



# Blood and Transplant

## The Update for January 2023

**Please update your LIMS with platelet component barcodes for our new reduced-dose apheresis 7-day shelf life, new neonatal 5-day shelf life and the existing 5-day shelf life platelets**

### **1 New reduced-dose Apheresis platelets 7-day shelf life**

We have developed this component in anticipation of the multiple episodes of future planned strike action that may impact on blood supply and will issue them as a temporary measure during a red alert platelet shortage period or when there is an imminent risk of a red alert within 7 days.

The platelet specification is  $\geq 150 \times 10^9/\text{unit}$ , which is comparable to a 2/3 dose.

Please refer to our 'Guidance notes for reduced-dose apheresis platelet components' published on the [blood stocks page](#)

- [Reduced-dose Apheresis platelets barcodes \(PDF 367KB\)](#)

### **2 New neonatal platelets 5-day shelf life**

We may issue this component:

- as a temporary measure in a red alert
- when there is an imminent risk of a red alert within 7 days
- in the event of any systems failures within Testing

- [Neonatal platelets barcodes \(PDF 375KB\)](#)

(Please note both new barcodes are also published on the [Component Portfolio and Prices](#) page).

### 3 Existing platelets 5-day shelf life

We may issue this component:

- as a temporary measure in a red alert
- when there is an imminent risk of a red alert within 7 days
- in the event of any systems failures within Testing
- [Existing platelets barcodes \(PDF 140KB\)](#) (reference pages 83 to 86 inclusive in the Portfolio of blood components and guidance for their clinical use)

Dr Lise Estcourt

Consultant Haematologist

Associate Professor of Haematology and Transfusion Medicine, University of Oxford  
Clinical Lead for the National Comparative Audit in Blood Transfusion

Director of NHSBT Clinical Trials Unit

Associate Medical Director (AMD) – Research, Development and Quality  
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### **Processing and transport times for non-stock, special components including urgent requests**

**Please consider these when you place an order**

We would like to remind you of the [processing times PDF204KB](#) and ask you to refer to them; the timings allow for any additional steps, for example, washing, which may be required.

You will also need to factor in the transport time as these components may be sourced from a location other than your local stock holding unit, which could be some distance away from your hospital.

From the Portfolio of Blood Components and Guidance for their Clinical Use:

*"Special components often need to be sourced from a location other than the stock holding unit that routinely serves your hospital, which may lead to a delay. Secondary processing may also be necessary to enable us to fulfil your ordering requirement, also leading to a delay."*

Please telephone your Hospital Services department for the delivery time if you require a specialist product urgently.

Rebecca Braund - Lead Specialist Technical and Scientific Development,  
Manufacturing

## **Sp-ICE will not be available 9 February after 10:10 am for up to two hours**

The reason for this downtime is because we will be applying a security 'patch'. If you need urgent test results from 10am to 12pm, please contact the service provider, i.e, RCI, IBGRL, H&I or CMT.

Helen Cerullo - Secondary IT Systems Manager, Clinical Services Product Centre

## **Additional Practical Introduction to Transfusion Science (PITS) course to meet demand**

**This is 20 to 22 February 2023 for online theory teaching**

The practical dates are in March:

13 to 14 Barnsley (Dodworth), Manchester

14 to 15 Filton (Bristol), Tooting

For course information and to book, visit our [Learning Centre](#). To ensure you receive a funded place, please read the information for [NHS Employees](#) before booking.

Ruth Evans, OD Manager – Scientific and Clinical Training, Organisation and Workforce Development

## **MSc Applied Transfusion and Transplantation Science webinar for prospective students, 28 February, 2pm to 3pm**

The MSc is delivered primarily online, with some days at NHSBT Filton (Bristol) and is taught by experts from NHSBT and the NHS. It is offered over two years part-time, or one year full-time. Individual modules can be completed for Continuing Professional Development (CPD).

Applications for the September 2023 intake are now open.

Please join [our webinar](#) to find out more; if you can't make it just email the team [mscalppliedtxtp@nhsbt.nhs.uk](mailto:mscalppliedtxtp@nhsbt.nhs.uk), for a link to the recording or if you have any enquiries about the course.

[Download our flyer to advertise the webinar \(PDF 218KB\)](#)

Ruth Evans - OD Manager, Scientific and Clinical Training, Organisation and Workforce Development

## **We are no longer carrying out non-invasive pre-natal testing (NIPT) for fetal sex determination from 1 April 2023**

Due to the significantly reduced number of referrals from hospitals, it is no longer practical for us to provide this service.

[Find out what testing we offer](#)

Erika Rutherford - Business Development Manager, International Blood Group Reference Laboratory (IBGRL)

## **Additional test implemented for Hepatitis B to identify donors with past Hep B: Hep B anti-core**

Hepatitis B virus (HBV) is one of several viruses that can cause inflammation of the liver (hepatitis), and sometimes liver damage.

Hepatitis B is very common in many parts of the world, where it may be transmitted from mother to child at birth or acquired in infancy. Donors who have chronic hepatitis B are likely to have acquired their infection in childhood or early life.

Until recently we carried out two screening tests for hepatitis B; one looking for a marker called hepatitis B surface antigen, which is part of the 'coat' of the virus; the second looking for the virus itself, targeting the virus nucleic acid (NAT). Since the introduction of NAT screening we have started to identify donors with occult hepatitis B, where no surface antigen is detected but nucleic acid is detected, however, this nucleic acid may be at very low levels, potentially below the level of detection of our tests.

The Advisory Committee on the Safety of Blood, Tissues and Organs has recently reviewed current screening practices for hepatitis B in blood donations particularly looking at those donors with occult hepatitis B infection and has made recommendations on additional testing methods.

It was recommended that a third test for hepatitis B, a test for hepatitis B anti-core should be introduced which will identify donors with past hepatitis B. The third test was introduced from 31 May 2022 and is gradually being rolled out.

Occult hepatitis B infection, as defined by the UK blood services, are those donors who have markers to anti-core and hepatitis B DNA. If we find surface antigen and/or the virus nucleic acid in a donor's blood then further tests are performed to confirm the result. As with all tests some donors may have non-specific reactions to these tests.

We expect that only a small number of donors will have had previous Hepatitis B infection, however, these donors will no longer be eligible to donate.

The UK has one of the safest blood supplies in the world – there is less than one in a million chance of current screening tests missing a newly acquired infection. We are committed to continually improving standards through regular reviews of the latest science and epidemiology of viruses and diseases and make changes where needed.

Dr Su Brailsford  
Consultant in Epidemiology and Health Protection,  
Interim Clinical Director Microbiology and Public Health  
Honorary Professor, University of Nottingham

**The Update is produced by Hospital Customer Service on behalf of NHS Blood and Transplant**

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