

# Hepatitis E

Created by Lydia Foeken, last modified on 26 April, 2024, 17:15

## Acute infection (= HEV-RNA detectable, not IgG-positivity)

### **At recruitment (only if donor reports, no test required):**

ACCEPTABLE if free of symptoms

### **At CT (only if donor reports, no test required)**

DEFER for 4 months.

- If entirely free of symptoms, re-evaluation is possible after 2 months
- If lasting hepatitis-like symptoms like fatigue, elevated liver enzymes, *chronic* HEV infection should be excluded (defined as persisting viremia >3 months)

### **At WU/PE (if test required by local regulations, or if medically appropriate, e.g. recent travel history)**

DEFER for 4 months.

- If entirely free of symptoms, re-evaluation is possible after 2 months. Consult with TC.
- If lasting hepatitis-like symptoms like fatigue, elevated liver enzymes, *chronic* HEV infection should be excluded (defined as persisting viremia >3 months)
- Testing available to TC

### **At collection day / in the product (if test required by local regulations, or if medically appropriate, e.g. recent travel history; results will typically be available only after donation)**

Transplant centres must be aware that asymptomatic infection can occur after clearance if donor resides in or visits an endemic area, similar to WNV.

- INFORM transplant centre immediately, if positive result.
- Do not discard the product, but leave the decision to transfuse to the transplant centre
- As transplant centres might not be familiar with HEV, communicate that it might be acceptable to use the product after risk/benefit assessment, especially if the recipient has already been exposed to HEV.

## Chronic infection

DEFER donor until documented clearance of virus and recovery of donor.

## Background:

Hepatitis E virus (HEV) is the most common cause of acute viral hepatitis world-wide. Over the last 10 years, human hepatitis E cases have been increasingly reported in Europe where genotype 3 (HEV-3) is common. The main reservoir of HEV in Europe are pigs and wild boar. The majority of the infections are asymptomatic or mild. In acute cases the disease is a self-limiting hepatitis affecting mostly male adults above 60 years of age; on rare occasions the infection can result in a severe, fulminant hepatitis with acute liver failure. [1] Only 5-20% of infected individuals develop symptoms of a hepatitis. Most people with acute infection recover completely within one to five weeks

In several countries, where all blood products must be tested for HEV-RNA, it is recommended to follow local guidelines / regulation<sup>2-5</sup>

## References

1. Facts about hepatitis E. European Centre for Disease Prevention and Control. <https://www.ecdc.europa.eu/en/hepatitis-e/facts>.
2. A.S. de Vos et al. Cost Effectiveness of the screening of blood donations for hepatitis E virus in the Netherlands. *Transfusion* Vol 57, February 2017.
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4. R S Tedder et al. Hepatitis E risks: pigs or blood—that is the question. Volume 57, February 2017 *Transfusion*
5. E Spada et al. A nationwide retrospective study on prevalence of hepatitis E virus infection in Italian blood donors. *Blood Transfusion* 2018; 16: 413-21 DOI 10.2450/2018.0033-18
6. Domanovi D et al. Hepatitis E and blood donation safety in selected European countries: a shift to screening? *Euro Surveill*. 2017 Apr 20;22(16): 30514. doi: 10.2807/1560-7917.ES.2017.22.16.30514. PMID: 28449730; PMCID: PMC5404480.

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| <b>CURRENT (v. 5)</b> | <b>Apr 26, 2024 17:11</b> | <b>Eefke van Eerden</b> |                                                          |
| <b>v. 4</b>           | Apr 26, 2024 17:10        | <b>Eefke van Eerden</b> |                                                          |
| <b>v. 3</b>           | Apr 26, 2024 17:10        | <b>Eefke van Eerden</b> | Updated references, guidance at WU/PE and collection day |

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