EQUALITY SCREENING TEMPLATE

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy (incl. doc. reference number) or decision :

Northern Ireland Blood Transfusion Service (NIBTS) implementation of anti-hepatitis B core (anti-HBc) testing.

1.2 Description of policy or decision

Following the report of two probable transfusion transmitted cases of Hepatitis B virus (HBV) from donors who had not been identified by routine screening, later identified as having Occult Hepatitis B infection (OBI), the Advisory Committee on Safety of Blood, Tissues and Organs (SaBTO) established a working group in September 2019 to investigate the risk from OBI donors to the blood supply in the UK and what changes could be made to screening strategies to reduce this risk.

In 2021 SaBTO recommended that all UK blood services introduce an anti-Hepatitis B core (anti-HBc) testing strategy. This would be done once on all new and returning donors. It also made recommendations on recipient lookback protocols for anti-HBc reactive donors. A lookback is required to identify any at risk previous donations of donors testing positive for anti-HBc as these could potentially have transmitted Hepatitis B to a patient. These patients need to be identified, contacted, counselled & tested for Hepatitis B. Any positive patients need referred for appropriate medical management.

Health Minister Swann agreed SaBTO's recommendations.
Testing started in NIBTS on 30/05/2022.

1.3 Main stakeholders affected (internal and external)

Donors: All new and returning donors in NIBTS.

Past recipients: patients who received donated blood components from active or

returning donors who are confirmed hepatitis B core positive will be traced as part of the lookback exercise.

The five NI Health Trusts. NIBTS do not hold data relating to recipients and will therefore require communication with the respective trust to identify and contact the recipient.

NIBTS staff – session staff, laboratory staff, and medical staff. Donors require to be tested for an additional marker and results actioned.

Scottish National Blood Transfusion service (SNBTS) Microbiology Reference Laboratory staff – required to test referred samples from NIBTS for confirmation.

NI Public Health staff & Department of Health staff – require to work closely with NIBTS & trusts to deliver the lookback exercise to ensure the necessary recipients are identified in a sensitive manner for counselling and testing.

NI Hepatology & Virology Clinical & Laboratory staff – test samples of identified at risk recipients for Hepatitis B and clinically manage any positive donors referred.

1.4 Other policies or decisions with a bearing on this policy or decision

SaBTO recommendation (as highlighted above).

Whole Blood and Component Donor Selection Guidelines – can be accessed on the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) website: www.transfusionguidelines.org. Set out the donor selection criteria for all blood donors.

Internal NIBTS policies & SOPs to be updated:

MP010: Management of Transfusion Microbiology Positive Donors. Dr Kathryn Maguire & Dr Asma Sadiq.

SOP DM 004: Procedure for Lookback/Traceback for Transfusion Transmissible Infections. Dr Kathryn Maguire & Dr Lauren Kirkpatrick

NIBTS business cases on Testing and Lookback to be submitted to DoH. Ms Sharon Rainey, Dr Kathryn Maguire & Mr Glenn Bell.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

NIBTS Donor data & staff data

Census data for NI

Public Health Surveillance data – reports of the number of donors testing positive for anti-HBc across the UK transfusion services

SaBTO paper (referred to above)

For the Assessment of Individualised Risk (FAIR) Report – recommendations recently implemented across the UK transfusion services to be more inclusive regarding donor eligibility criteria

Communications sent out just prior to go live date for testing to inform donors & staff of the introduction of the new test (information on NIBTS website, social media, emails to staff)

Regular internal meetings on the matter as well as fortnightly meetings with the other UK blood transfusion services.

2.2 Quantitative Data – Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	NIBTS Staff Data: 70% female, 30% male Donor Data: 53% female, 47% male

<table>
<tr><td></td><td>We cannot draw any conclusion as to the extent that an individual's sex may make them more or less likely to be anti-HBc positive. As more females donate, there may be a potential indirect impact on female donors.

Census Data:
Northern Ireland population (2011 Census): Female 51%, Male: 49%.

Transgender:
• No reasons identified as to why an individual may be more likely to be identified as positive through anti-HBc testing. No unintended impact.</td></tr>
<tr><td>Age</td><td>NIBTS Staff Data:
<table>
<tr><th>Age Group</th><th>%</th></tr>
<tr><td>16-24</td><td>3%</td></tr>
<tr><td>25-34</td><td>20%</td></tr>
<tr><td>35-44</td><td>23%</td></tr>
<tr><td>45-54</td><td>21%</td></tr>
<tr><td>55-64</td><td>28%</td></tr>
<tr><td>>=65</td><td>5%</td></tr>
</table>
Donor Data:
Blood donors need to be at least 17 years of age and can continue to donate with no age limit if health check is passed. The average age of our current donors is early 50s.

Census Data:
Census 2011 figures report the 16-64 age group represents just under 65% of the total NI population

NISRA Mid-year Population Estimates for Northern Ireland:
In the year ending mid-2020 the working age population decreased by 0.3 per cent (from 1,183,000 to 1,179,700), representing 62.2 per cent of the population.

Age projections:
NISRA Estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children.

If estimated past infection rates were to follow donor population trends, it is likely that a greater number of donors aged 40 and above will be identified as anti-HBc positive. On balance, therefore, there may be a potential indirect impact on those aged 40 or above.</td></tr>
<tr><td>Religion</td><td>NIBTS Staff Data:
37% Catholic
45% Protestant
8% Neither</td></tr>
</table>

	10% Not determined Donor Data: Donors are not asked their religion. Census Data: 45.1% of the population from a Catholic background. 48.4% of the population from Protestant and other Christian background. 0.9% of population from other religions. 5.6% of population no religion or religion not stated (2011 Census). No reasons identified as to why an individual's religion would impact on the result of the anti-HBc testing. No unintended impact.
Political Opinion	Staff Data: 8.5% Broadly Nationalist 7.5% Broadly Unionist 16% Other 68% No answer Donor Data: Donors are not asked for their political opinion. Census Data: Of those eligible to vote in the NI Assembly election of 2011, 43.21% voted for a Unionist candidate as a first preference, 41.18% voted for a Nationalist/Republican candidate as a first preference and approximately 15% voted for other candidates as a first preference No reasons identified as to why an individual's political opinion would impact on the result of the anti-HBc testing. No unintended impact.
Marital Status	Staff Data: 18% Unknown 27% Single 53% Married / Civil Partnership 1% Divorced 0.5% Widowed 0.5% Separated Donor Data: Donors are not asked for this. Census Data: 2011 Census figures report 48% of the resident population aged 16 and over are married, whilst 36% are single, 0.1% are registered in same-sex civil partnerships, 9.4% are divorced, separated or formerly in same-sex partnership and 6.8% are either widowed or a surviving partner.

	No reasons identified as to why an individual's marital status would impact on the result of the anti-HBc testing. No unintended impact.
Dependent Status	Staff Data: 28% Staff with dependents 27% Staff without dependants 45% Not assigned Donor Data: Donors are not asked this. Census Data: Census 2011 figures report 12% of the resident population provide unpaid care to family members, friends, neighbours, and 34% of households contain dependent children and 34% of households contain dependent children. No reasons identified as to why an individual's dependent status would impact on the result of the anti-HBc testing. No unintended impact.
Disability	Staff Data: 52% No Disability 4% With Disability 44% Not Assigned Donor Data: Data not collect as a whole information provided by donors only if it affects their ability to donate. The system does not allow for data for all donors to be retrieving in relation to this. Census Data: Census 2011 figures report 21% of the population regard themselves as having a disability or long-term health problem which has an impact on their day to day activities. No reasons identified as to why an individual's disability would impact on the result of the anti-HBc testing. No unintended impact.
Ethnicity	Staff Data: 65% White Less than 1% Pakistani Less than 1% Other 34% Not Assigned Donor Data: Donors are not asked this. Census Data: Census 2011 figures report 1.8% of the resident population belong to a minority ethnic group, with 3.1% stating their first language is not English.

	It is acknowledged that the SaBTO report indicates that donors from an ethnic minority background may be disproportionally identified as anti-HBc positive by implementation of testing. This is due to individuals having a higher risk factor if they originate from a country with high prevalence of hepatitis B, these include: • Sub-Saharan Africa • East & SE Asia • Pacific Islands • Parts of South America • Southern parts of Eastern & Central Europe • Middle East • Indian subcontinent On balance, in assessing whether the new test impacts on people because of race, there is a potential indirect impact. The donor information (to all, & the information leaflet to positive donors) highlights that specific parts of the world have a higher prevalence of Hepatitis B. Whilst this does not link prevalence to race or ethnicity it will raise awareness of the risk factors and provide context for donors.
Sexual Orientation	Staff Data: 50% Someone of the opposite sex 3.5% Someone of the same sex 2.5% Do not wish to answer 44% Not assigned Donor Data: Donors are not asked this. Following the Implementation of the FAIR report in August 2021, Men who have sex with men (MSM) can now donate if they have had the same one partner in the last 3 months. Census Data: NI population estimates 1 in 10 are LGB An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018. Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24-year olds, an increase from 4.4% in 2018); older people (aged 65 years and over) also showed an increase in those identifying as LGB, from 0.7% to 1.0% of this age category. Hepatitis B can be transmitted through contact with blood or other body fluids during sex with an infected partner, regardless of sexual orientation. We recognise however that participating in anal sex is a higher risk factor for the contraction of hepatitis B (FAIR Report). MSM may be disproportionately identified as anti-HBc positive following implementation of testing. Through the FAIR project a greater number of low risk MSM are now eligible to donate blood in NI. It is likely that the donor population of MSM have a lower risk of hepatitis B than the general MSM population. Data is awaited from review of the FAIR project and relevant findings will inform future reviews of this policy

	as appropriate. On balance, in assessing whether this new test impacts on people because of sexual orientation, there is a potential indirect impact on men who have sex with men (MSM).

2.3 Qualitative Data - What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	***Needs and Experiences***
Gender	As more females donate, there may be a potential indirect impact on female donors (so potentially more female donors testing positive for anti-HBc).
Age	As more donors greater than 40 donate, there may be a potential indirect impact on donors > 40 (so potentially more donors > 40 testing positive for anti-HBc).
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status. However, it is worth noting here that individuals who are either married, co-habiting or in a sexual relationship may not wish to inform their partner that they have tested positive for Hepatitis B, as they may have contracted this from sexual relations with individuals other than their regular sexual partner.
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of dependent status.
Disability	There is no data to suggest that the needs and experiences of service users differ on the basis of disability.

Ethnicity	It is acknowledged that donors from an ethnic minority background may be disproportionally identified as anti-HBc positive by implementation of testing. The donor information (to all, & the information leaflet to positive donors) highlights that specific parts of the world have a higher prevalence of Hepatitis B.
Sexual Orientation	Hepatitis B can be transmitted through contact with blood or other body fluids during sex with an infected partner, regardless of sexual orientation. We recognise however that participating in anal sex is a higher risk factor for the contraction of hepatitis B (FAIR Report). MSM may be disproportionately identified as anti-HBc positive following implementation of testing. Given the documented high levels of homophobia in Northern Ireland, it may be more difficult for gay men/ MSM who test positive for Hepatitis B to seek help or support, as they may not wish to disclose their sexual orientation.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

Potentially older female donors Potentially older male donors who have sex with men. And both above who are also from a minority ethnic background

2.5 Making Changes - Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you	***What do you intend to do in future to address the equality issues you identified?***

identified?	
NIBTS proactively communicated with donors (mainly on NIBTS website) to make them aware of changes in testing and support them to understand any potential impacts to them. Information to donors (all, and also specifically to donors testing positive for anti-HBc) highlighting that hepatitis B can be transmitted through contact with blood or other body fluids during sex with an infected partner raising awareness of risk factors and providing context for donors. Communications highlighted other donor risk factors including originally from high-risk countries, people who inject drugs, and people who have unprotected sex with multiple sexual partners. **Ethnicity** The NIBTS Medical team will contact individuals from different ethnicities who are diagnosed with positive HBsAg and Hepatitis B DNA results will be contacted individually, and referred to appropriate follow-up services. The team will also give individuals information which help to explain their test results and diagnosis. Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy.	Continue to provide the information to donors (& staff managing donors) on the donor risk factors for hepatitis B. Counsel positive donors and use interpreters if required. Engage with the other UK transfusion services and keep up to date on the epidemiology data for positive anti-HBc donors. Implement any changes proposed following future reviews.

Sexual orientation If we find donors with positive HBsAg and Hepatitis B DNA results, our medical team will get in touch with the individual to inform them of their results, what they mean for you, and what needs to happen next. They will ask permission to tell the individual's GP, and to refer them to appropriate follow-up services.	

2.6 Good Relations - What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	***Impact***	***Suggestions***
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	√
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	√

Please give reasons for your decisions.

Having screened the decision and put in place mitigation for any impacts identified it is not thought that subjecting the decision to an EQIA will further identify opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
N/A	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
N/A	

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles.

N/A

ARTICLE	Yes/No
Article 2 – Right to life	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st protocol Article 2 – Right of access to education	

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

N/A

Equality & Good Relations	Disability Duties	Human Rights

Approved Lead Officer: Dr Kathryn Maguire

Position: Consultant in Transfusion Medicine

Date: 23/12/22

Policy/Decision Screened by: Dr Kathryn Maguire

Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward a copy of the completed screening template and policy/strategy to the HR Office for publishing.

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.