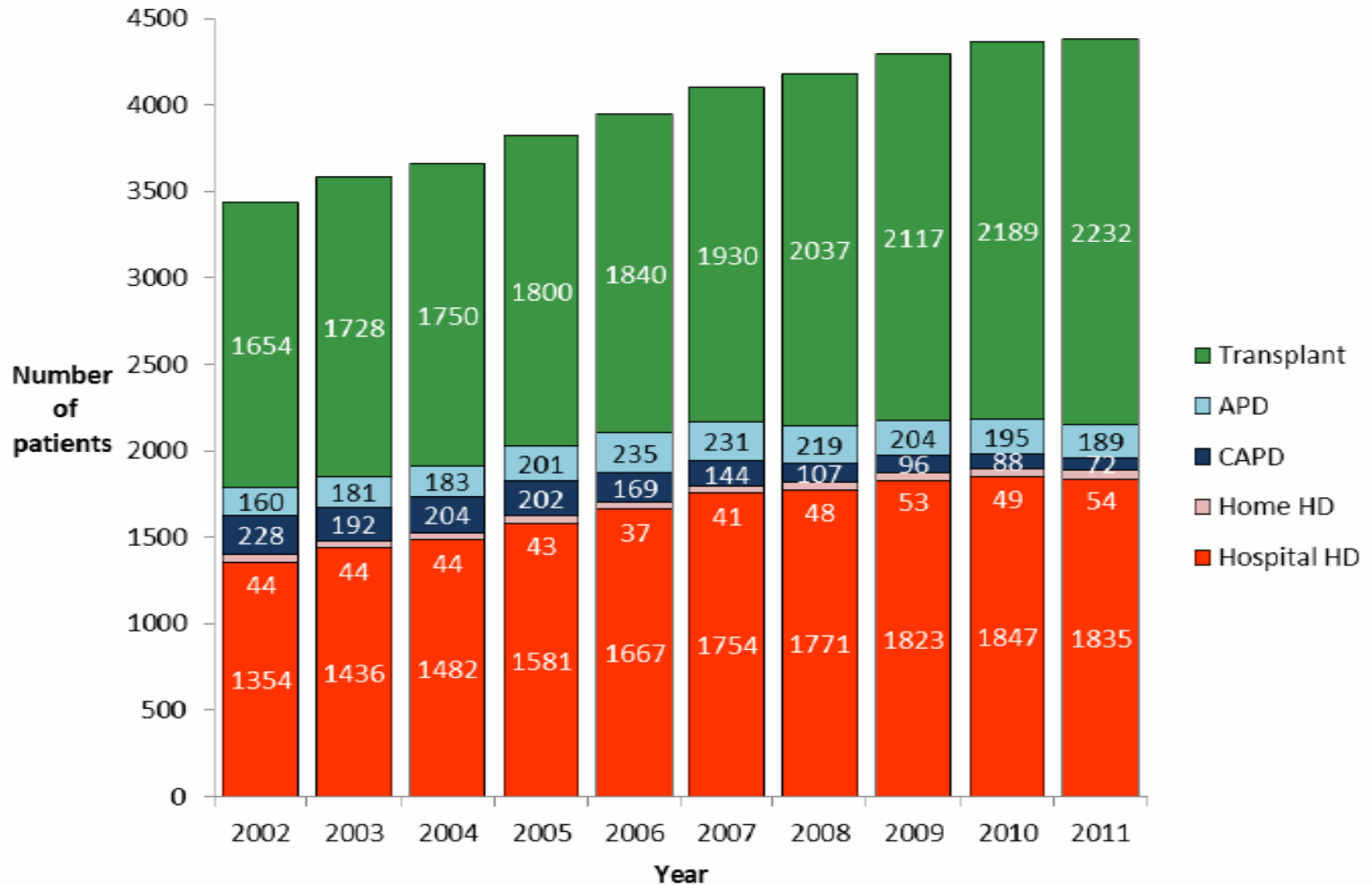


# **Blood borne virus infections in renal replacement therapy patients in Scotland 2010-2011**



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# SRR prevalent RRT patients 2002 -2011



# Prevalence of BBV infection in RRT patients in Scotland in Dec 2010

Mode of RRT	Hospital HD	Home HD	PD	Renal Transplant	Total
Hepatitis C	31	2	2	12	47
Hepatitis B	10	0	0	4	14
HIV	4	0	1	1	6
Total	45	2	3	17	67
Total population at risk	1847	49	283	2189	4368

# Prevalence of BBV infection in RRT patients in Scotland in Dec 2011

Mode of RRT	Hospital HD	Home HD	PD	Renal Transplant	Total
Hepatitis C	33	2	0	13	48
Hepatitis B	8	0	1	6	15
HIV	1	0	2	3	6
Total	42	2	3	22	69

# Prevalence of BBV infection in renal clinic patients in NHS GG&C Dec 2011

Clinic	Low clearance (eGFR < 30ml/min)	General nephrology	Total
Hepatitis C	2	15	17
Hepatitis B	4	8	12
HIV	0	6	6
Total	6	29	35
Total population at risk	“500”	“4000”	“4500”

# Attributed cause of hepatitis C infection in HD patients in Glasgow in Dec 2011

- Unknown (n=8)
- Exposure to blood products pre-1990 (n=4)
- Social risk factors (n=2)
- Hospital acquired (n=2; both now hepatitis C PCR negative)
- Holiday acquired (n=2; one now hepatitis C PCR negative)

# **Renal Association Clinical Practice Guideline on Prevention of Blood Borne Virus Infection in the Renal Unit**

Geddes C, Lindley E, Duncan N.

Nephron Clin Pract 2011;118(suppl 1): c165–  
c188

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**NHS Evidence Accreditation Mark**

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## **Guideline 2.2 – Dialysis equipment**

We recommend that dedicated machines are **not** required for patients with HCV or HIV provided that disinfection processes are properly carried out between patients according to a local protocol that incorporates the manufacturer's instructions. (1B)  
(KDIGO Hepatitis C guideline 3.1)

**Only 3 of 9 renal services in Scotland follow this guideline** (i.e. 6 units still use dedicated machines for patients with hepatitis C)



## **Guideline 3.3 – BBV surveillance in dialysis patients**

We recommend that patients on regular hospital haemodialysis who have responded to hepatitis B immunisation only need to be tested for HBsAg once a year. Non-responders should be tested at least every 3 months. (1C)

**8 of 9 renal services follow this guideline**  
(other unit tests every 6 months)

## **Guideline 3.4 – BBV surveillance in dialysis patients**

We recommend that patients on regular hospital haemodialysis should be tested for HCV antibody at least every 6 months. (1C)  
(KDIGO Hepatitis C guideline 1.2.2)

**All renal services comply with this guideline**  
(8 perform testing for hepatitis C every 3 months)

## **Guideline 3.5 – BBV surveillance in dialysis patients**

We recommend that antibody surveillance testing for HIV is not necessary for patients on regular hospital haemodialysis unless the patient is at high risk. (1C)

**All renal services screen HD patients  
for HIV at least once per year**

(annual testing in 5 units,  
every 6 months in 3 units,  
every 3 months in 1 unit)

## **Guideline 3.7 – BBV surveillance in dialysis patients**

We recommend that patients returning from dialysing outside the UK should have a risk assessment for potential exposure to BBV abroad. (1B)

**All units either isolate the patient (n=8) or the machine (n=1) after return from travelling to countries assessed as high risk of BBV infection**

# **Guideline 3.8 – BBV surveillance in dialysis patients**

We recommend that enhanced surveillance in patients deemed to be at high risk after returning from abroad should consist of HCV RNA (or HCV core antibody) every 2 weeks for 3 months (1B)

**All renal services in Scotland follow this recommendation**

## **Guideline 4.3 – BBV Infection: Segregation of patients infected with BBV**

We recommend that patients with HCV or HIV do **not** need to be dialysed in a segregated area but more experienced staff should be allocated to dialyse these patients. (1C)

**4 of the 9 renal services in Scotland follow this guidance** (i.e. 5 units still perform HD in hepatitis C patients in a segregated area)

# Conclusions

- Relatively low incidence of BBV infection in RRT patients in Scotland
- Low risk of HAI or acquiring BBV infection on travel abroad in the past 2 years
- Renal services in Scotland exhibit a cautious approach in following guidelines on prevention of BBV infection in HD patients

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