The RED CROSS News
Penn-Jersey Region
Southeastern Pennsylvania Chapter

May 4, 1990

Penn-Jersey begins screening for hepatitis C

On Thursday, May 3, the American Red Cross, the American Association of Blood Banks, and the Council of Community Blood Centers held a joint press conference in Washington, D.C. to announce they will begin testing all blood donated for transfusion by the newly FDA-licensed anti-HCV ELISA (enzyme-linked immunosorbent assay) test as soon as possible, depending on the availability of test kits from the manufacturer(s).

"The availability of a licensed test to detect antibodies to the hepatitis C virus (anti-HCV) represents a major advance in our ability to further increase the safety of the nation's blood supply," said senior vice president of American Red Cross Blood Services Lewellys F. Barker at the Thursday press conference.

The test kit, manufactured by Ortho Diagnostics Systems, Inc. and based on a discovery made by scientists at Chiron Corporation, was licensed by the FDA on May 2.

"Test kits arrived at 9:00 a.m. today, thanks to Tracy Brocalello, who left Philadelphia at 4:00 this morning to pick up the test kits at Ortho Diagnostic Systems in Raritan, NJ" said Penn-Jersey Region director William C. Sherwood, M.D. "We will begin testing once proficiency is achieved."

Penn-Jersey personnel will be working about 18 to 20 hours a day over the weekend to test blood collected Thursday and Friday and to begin testing all existing inventories. In order to acheive a 100 percent HCV-screened blood supply as quickly as possible, laboratory staff will work double shifts and many staff who have been promoted out of the laboratory will return to help out in the crunch.

Viral hepatitis is the most common serious infectious complication in blood transfusion. Hepatitis C, which can be transmitted by shared needles, blood transfusion, and possibly through sexual intercourse, can lead to chronic active hepatitis and, in some cases, cirrhosis of the liver. The introduction of anti-HCV testing of all donated blood, together with other existing safeguards, is expected to eliminate a significant number of transfusion-associated non-A, non-B hepatitis cases.

Three to five percent of persons living in the United States are estimated to be infected with HCV. Studies conducted twenty-five years ago revealed that a person receiving multiple blood transfusions had up to a 33 percent chance of acquiring viral hepatitis. Since then, measures including a test for hepatitis B virus infection, expanded voluntary donor and blood unit exclusions, and implementation of two non-specific (surrogate) tests for non-A, non-B hepatitis have reduced the present risk to approximately 1 to 4 percent. With the new anti-HCV ELISA test, the risk is expected to be further reduced to 0.5 to 2.5 percent per transfusion episode. "The development of the anti-HCV test will lead to an even safer blood supply and is a major scientific advance," said Dr. Sherwood.

Studies using anti-HCV ELISA test kits indicate that they will be highly effective as screening tests for detecting blood likely to spread HCV. These studies also indicate that among blood donors, 0.5 to 1 percent will test repeatedly reactive (positive) by the anti-HCV ELISA test, and of these, as many as 40 to 70 percent may be "false positive" results.

At this time there is no confirmatory test to verify the results of anti-HCV ELISA screening tests. Therefore, blood donors who test positive by the anti-HCV ELISA screening test will be informed that they are deferred as blood donors, but that it is unclear whether they are truly infected with the hepatitis C virus. Such donors will be referred to their physicians for evaluation and counseling.

Do you know someone who has been helped or whose life has been saved by blood transfusions?

The Communications Department is looking for stories to use in a campaign to advertise the importance of donating blood. If you know anyone who would like to share a story about receiving donated blood products, please call Susan Snyder at (215) 299-4041.

American Red Cross

Board of Governors announces interim policy on donor designations

On April 26 at a special meeting, the Board of Governors approved an interim policy on donor-designated contributions in disaster fundraising. The interim policy, which will be in effect until the October board meeting, reaffirms the Red Cross's commitment to disaster victims and states that the American Red Cross will honor donors' designations.

The interim policy states: "The responsibility of the American Red Cross is to respond to the needs of disaster victims. In support of that responsibility, the American Red Cross solicits contributions for its National Disaster Relief Fund. The American Red Cross will honor designations made by contributors."

This policy continues to place the needs of disaster victims first and foremost and to recognize the necessity of having a nationally administered Disaster Relief Fund in order to provide a consistent level of disaster assistance to victims. The policy differs from existing policy in that it explicitly states the Red Cross will honor donors' designations to particular disaster relief operations. Although past policy had not dealt explicitly with the issue of donor designations, Red Cross practice generally had been to honor such designations.

Field units will have a chance to provide input on the interim policy and guidelines before the Board makes its final decision in October.

Ann Landers column runs Red Cross response to March letters

On Thursday, May 3, the Ann Landers column printed American Red Cross chairman George F. Moody's response to the letters she ran on March 23, 1990.

Moody's letter explained that on February 20, 1990, the Red Cross decided to spend all of the money designated to the October 17, 1989 northern California earthquake "by funding extraordinary disaster assistance programs in northern California, rather than to use leftover funds to assist victims of future disasters."

Landers knew of the Red Cross's February 20 decision when she ran her March 23 column, in which she lambasted the organization by incorrectly asserting that the Red Cross was not spending all of the earthquake-designated monies in California.

The February 20 decision represented a change in organization practice, since the board's policy then stated that "disaster contributions received in excess of actual disaster contributions be utilized to support national disaster relief operations." On April 26, the Board of Governors announced their approval of an interim policy which explicitly states that the Red Cross will honor donors' designations (see article "Board of Governors announces interim policy on donor designations").

On March 22, the Northern California Red Cross Earthquake Relief Fund Committee announced it had approved additional funding of $33.8 million for 37 earthquake-relief programs, which will provide transitional housing and other service to people displaced by the disaster, assist with the rebuilding of homes, and help with low-income and senior citizen housing. In addition, $2 million will cover continuing case management for earthquake victims and $2 million will be set aside for earthquake planning and preparedness programs. Funds were also set aside to audit and monitor relief programs.

In her May 3 column, Ann Lander also incorrectly stated that the Red Cross makes "hundreds of million of dollars...collecting blood from donors and selling some of it for commercial use."

The Red Cross does not profiteer from collecting and distributing blood and blood products. The Red Cross does charge hospitals a processing fee for blood products in order to recover the costs of maintaining the blood program, including running donor centers and bloodmobiles, testing and processing blood, and hiring and keeping trained technical and medical staff. At the Penn-Jersey Region of the American Red Cross Blood Services, revenues from these fees during the last three years barely met or were less than expenses.

Penn-Jersey makes directed donation procedures simpler for patients

On April 9, the Penn-Jersey Region began using a new set of directed donation procedures that will make the program much easier for patients, the Penn-Jersey Region, and hospital blood banks.

Directed donation is a program which enables patients planning to undergo surgery to recruit their own blood donors. Some patients believe that blood from donors they select is safer than blood from the community blood supply, even though studies indicate that this is not necessarily true. Nevertheless, Red Cross provides a directed donor program in response to patients' requests.

In the past, the system for arranging directed donations was a cumbersome, time-consuming process that required the patient to traverse an obstacle course of soliciting signatures and exchanging forms between their hospital blood bank, their doctors, the Red Cross, and their donors. One major drawback of the system was the stress it placed on Penn-Jersey's toll-free 1-800-26-BLOOD number. Until recently, directed donation calls represented approximately half of the calls received at the toll-free number.

Under the new system, patients wishing to use the directed donation program will go first to their hospital blood bank, which will supply them with a set of blood bag tie-tags for the patient to give to their donors. In turn, the donors will call Penn-Jersey headquarters, their branch, or their chapter to find out when and where they can give blood.

When the donors give blood at a Red Cross donor center or bloodmobile, they will simply present their tie-tag, which will have to have been filled-out completely. The tie-tag will be secured to their donated pint of blood.

The Red Cross will process and test each directed donor unit of blood, just as they would any other unit, and turn all the directed units that pass the tests over to the patient's hospital blood bank, which will determine which units are of appropriate type for the patient.

As in the past, the Red Cross only coordinates directed donations of red blood cells. Other directed donor blood products must be arranged by a doctor and a hospital blood bank.

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