

# **DONOR COUNSELING AND NOTIFICATION**



**DR. FARZANA KOTHARI  
ASSOCIATE PROFESSOR & HEAD  
DEPARTMENT OF IHBT  
MEDICAL COLLEGE, BARODA**

## Concerns of the potential blood donor before blood donation

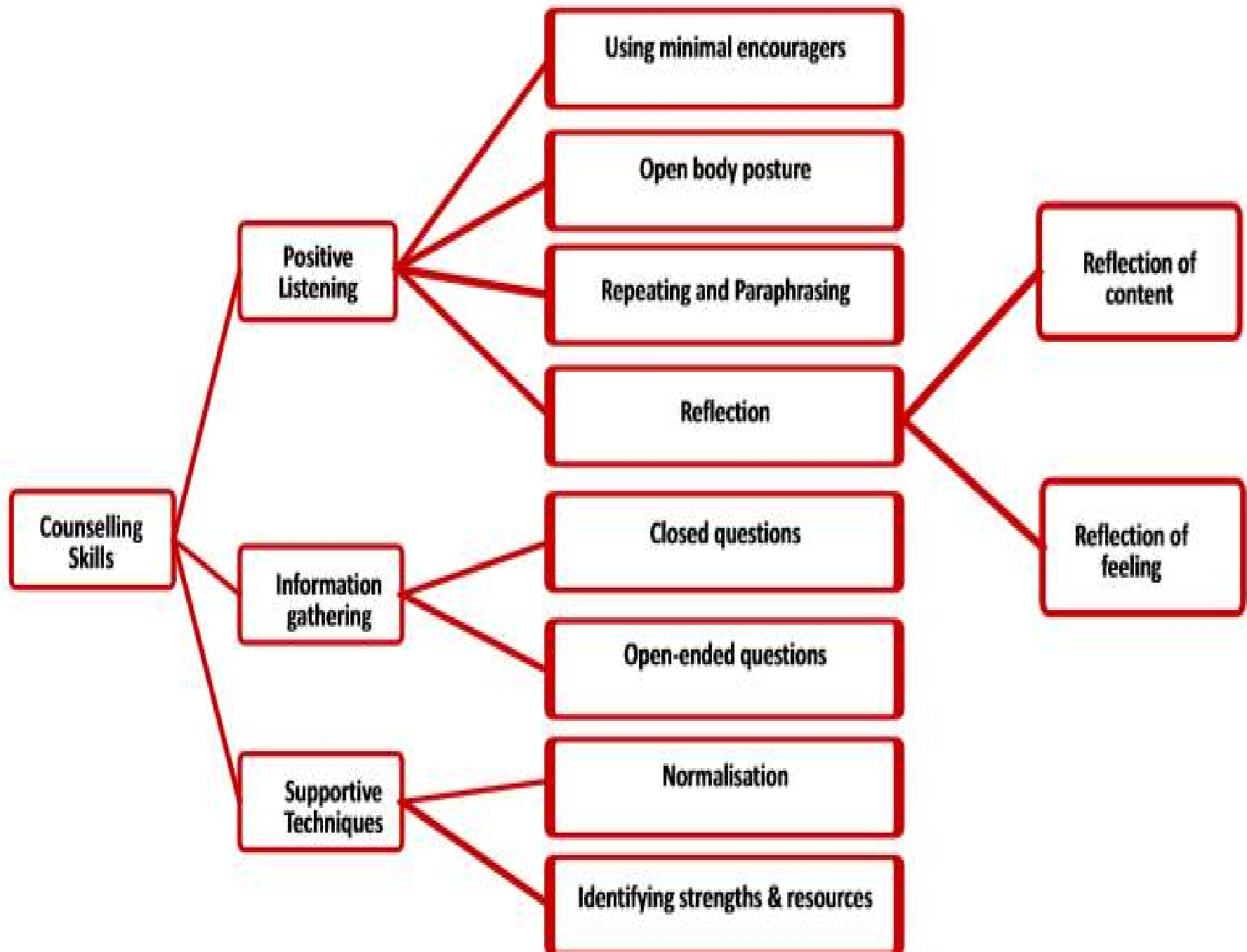
- Am I healthy enough to donate blood?
- Am I in a position to donate blood right now?
- What do I need to do before or after the donation?
- Will it hurt?
- Am I safe?
- Is my personal data safe for public sharing?
- Will I experience any weakness after the donation?



- “the means by which one person helps another to clarify his or her life situation and to decide further lines of action”- Philip Burnard
- “Counseling is a helping process where one person, explicitly and purposefully, gives his/her time, attention and skills to assist a client to explore their situation, identify and act upon solutions within the limitations of their given environment” – NACO
- “A confidential dialogue between a blood donor & a trained counselor about issues related to the donor's health & the donation process” (WHO, 2005).

## Definition of counseling





# Roles & responsibilities of counselor

Donor Education regarding Blood Donation Process

Donor Education regarding TTI reactivity

Donor deferral & preventive health education

Referral & linkages

Donor motivation

Reporting & Record keeping



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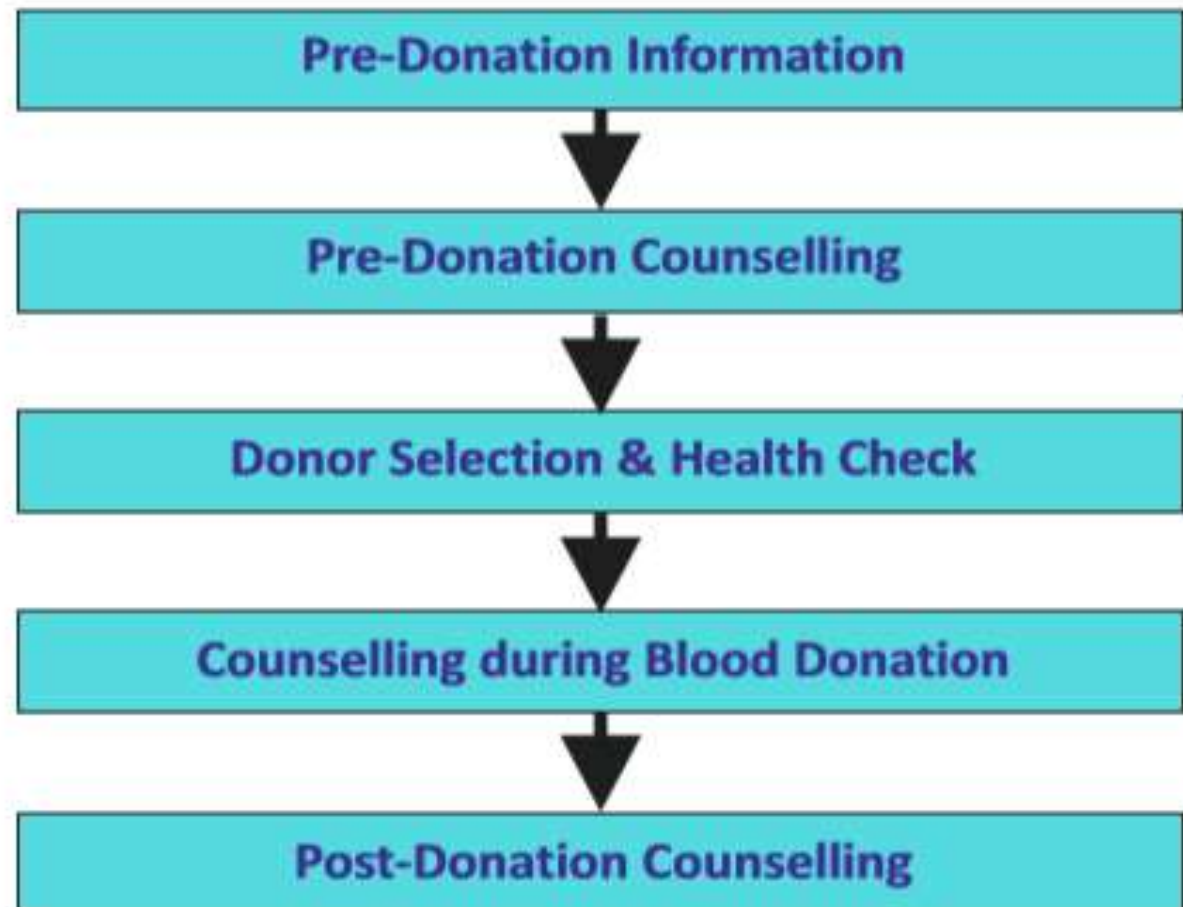


## **Donor Deferral & Preventive Health Education**

- Explain & clarify the nature of deferral- permanent or temporary
- Encourage temporarily deferred donor to return for future blood donations after the defined deferral period
- Keep donors informed about the donor deferral period
- Encourage individuals to self-defer if they are suffering from an infection, disease or health condition making them unsuitable to donate blood



## **Stages of Blood Donor Counselling**



## Pre- donation Information



- To increase donor's awareness
- To increase donor's trust in blood centre
- To encourage individual to **self defer** (means to make a choice not to donate blood on this particular visit)



- Is general information, similar for all prospective donors
- Can be provided-verbally, printed, graphic, audio-visual & online materials
- May be provided individually/ group
- Should be presented in a simple & clear format
- Is usually provided at the same time as the donor questionnaire during registration for blood donation



# **Contents of Pre-donation Information**

- Nature & use of blood & its components & the importance of maintaining healthy lifestyles
- Rationale for donor questionnaire & pre- donation health assessment
- The importance of donor compliance in the donor selection process & the donor's duties, responsibilities & rights
- Options for donor to withdraw or self-defer at any time before, during or after donation
- Blood donation process & potential adverse donor reactions
- Availability of qualified & trained medical staff throughout the process

- Common TTI, routes of their transmission, natural history & prevention, purpose of screening, window period of infection, voluntary counseling & testing services for individuals seeking to ascertain their infection status
- Basic information about blood group serology & tests performed on donated blood
- Possible consequences for donors & the donated blood in the event that the test results show unusual red cell serology or rare blood groups
- Abnormal TTI test results and referral

## **Pre - donation information**

Focuses on delivery of common set of messages

May be delivered in a group

Addresses general queries of donors

## **Pre - donation counseling**

Focuses on donor

Done one on one

Addresses personal issues in a private setting to ensure confidentiality

## Some useful pointers for providing information

### Simple language

- Use simple language
- Avoid using medical terms
- Avoid using slang language

### Chunking

- Discuss one key idea completely before moving on to the next

### Repeating & Summarising

- Use the counselling skills of Summarising YOUR OWN explanation to ensure the donor has understood.

## **Objectives (WHO 2014) & Steps in Pre- Donation Counseling**

- Check the donor's understanding at the beginning using closed questions.
- Clarify any misunderstanding about donor selection, blood donation and blood screening using open and closed ended questions.
- Ensure the donor understands the donor questionnaire and responds accurately to all questions.
- Ensure the donor understands that his/her blood will be tested for blood group serology and markers of TTI and the test results will be given to the donor.
- Ensure the donor is in a position to give informed consent to donate and recognizes that his/her signature affirms that responses provided to the questionnaire are accurate.
- Ensure the donor is willing to be informed of his/her test results-  
“giving permission.”

- Donors should self-defer if they know they have a TTI or if they have been exposed to one through their behavior.
- In case of a donor expressing interest in self-deferring explain to them about the Confidential Unit Exclusion (CUE) – namely that the blood bank will not inform other people about the blood bank's inability to use the donor's blood.
- Refer the donor for further testing and management if required.
- Inform donors who temporarily defer as to when they can return to donate blood.
- Review the donor's answers on the donor questionnaire.
- Obtain the donor's informed consent to give blood.
- Tell the donor who is ready to donate blood to get ready for the donation process.

**Confidential Unit Exclusion (CUE):** A system which permits donors the opportunity to inform the Blood centre immediately after donation or subsequently if they consider that their blood may be unsuitable for transfusion.

This may be useful if donors have been persuaded or coerced to donate.

Where CUE is used, donors should be given information to enable them to contact the Blood centre and to communicate that their blood should not be used for transfusion.

Emphasis should be laid on giving donors proper contact details of the Blood centre in case of a blood donation drive especially off-site.



## Objectives of Counselling during Donation (WHO, 2014)

<b>Objectives of Counselling during Donation</b>	Ensure that donors feel comfortable during blood donation, including the venepuncture
	Reduce donor anxiety and minimize the risk of any adverse donor reactions, such as fainting
	Give post-donation advice, including care of the venepuncture site
	Secure donor's cooperation in the confidential unit exclusion or post donation information process
	Foster donor trust and confidence for donor retention

## **Donor Care after Donation**

The Blood Bank has a responsibility for the well-being of the donor. Donor care after blood donation will also make the blood donor more likely to want to repeat the experience

Once the blood has been collected:

- Ask the donor to remain in the chair and relax for a few minutes.
- Inspect the venepuncture site; if it is not bleeding, apply a bandage to the site; if it is bleeding, apply further pressure.
- Ask the donor to sit up slowly and ask how the person is feeling.
- Before the donor leaves the donation room, ensure that the person can stand up without dizziness and without a drop in blood pressure.
- Offer the donor some refreshments.

*- Source: WHO (2010)*

# Post donation notification

**TEST  
RESULTS**

A mechanism be present to notify donors of any clinically significant abnormalities detected during pre donation evaluation or during laboratory testing (AABB)



➤ Voluntary blood donors are considered as a safe source of blood, donate blood for altruism and are of the general opinion that they are free of diseases as they have been donating blood and thus may not be aware about the silent nature of some of these infectious agents that they may be harboring.

➤ The need to notify blood donors about reactive test results as part of the legal and ethical obligation of blood transfusion services dates back since the first testing on donated blood was started for syphilis in the international scenario.

➤ In India the process of disclosure of test results was started after the notification in the action plan for blood safety of NBTC & NACO (2003).

## **Objectives of Post-Donation Counselling (WHO, 2014)**

<b>Objectives of Post-Donation Counselling</b>	Explain the test results, the need for confirmation of the results, the health implications for the donor and the donated blood (discard) and the suitability of the donor for future blood donation.
	Encourage donors to provide all relevant information, including the possible source of infection.
	Clarify doubts or concerns raised by donors.
	Alleviate donors' anxiety.
	Provide information on precautions for preventing the transmission of infection to others.
	Provide information and refer donors for further investigation, management, treatment and care, if necessary.
	Reinforce the importance of healthy lifestyles for donors found to be non-reactive on blood screening and encourage regular blood donation

## Post-Donation Counselling for Donors with Positive TTI results

**When** - Post-donation counselling should be provided as early after test results are available as possible.

**Why?** - Its purposes are to:

- Explain to the donor the test results, the need for confirmation of the results, the health implications for the donor and the suitability of the donor for future blood donation.
- Encourage donors to provide all relevant information, including the possible source of infection.
- Clarify doubts or concerns raised by donors.
- Alleviate donors' anxiety.
- Provide information on precautions for preventing the transmission of infection to others.
- Provide information and refer donors for further investigation, management, treatment and care, if necessary.

**Where** - The best venue for this is at the Blood Bank where the counsellor can create an atmosphere of safety and warmth. Find a quiet spot where audio and visual privacy is possible and where there will not be interruptions.

**How** -The first step is to invite the donor back to the Blood centre. Such an invitation may be made on the telephone without disclosing the test result. Particular skill and delicacy is required for this task.

## SANDWICH TECHNIQUE



- ➡ To hear some Bad news
- ➡ Bad news
- ➡ Offer support regarding bad news

## Limitations of Donor Notification

- Donor does not provide proper information
- Donor does not respond to calls
- Donor hides high risk behavior – social stigma
- Donor feels uncomfortable to referrals
- Donor becomes aggressive – false results
- Donor doesn't want to involve family/ spouse
- Donor visits other blood centres to donate
- De-motivating factor for donation





# Stages in Blood Donor Counselling

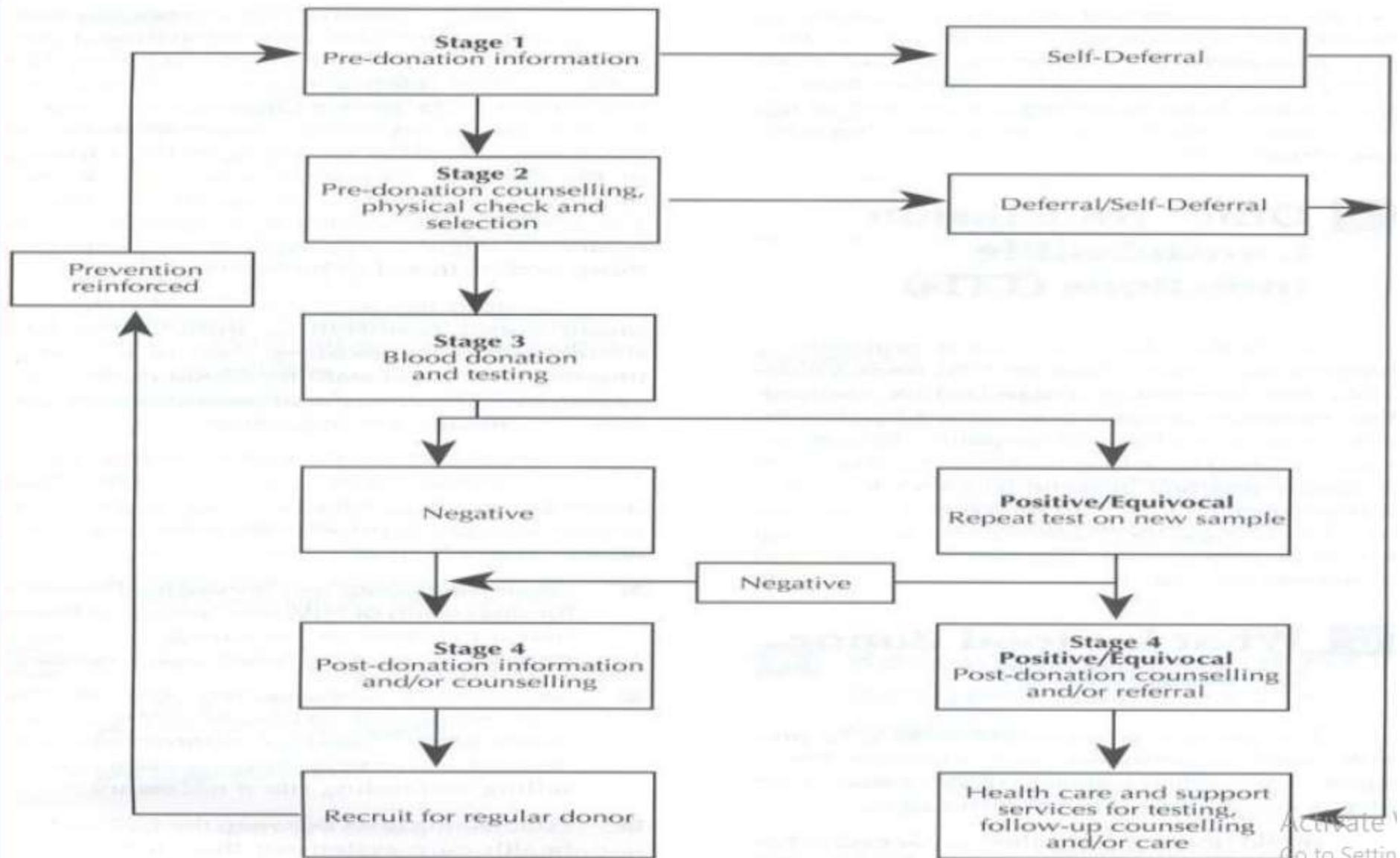


Figure 1—Flow Chart of Stages in Blood Donor Counselling

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## Donor notification and counseling: Experiences and challenges from a private multi-specialty hospital in South India

[P. M. Bala Bhasker](#) and [Anamika Aluri](#)

### **BACKGROUND:**

Donor notification and counseling plays a vital role in both blood safety and comprehensive donor care. This process informs donors about their status as to transfusion-transmitted infections (TTI), modes of transmission of such infections and helps prevent secondary transmission of these infections in the community.

### **AIMS AND OBJECTIVES:**

This study was initiated to see the response rate of notified reactive donors for counseling and to propose useful recommendations that could probably improve the response rate.

### **MATERIALS AND METHODS:**

Total of 17025 donations was screened for TTIs, namely, human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and syphilis, by serology. All TTI reactive donors were retested and notified of their status by telephone and called for repeat testing followed by face-to-face counseling and referral for treatment.

### **RESULTS:**

We evaluated 183(1.07%) donors with reactive screening test results, i.e., 106(57.9%) HBV, 38(20.7%) HCV, 29(15.8%) HIV, and 11(0.6%) were syphilis reactive and all (100%) were from replacement blood donations. Only 58.4%(107) of donors could be personally communicated over telephone and only 49 (45.79%) of them returned for counseling. Three (6.1%) among the reactive donors knew their results earlier and 11(22.4%) donors had history of high-risk behavior.

### **CONCLUSION:**

In spite of strict donor screening and self-exclusion option, donors conceal their high-risk behaviors or their reactive status and continue to donate blood. It reflects the need to implement thorough predonation counseling to extract the history of high-risk factors from the donors.

[Asian J Transfus Sci.](#) 2015 Jan-Jun; 9(1): 18–22.

## Blood donor notification and counseling: Our experience from a tertiary care hospital in India

[Urvershi Kotwal](#), [Veena Doda](#), [Satyam Arora](#), and [Swati Bhardwaj](#)

### **Aims:**

To evaluate the response rate of transfusion-transmissible infection (TTI)-reactive donors after notification of their abnormal test results for the year 2012.

### **Materials and Methods:**

This study is an observational descriptive study performed in our department over a period of 1 year. We evaluated the response rate of TTI-reactive donors after notification of their abnormal test results over 1 year as per the existing strategy (three telephonic and two postal communications).

### **Results:**

During the study period, among the annual donation of 15,322 units, 464 blood donors were found to be seroreactive. Of these 464 seroreactive cases, 47 were HIV positive, 284 were reactive for Hepatitis B surface antigen (HBsAg), 49 were Hepatitis C (HCV) positive and 84 were VDRL reactive. The TTI-reactive donors (464) for various markers were contacted: 229 (49.4%) telephonically and the remaining 235 (50.6%) not contacted on phone were informed by post. Of the 229 contacted donors, the response rate was 98.2% as only 225 donors reported (221 on the first, three on second and one on the third call) for one to one counseling. The remaining four non-responders were - one HIV and three HBsAg reactive. The remaining 235 (50.6%) reactive donors did not respond to any communication.

### **Conclusion:**

Donor notification and post-donation counseling are an essential aspect of the blood bank that entails provision of information on serological status, assess the impact of test results on the donor and finally referral for medical care. As in our data only 49.4% of the blood donors could be contacted successfully, incomplete demographic details was the major limiting factor in communicating with rest. Of the 229 contacted donors, the response rate was 98.2%. A large majority (94.75%) of the notified donors in our study contacted their health care provider when given clear instructions to do so. These results are encouraging because they indicate that a major element of the notification message is acted upon when it is worded clearly. The very high response rate of the contacted donors ensured their concern for knowing their test result status.

## Reactive donor notification and counseling: Reveals concealed risk factors

[Sonam Kumari](#)

Department of Transfusion Medicine, Gian Sagar Medical College and Hospital, Patiala, Punjab, India

**Background and Objective:** In spite of newer sensitive screening techniques, blood transfusion is still associated with a small risk of transmitting infectious diseases. A very important and efficient method of curtailing transfusion transmitted infections (TTIs) is notifying and counseling the TTI reactive donors. **Materials and Methods:** Totally, 4281 donations were screened for TTI, namely, human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and syphilis, by serology. All TTI reactive donors were retested and notified of their status by telephone or letter and called for repeat testing followed by face-to-face counseling and referral for treatment. **Results:** We evaluated 116 (2.7%) donors with reactive screening test results, i.e., 41 (1%) HBV, 61 (1.4%) HCV, 12 (0.3%) HIV, and 2 (0.05%) reactive for both HIV and HCV while none of donors were syphilis reactive. Only 35.34% (41) of donors responded to notification. The response from voluntary donors was comparatively less as compared to the replacement donors (34.6% vs. 41.7%). Around 22 (53.7%) of counseled reactive donors revealed history of high-risk behavior/factors which were not disclosed during donor registration and screening. **Conclusion:** In spite of strict donor screening and self-exclusion option, donors conceal their high-risk behaviors and continue to donate blood. It reflects the need to implement predonation counseling to extract the history of high-risk factors from the donors. Maintenance of privacy during donor screening, predonation education and counseling and postnotification counseling of reactive donors are recommended. National guidelines for notification of reactive donors need to be formulated.

**INTERNATIONAL FORUM****Vox Sanguinis International Forum on donor notification and counselling strategies for markers of transfusion-transmissible infections: summary**

R. R. Sharma, M. Lozano, M. Fearon, M. Bigham, R. Djoudi, P. Gallian, G. Woimant, C. Lee, J. N. S. Leung, W. C. Tsoi, N. Marwaha, S. Sachdev, K. Tadokoro, Y. Tani, H. Matsukura, N. Shantseva, E. Zhiburt, S. Hindawi, J. Chay, T. Huang, D. Teo, N. Moleli, S. Oyonarte, S. B. A. Jayasekara, A. Bokhorst, P. van den Burg, P. Hewitt, C. Bianco & D. Kessler

In summary, notification and counseling of donors with positive tests for TTI markers are important steps in the activity of blood centers, essential to the safety of the blood supply, but also affecting the health of the community. This International Forum demonstrates wide variability in practice between countries, and even in states or regions of the same country. For instance, the practice of calling donors for repeat testing varies between jurisdictions. Some always call in donors for repeat testing and counseling, some never do, still others only depending on the type of the positive TTI screening result, or if there are discordant results between serology and NAT testing.





ORIGINAL ARTICLE

## **Risk Factors for Transfusion Transmissible Infections Elicited on Post Donation Counselling in Blood Donors: Need to Strengthen Pre-donation Counselling**

**Suchet Sachdev · Kshitija Mittal · Gopal Patidar · Neelam Marwaha ·  
Ratti Ram Sharma · Ajay Kumar Duseja · Yogesh Kumar Chawla ·  
Sunil Kumar Arora**

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**Abstract** Donor notification and counselling transforms the legal and ethical requirement of disclosure of transfusion transmissible infection (TTI) in a blood donor into practice. The present study was done to assess the response to the disclosure of TTI reactivity results in blood donors, assess the risk factors in blood donors and follow the compliance of the disclosure and clinical referral in a population of blood donors who are difficult to convince that they may be harbouring infections apparently in a healthy state today but with possible clinical disease consequences in the future. A retrospective study was conducted from April 2011 to November 2012. Screening was done using third generation ELISA kits used according to the manufacturer's directions; these kits were approved for use in blood banks by the Drug Controller General of India. Those testing repeat reactive were referred for further confirmation and management. The total number of TTI reactive donors was 787 (0.93 %, N = 83,865). The observed response rate in the present study is 21.6 % (167, N = 787). The risk factors for acquiring infections in TTI reactive donors were statistically significant history of high risk behaviour (20.3 %) for human immunodeficiency virus infection and history of jaundice in themselves, family or close contacts (16.1 %) for hepatitis B virus infection. One hundred and ten

(65.8 %) of the referred donors were on outpatient clinical care when post-referral follow up was conducted. The study emphasises on continuing sensitization of blood donation camp organisers to the need of privacy during blood donor selection. The study also stresses the need to strengthen the pre-donation counselling at outdoor blood donation at the same time raise awareness amongst blood donors about the importance of post-donation counselling and follow up.

## References

- Hand book for counseling blood donors. NACO, NBTC. 2016
- National HIV counseling & testing services guidelines. NACO. 2016

