

# Hep C factsheets

## Blood & organ donation



### Safety of the blood supply

### Blood donation processes

### The Commonwealth Senate inquiry into hepatitis C and the blood supply

### Blood Bank litigation

### Becoming an organ donor

### Information and support services

### Also see

### References

## Safety of the blood supply

Between 5-10% of people in Australia with hep C are believed to have contracted it through blood transfusion. Blood banks in Australia have been screening donated blood for hep C antibodies since 1990.

Nowadays, all Australian blood banks implement a more rigorous process of screening all potential blood donors and testing all donated blood. This reduces the risk of acquiring hep C from donated blood to less than one in three million. In other countries the risk of acquiring hep C from blood products and medical procedures may be significantly different from the risk in Australia.<sup>i,ii</sup>

## Blood donation processes

The Australian Red Cross Blood Service interviews all potential blood donors for hep C risks prior to donation and all donated blood is tested.

Generally, anyone who is aged between 16 and 70 years old, weighs at least 50kg, is in good health and meets the questionnaire guidelines, can donate blood. **People with hep C must not donate blood.**

All people donating blood must complete a comprehensive questionnaire. This includes questions about injecting drug use, tattoos, needlestick injuries, blood transfusions, close contact with a person with hepatitis, certain medical procedures, and time spent in prison.

On the basis of this questionnaire, blood donation may be deferred for 6 to 12 months or indefinitely, depending on individual risk factor(s).

Blood donations are tested for syphilis, hepatitis B, hep C, HIV-1 and -2, HTLV-I and II (human T cell lymphotropic virus) and blood group.

Donated blood is also screened for the hep C virus by using antibody testing and nucleic acid testing (PCR). NAT/PCR testing detects the presence of the virus itself rather than antibodies to the virus.

The window period (the period between infection and when evidence of the infection might show up in a blood test) for the antibody test is 66 days. The window period for antibody plus NAT testing is 7 days. Since the introduction of dual testing in June 2000 there have been no known hep C infections from the Australian blood supply.

For more information about how to become a blood donor, making an appointment to donate, and for medical enquiries about your eligibility to give blood, phone the National Donor Information Line on 13 14 95.

## The Commonwealth Senate inquiry into hep C and the blood supply

The Australian Senate Community Affairs References Committee held an inquiry into hep C and the blood supply in 2004. The report from this inquiry, titled "Hep C and the blood supply in Australia", was published in June 2004.

The report and recommendations from the inquiry can be found on the Senate website: [http://www.aph.gov.au/senate/committee/clac\\_ctte/completed\\_inquiries/2002-04/hepc/index.htm](http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2002-04/hepc/index.htm)

Alternatively a copy can be requested from the Department of the Senate: Phone 02 6277 3515 or email [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

## Blood Bank litigation

People who contracted hep C within NSW through donated blood and who would like more information about litigation against the blood bank can contact:

- The Law Society of NSW - who have a reference list of solicitors who may be able to advise people on litigation. Phone 02 9926 0333 or visit their website [www.lawsociety.com.au](http://www.lawsociety.com.au)
- Law Access for free legal information. Phone 1300 888 529, or visit their website [www.lawaccess.nsw.gov.au](http://www.lawaccess.nsw.gov.au)
- a community legal centre
- a private solicitor.

## Becoming an organ donor

People with hep C are able to choose to donate their liver. These would be used for transplantation in the case of another person that already has hep C.

Transplanting the liver of a hep C positive person who has died into another person who already has hep C makes good sense for those who are in need of an urgent life saving transplant. The transplanted liver would need to be in a reasonably healthy condition (e.g. no cirrhosis) and there would need to be no other healthy livers available at that time from hep C negative donors.

Having hep C does not negatively affect a persons' eligibility in receiving a transplanted liver from a hep C negative donor.

LifeLink is the Organ Donation Network (NSW/ACT) which is a part of the Australian Red Cross Blood Service. It is responsible for administrative coordination of all organ donations that take place in NSW/ACT.

The Organ Donation Network encourages everyone to register as an organ donor regardless of a person's health status or hep C status. All organs and organ donors are rigorously screened at the time a donation is possible to ensure that an appropriate donation is carried out which reduces the risk of infection or complications for the recipient.

People who wish to register as a donor do not need to assess their own suitability as a donor because this is routinely done at the time a donation is able to occur.

People seeking more information about becoming an organ donor can contact the Organ Donation Network on: Phone 02 9229 4003 (general enquiries) or 1800 777 203 (to register as an organ donor) or visit [www.organ.redcross.org.au](http://www.organ.redcross.org.au)

## Information and support services

The *Hep C Helpline* offers information, support and referrals for all people affected by hep C, including general community and health care workers. The *Hep C Helpline* can be contacted on 02 9332 1599 (Sydney callers) or 1800 803 990 (other NSW callers).

Traids is a NSW state-wide counselling, support, information and advocacy service for people living with medically acquired hep C and HIV. Traids can be contacted on 02 9843 3143.

## Also see

*Liver transplant* (factsheet)

## References

- ARCBS, *MedLink*, Volume 6, Number 1, April 2003.
  - Seed CR, et al. (2002) Assessing the accuracy of three viral risk models in predicting the outcome of implementing HIV and NCV NAT donor screening in Australia and the implications for HBV NAT. *Transfusion* 42:1365-72.
- This factsheet was developed by the Hepatitis C Council of NSW