Background - TTI Screening

Individual Donation Testing

- HIV
  - HIV RNA, anti-HIV
- Hepatitis B virus
  - HBV DNA, HBsAg
- Hepatitis C virus
  - HBC RNA, anti-HCV
- Treponema pallidum
  - TPHA
Background - Counselling

• **1985 – 2006**
  - Counselling of HIV-positive blood donors contracted to an independent organization

• **2006**
  - Training of a NAMBS enrolled nurse on HIV/HBV/HCV/syphilis counselling
  - Drawing up of counselling SOPs
Background - Counselling

- **January 2007 – June 2011**
- NAMBTS donor counsellor contacts donors with screen reactive results

- Re-testing of donors on new blood sample drawn at first counselling session

- Disclosure of final outcome result at 2\textsuperscript{nd} counselling session
  - Donor Counsellor $\rightarrow$ donors in Windhoek
  - Local independent organization managing HIV infected persons $\rightarrow$ donors in periphery
Aim of Review

• How many HIV screen reactive donors identified for counselling were traceable?

• How many donors followed the invitation to counselling?

• Is there a link between the donor status (i.e. first time, repeat or lapsed donor) and the rate of successful counselling?
Definitions – Donor Status

• First time donor
  – No record of any previous donation (i.e. TTI screening results) in NAMBTS database

• Repeat donor
  – Record of a previous donation within the last 12 months

• Lapsed donor
  – Record of a previous donation more than 12 months ago
Materials and Methods

Study Group
• 203 HIV screen reactive donors identified for counselling

• Donors with discordant results not included

Study Period
• 1 January 2007 – 30 June 2011
Materials and Methods

• Donor counsellor statistics:
  – 203 HIV screen reactive donors identified for counselling in study period
  – Number of first time, repeat, lapsed HIV screen reactive donors
  – Number of HIV screen reactive donors counselled

• Computer data base:
  – Total number of donations for study period
  – Number of donations from first time, repeat, lapsed donors for study period
Results

All 203 HIV screen reactive donors identified for counselling were confirmed to be HIV reactive.

<table>
<thead>
<tr>
<th>Donor status</th>
<th>Total number of donations</th>
<th>HIV screen reactive donors included in study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100 %</td>
<td>203</td>
</tr>
<tr>
<td>1st time</td>
<td>16.7%</td>
<td>94 (46.31%)</td>
</tr>
<tr>
<td>Repeat</td>
<td>71.4%</td>
<td>51 (25.12%)</td>
</tr>
<tr>
<td>Lapsed</td>
<td>11.9%</td>
<td>58 (28.57%)</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>HIV screen reactive donors included in study</th>
<th>HIV screen reactives not traceable</th>
<th>HIV screen reactives not making use of counselling services</th>
<th>HIV screen reactives counselled</th>
</tr>
</thead>
<tbody>
<tr>
<td>203</td>
<td>12 (5.91 %)</td>
<td>28 (13.79 %)</td>
<td>163 (80.30 %)</td>
</tr>
</tbody>
</table>
Results

• 191 out of 203 donors (94.1 %) traceable

• 12 donors (6% ) could not be traced
  – 1st time : 5
  – Repeat : 1
  – Lapsed : 6

• Donor counsellor phoned each donor 5 times and sent a letter without success
Results

• 163 donors (80.03%) came in for counselling

• 28 donors (1\textsuperscript{st} time: 17, repeat: 5, lapsed: 6) traced, but no counselling
  – 15 (1\textsuperscript{st} time: 10, repeat: 2, lapsed: 3) did not keep any of 3 counselling appointments made
  – 10 (1\textsuperscript{st} time: 4, repeat: 3, lapsed: 3) → private doctors
  – 1 donor (1\textsuperscript{st} time) → ‘NEW START’
  – 1 donor (1\textsuperscript{st} time) → abroad for study purposes
  – 1 donor (1\textsuperscript{st} time) → ‘knew what was going on’
## Results

<table>
<thead>
<tr>
<th>HIV screen reactives not counselled</th>
<th>40 (19.70 % of study group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1\textsuperscript{st} time</td>
<td>22</td>
</tr>
<tr>
<td>重复</td>
<td>6</td>
</tr>
<tr>
<td>Lapsed</td>
<td>12</td>
</tr>
</tbody>
</table>

• Counselling of first time and lapsed donors not as successful as counselling of repeat donors.
Discussion and Conclusion

• Main reasons for counselling:
  – To prevent donors from returning to donate
  – To prevent secondary spread in the community
  – To refer HIV infected persons for ARV treatment

• All HIV confirmed reactive donors were referred to an independent organization managing HIV infected persons:
  – 46 donors → private doctors (no follow up done)
  – 117 donors → governmental HIV clinics
  – 106 donors (65% of all donors counselled) → confirmed to have made use of governmental HIV clinics
Discussion and Conclusion

• Donor contact details seem to change after donation → Solution: Donor clinic staff to encourage donors to inform BTS if contact details change

• Donor clinic staff must continue emphasizing not to donate blood for the reason of obtaining an HIV test.
Discussion and Conclusion

• Donor-triggered look back system important → 51 of 203 investigated donors were repeat donors (study period 3 ½ years)

Thank you for your attention!
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