



# GUIDELINES ON BLOOD AND BLOOD COMPONENTS TRANSFUSION (RECALL & LOOKBACK)

**Universiti Kebangsaan Malaysia Medical Center**  
**2<sup>nd</sup> Edition 2013**  
**Reviewed December 2015**

# **GUIDELINES ON BLOOD AND BLOOD COMPONENTS TRANSFUSION (Recall & Lookback)**

**2<sup>nd</sup> Edition  
4 Jun 2013**

## **Reviewed by Hospital Transfusion Committee (December 2015)**

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### Guidelines for Look back and recall

(adopted and modified from “TRANSFUSION PRACTICE GUIDELINES FOR CLINICIANS AND LABORATORY PERSONNEL”, National Blood Center)

#### Introduction

One of the major hazards of blood transfusion is the transmission of transfusion transmitted infections. The retrospective procedure (look back) consists of tracing the recipients of the suspected donation in order to determine whether or not the recipients have been infected. Thus look back is a procedure for identifying previously tested negative donations from an individual whose subsequent donations test positive for a particular microbial marker. These previous donations are traced to individual recipients who are then notified, counseled and tested for evidence of infection. Look back may identify recipients infected through possible “window period” blood donation.

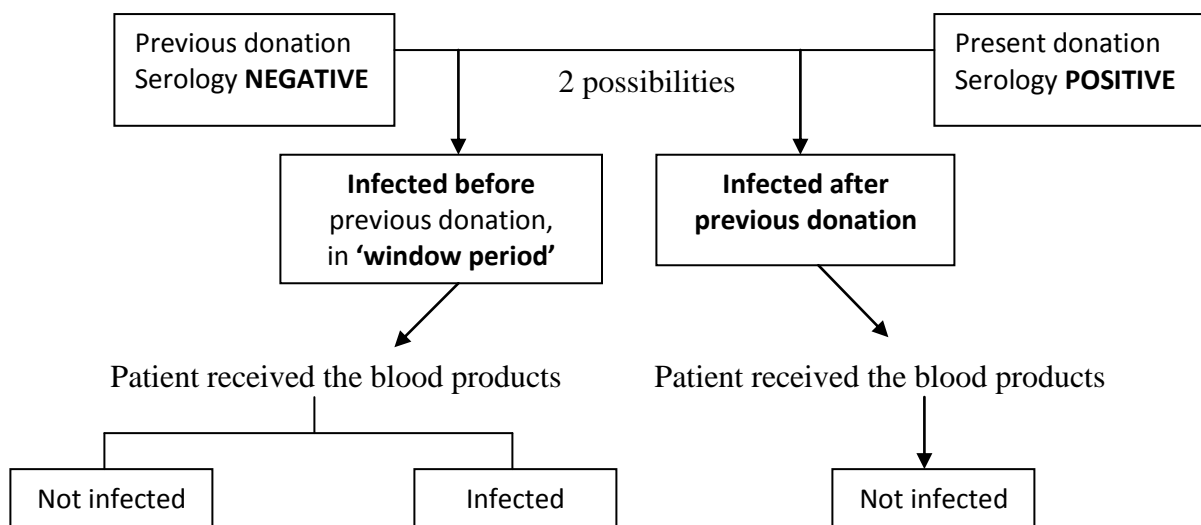
Both donors and recipients need to be counseled and retested. This responsibility of counseling and testing of recipient is by the clinician managing the patient; and the responsibility of tracing the donors donations, retesting and counseling of donors is the responsibility of the blood transfusion service.

#### Recipient of seroconverting donor

Guidelines for counseling of patient who has received transfusion from blood donated by seroconverting donor.

#### Introduction:

Donor may have been infected **after the previous donation** and patient who has been transfused with the blood may **not have been infected**. However there is a possibility that the donor is already **infected before** that donation and in “**window period**” during that previous donation, the patient who has received the blood product **may or may not be infected**. (Refer diagram 1)



Based on this uncertainty, the initial counseling of the recipient must be done by a clinician.

***Pretest counseling: (what to say?)***

1. State the reason for counseling.
2. Inform and explain the situation of seroconverting donor to the patient as part of the precautionary measures.
3. Assess the risk factors of the recipient. Question recipient on risk behavior other than blood transfusion eg. sexual promiscuity, multiple sexual partners or sharing sharps and needles.
4. Explain the facts on the transfusion transmitted infection, mode of transmission, complications and treatment options.
5. Take a blood sample for transfusion transmitted diseases: HBsAg, Anti-HCV, Anti-HIV, VDRL.
6. Reassure after a sample of blood taken for transfusion transmitted diseases.
7. Inform on the precautions to be taken while waiting for the results.
8. Explain the window period and the need for a repeat test after 6 months if the test result is negative.
9. Arrange an appointment about **2 weeks later** for post-test counseling.

***Post-test counseling:***

This counseling is done after the results of the test (Anti-HIV, Anti-HCV, HBs Ag and VDRL) are available.

1. If test result is **positive**.
  - a. Inform the recipient of the results and explain what it means.
  - b. If other risk factor is absent and the only cause is related to blood transfusion, inform the recipient that the blood he/she has received was tested negative at the time of donation. It is **not** laboratory error.
  - c. Explain about ‘window period’ and occult infection
  - d. Reassure and offer treatment.
  - e. Referral if necessary.
2. If test result is **negative**.
  - a. Inform recipient of the result and reassure.
  - b. If the blood transfusion is less than 6 months, it is necessary to retest after 6 months.
  - c. If the result is positive, refer to (1).If the repeated test is negative, inform the recipient and reassure.

**Seroconverting recipient.**

Guidelines for counseling of patient who has become positive for transfusion transmitted disease after receiving blood transfusion. The treating physician should ensure the following:

1. Inform patient of the result.
2. Determine the risk factors other than blood transfusion.
3. If risk factor cannot be identified, explain to patient the possibility of “window period” donation. (However, the transmission of infection through transfusion can only be admitted if the donor can be traced and the disease status is known, or the patient was documented tested negative before transfusion).
4. Reassure the patient and offer treatment.
5. Inform the Blood Bank, UKMMC regarding the suspicion, and Blood Bank UKMMC will then initiate a look back for the donor. Once the donor unit identified, a donor recall to the respective donation centre e.g National Blood Centre will be requested.