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PATIENT INFORMATION ON BLOOD TRANSFUSION AND POSSIBLE INFECTION.

This information addresses the issue of the potential infective risks of transfusions.

- Australia has one of the safest blood supplies in the world. Blood is collected from volunteer donors who are carefully assessed to ensure the safety of their blood for transfusion to others. Only those who meet strict guidelines are accepted as blood donors.
- Every unit of donated blood is tested for several infectious agents before blood or blood components are released for transfusion. Only blood that is negative in tests for human immunodeficiency virus (HIV), hepatitis B, Hepatitis C, human T-cell lymphotropic virus (HTLV) and syphilis is accepted.
- There are currently two types of screening tests for hepatitis C and HIV. The first test detects antibodies that the body's immune system produces in response to the viral infection, and the second test, known as NAT (Nucleic Acid Testing), detects the HIV and Hepatitis C viral materials directly. NAT can detect infection at an earlier stage than the antibody tests.
- In Australia, the current estimated risk of acquiring Hepatitis B, Hepatitis C or HIV/AIDS from a blood transfusion is as follows:
 - Hepatitis B – 1 in 110 000 fresh blood product units transfused.
 - Hepatitis C – 1 in 1 million fresh blood product units transfused.
 - HIV/AIDS – 1 in 9 million fresh blood product units transfused.

These risks are very small when compared to other risks of everyday living. As a comparison, the chance of being killed in a road accident or an accident at home is about 1 in 40,000.

- As plasma derivatives (eg. intramuscular and intravenous immunoglobulins, albumin solutions, and coagulation factors) are subjected to specific viral inactivation steps in their processing any risk of infectious disease transmission with the transfusion of these are substantially less than for fresh blood products.