

Safety of blood transfusions in the UK

While no medical treatment can have zero risk for patients, the UK blood supply is one of the safest in the world. All the UK Blood Services, including the English blood service, NHS Blood and Transplant, follow strict guidelines and testing to protect both donors and patients. The blood services are all subject to regular inspections by independent regulators.

All donors are unpaid volunteers and complete an extensive donor health check questionnaire before each blood donation. All donors considered at risk of passing on an infection are asked to defer donating until it is safe for them to do so. All donations are routinely tested for hepatitis B, hepatitis C, hepatitis E, HIV, syphilis and for first time donors, human T-lymphotropic virus (HTLV), before they are released to hospitals. If any blood donation tests positive for infection, it is not released and therefore cannot be issued to a patient. The donor is given support and advice by NHS Blood and Transplant.

Where patients can get more help and support on hepatitis C

The Hepatitis C Trust is a national patient organisation staffed by people who have all had the disease and offers help and support free of charge. It can be contacted on 020 7089 6221 and:

http://www.hepctrust.org.uk/

The British Liver Trust can also help. Its telephone number is 0800 652 7330 and its web address is:

https://www.britishlivertrust.org.uk/

Where to get patient and professional information on hepatitis C

The NHS website has information about hepatitis C including recommendations on who should be tested. This is available at:

https://www.nhs.uk/conditions/Hepatitis-C/

PHE has produced a patient FAQ, quick-read leaflet, and a GP FAQ on hepatitis C which are available at:

https://www.gov.uk/government/publications/hepatitis-c-patient-re-engagement-exercise

PHE also has links to free posters, social media banners, testing quiz, videos in different languages with posters available to order. These are available at:

https://publichealthengland-immunisati.app.box.com/s/iptxtlziu57evyejw8zgvhimh0pjwa05

The Royal College of General Practitioners has a Liver Disease Toolkit, which is available at:

http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/liver-disease-toolkit.aspx

The Hepatitis C Trust also has resources available at:

http://www.hepctrust.org.uk/

Where to get patient and professional information about HIV

Information on testing is available on the BHIVA website:

https://www.bhiva.org/HIV-testing-guidelines

The NHS website has more information for patients about HIV including advice on who is at risk and should be tested and where to get tested. This is available at:

https://www.nhs.uk/conditions/hiv-and-aids/