

Hepatitis E

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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 / regulation²⁻⁵

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.
3. JK Mah et al. Hepatitis E virus seropositivity in an ethnically diverse community blood donor population. *Vox Sanguinis*. 2023;1–7.
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.

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

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