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Blood Donor TTI Reactive Notification and Counselling at 250 Bedded Corporate Hospital

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Abstract: ***Aims:*** *Our retrospective study was done to evaluate the response of transfusion-transmissible infection (TTI)-reactive donors after notification of their abnormal test results from January –May 2025.* ***Materials and Methods:*** *This study is an Retrospective study performed at RBH hospital over a period of 4months. Our study evaluated the response rate of TTI-reactive donors after notification of their abnormal test results over 4 months as per the existing strategy (three telephonic and two postal communications). The National Blood Policy of India, advocates the results of transfusion transmitted infections (TTI) to be disclosed to blood donors.* ***Results:*** *During the study period, 23 blood donors were found to be serious in the 4-month donation of 1,431 units. Of these 464 seroreactive cases, 1 HIV positive, 8 were hepatitis-B surface antigen (HBsAg), 1 hepatitis C (HCV) positive, and 13 were not VDRL reactive. TTI-reactive donors (22) were contacted with various markings. Few phones were notified by mail if they were not available via telephone. The return rate of 22 contacted donors was 96.2%. This is because two donors reported one per person (18 at first, three at the second, one at the third call) have been reported. The remaining 1 non-responders were VDRL reactive.* ***Conclusion:*** *Donation Notification and Grants are important aspects of the Healthcare System, providing information about serological status, the impact of test results on donors, and ultimately transfer to healthcare. Similar to our data, only 96.2% of blood donors were able to contacted over phone, and as incomplete demographic details were the main limiting factors when communicating. The rate of return for 22 contact donors was 96.2%. The majority of notification donors for our study contacted their health service providers when they received clear instructions. The very high rate of return of donors contacted ensured they knew the status of the test results.*

Keywords: transfusion transmitted infections, donor notification response, blood donation, public health communication, sero-reactive screening.

1. Introduction

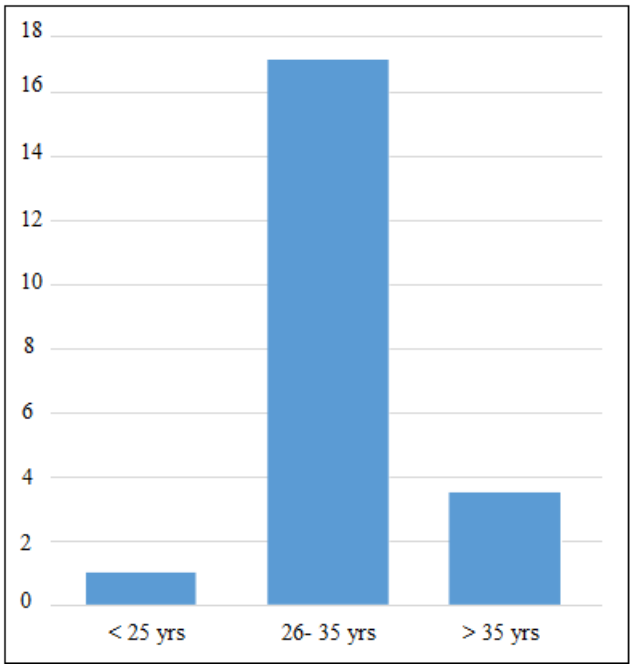
Blood transfusions are life-saving interventions, saving millions of lives worldwide each year AND uncertain transfusion practices expose millions of people at risk for transfusion infection (TTI). The WHO and NACO recommends donation to at least all hepatitis-B viruses (HBV), hepatitis-C-C virus (HCV), and human immunodeficiency virus (HIV) and syphilis. In India, transfusion services without national coordination or networking are completely fragmented and heterogeneous, but national guidelines stipulate all blood donations of HIV, HBV, HCV, malaria and syphilis to improve blood safety and reduce the serum age of donated blood. In India, disclosure of viral TTI reactivity compared to blood donors was permitted only in December 2004. At the time, the Indian government of national blood transfusions developed this strategy. Before 2004, government policies found that blood banks reject HIV sero-positive blood without informing donors of their status in order to maintain the confidentiality of their donors and avoid people with HIV/AIDS. The National Transfusion Council currently supports disclosure of TTI results for blood donors. At the time of donation, the blood bank must obtain written consent from the donor whether they wish to be notified of the results of the reactive test, obligated to refer the donor to test the HIV responsiveness of the proven voluntary recommendations and test centres for disclosure, advice and transfer. All donors respond to hepatitis B or C and should then be referred to a gastroenterologist for further management. TTI-reactive donor notifications are essential for early clinical intervention to minimize the risk of illness and partner/tight contact. According to current protocols, each reactive donor will be notified of abnormal test results and advised and referenced for further confirmation and management of affected areas of expertise.

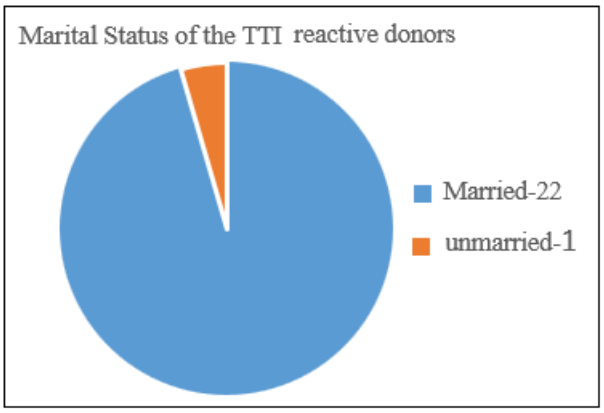
Reactive donors exchange high-risk behavior over the phone after one-on-one advice and repeated samples. This guideline determines the information and transfer of HIV-reactive donors to ICTC for further management and transfer of HBV and HCV-reactive donors to gastroenterologists. However, there is a gap between information on donor advice and relocation exams in India, therefore, this study will be conducted to assess the attitudes of reactive blood donors in response to post-donation notifications and advice.

2. Materials and Methods

During the study period, the annual donations of 1431 units were subjected to routine TTI screening from both volunteers and exchange donors. Of these, 23 blood donors were found to be seropositive. Of these 23 cases, one HIV positive, eight donors were reactivated for HBSAG, 0 donors were HCV positive and 13 VDRL positive. There were no cases of co-infection (HIV + VDRLâ2; HIV + HBVâ1; HIV + HCVâ4; HCV + HBVâ1; HCV + VDRLâ1; HBV + VDRLâ1). According to distributions, donors under the age of 25 was 1 and 17 donors ranging from 26 to 35 age and rest above 35 years old. The gender-specific distribution was as follows: There were 23 male and no female donors. The seven donors were unmarried.

Age distribution of contacted & non contacted TTI reactive donors

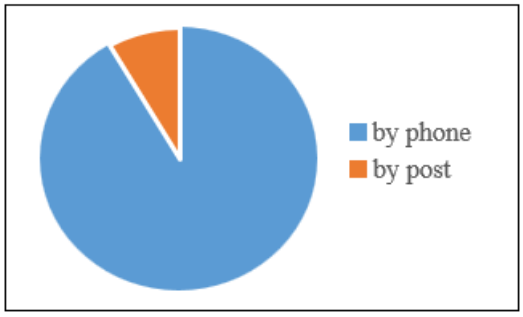




The TTI-reactive donors (23) for various markers were contacted, 22 telephonically and the remainder 1 who could not be contacted on phone were contacted by post maintaining, confidentiality. Of the 23 contacted donors, the response rate was 96.2% as only 22 donors reported for one-to-one counseling. No donor responded by postal communication.

The HIV-reactive responders were referred to the ICTC for further counseling and confirmatory testing while the HBV and HCV reactives were referred to a gastroenterologist for further management.

Response rate of TTI reactive donors “telephonically” and by “post”



Eighteen among the 23 donors gave a positive history of high-risk behavior and was not expressed earlier during pre-donation counseling and are now on regular treatment for their infection.

TTI Reactive Donors	HIV	HCV	HBsAg	Syphillis
Contacted	1	1	8	13
Responders	1	1	8	12
Attended the concerned	1	1	8	12

3. Conclusion and Discussion

Blood donor notifications about abnormal test results are a very sensitive and critical aspect of sustainable advice, as they have psychological and social effects. All donors react in other ways, some people are weak, angry, violently denying, crying, crying, and followed by obvious nerve disruptions and various other emotional disorders. Donation notifications and inquiries are important aspects including- providing information about serological status and assessing the impact of test results on donors and ultimately transfer to healthcare.

Our data show that the notification process does not always meet these goals, as only few of blood donors can contact us successfully with the data. Details of the incomplete demographics of donors were the most important limiting factor for communication with 50.6% reaction donors and could not communicate by any means.

The HIV-reactive responders were referred to the ICTC for counseling including confirmatory testing, the HBV- and HCV- reactives were referred to a gastroenterologist and RPR-reactive donors referred to an STD clinic for further management. It is clear that the basic principles of donor notifications should include providing information to donors immediately,

accurately promoting understanding. This recommends donor provision with test results, information about donors regarding future blood donations, and the medical importance of test results, and whether the donor needs a physician and whether there is a possibility of transfer of confirmed positive donors and agent recording modes. Our findings are clearly correlated with the above statement, as the overall response rate among contacted reactive blood donors was 96.2%. Such a successful return suggests the efficiency of the process and the principles that trigger the main elements of the notification message when they are clearly formulated. Our study shows that the main limiting factors of donor notification and donor advice for all TTI-reactive donors are inadequate demographic details of donors who were unable to contact 50.6% of donors by known means. This is a considerable number representing serious potential threats to the community, safety of the blood collected, and intimate contact of the involved donor. Donor demographic details form important documents to ensure the traceability of donors and acquire them to improve donor notifications. To know the correct address of the donor, the photo ID of the donor/UID makes a big contribution to ensuring a 100% return rate.

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