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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 20 - 2013

Skin Disease and Dermatitis - Alitretinoin

Applies to the Whole Blood and Components Donor Selection Guidelines only

Skin Disease

Obligatory

Must not donate if:

- a) The donor has a condition that is infected or infectious e.g. Scabies.
- b) History of malignancy.
- c) The venepuncture site is affected.
- d) Required application of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas for periods of more than three weeks in the last six months.
- e) Ever been treated with Etreinate (Tigason®).
- f) Less than 24 months from the last dose of acitretin (Neotigason®).
- g) Less than four weeks from the last does of isotretinoin (Roaccutane®) or Alitretinoin (Toctino®).
- h) Has any current open skin wounds or infection.

Discretionary

- a) If occasional use of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) or other creams over small areas of skin and none of the above apply, accept.
- b) If chronic superficial fungal infection (e.g. ringworm, athlete's foot, chronic fungal nail infection or tinea) on local therapy only or has been in contact with an infected individual, accept.
- c) If in contact with scabies but not obviously infected, accept.
- d) If malignancy was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds healed, accept.

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For donors with Lichen Sclerosus requiring treatment other than topical steroid therapy only, excluding Etretinate (Tigason®).

e) If more than 24 months from completing treatment, have no areas of open wound or infection, have no history of associated malignancy and symptoms are controlled with or without intermittent use of topical steroid therapy only, accept.

See if Relevant

Acne
Anaemia
Autoimmune disease
Dermatitis
Hepatitis C - 1. Affected Individual
Herpes Simplex
Immunosuppression
Infection - General
Malignancy
Psoriasis
Steroid Therapy
Surgery
Thrush
Thyroid disease
Wounds, Mouth and Skin Ulcers

Additional Information

A donor who has been in contact with scabies but has no symptoms (e.g. itching) does not pose a risk to other donors or staff.

Damaged skin can increase the risk of infection contaminating a donation. For this reason a venepuncture should not be performed through an area of affected skin.

Many malignancies spread through the blood stream. It is therefore considered safer not to accept donations of blood from people who have been diagnosed with malignancy. Treated basal cell carcinoma is an exception to this as it is not spread through the blood stream.

Initial treatment of Lichen Sclerosus is through specialist care with potent steroid therapies. This and other possible therapies used such as psoralenultraviolet A (PUVA) or methotrexate can cause immunosuppression. This may mask infective conditions which would prevent donation.

Treatment can also be with retinoids such as Etretinate (Tigason®) or acitretin (Neotigason®). If taken systemically these can cause birth defects for babies exposed to them before birth. It is important to allow time for the drug to be cleared from the blood of a donor. Some drugs take longer to be cleared than others. Lichen Sclerosus itself is not an infection and is not contagious.

Under normal circumstances the use of topical treatment with steroid, tacrolimus and pimecrolimus will not result in blood levels which cause suppression of the immune response. Immunosuppression is more likely if there is a skin barrier defect or high doses are used over large areas for

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extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

The cause of lichen planus is unknown but some cases have been associated with hepatitis C. It can take many months for the symptoms to resolve. Less than one in 50 adults is affected and it is slightly more common in women. It is not infectious or hereditary. Rarely can it become malignant.

Reason for Change To improve clarity and include information on Alitretinoin (Toctino®).

Dermatitis

Including Eczema

Obligatory

Must not donate if:

- a) The venepuncture site is affected.
- b) Large areas of skin are affected.
- c) Taking steroid tablets, injections, or applying steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas.
- d) The donor has needed long term (six months or more) steroid treatment within the last 12 months.
- e) Within 12 months of using systemic therapies affecting immune function.
- f) The affected areas are infected.
- g) Less than four weeks from the last dose of Alitretinoin (Toctino®)

Discretionary If the area affected is small, the venepuncture site (where the needle is put in) is not affected and using topical treatment only, accept.

See if Relevant

Allergy
Autoimmune Disease
Infection - General
Steroid Therapy

Additional Information

Eczema (also known as contact dermatitis) is a skin reaction due to sensitivity to substances that come into contact with the skin. It may involve both allergic and non-allergic processes. Because of damage to the skin, local infection is a common problem. For this reason the place where the needle goes in must not be affected.

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

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Long term steroid therapy may also cause temporary adrenal dysfunction. A waiting period of 12 months from the last dose allows time for the adrenal glands to recover.

Some of the treatments used to treat eczema can affect the immune system (e.g. azathioprine (Imuran®), ciclosporin, hydroxycarbamide (hydroxyurea, Hydrea®), mycophenolate (CellCept®)) and so can mask signs of infection. This is why systemic treatments (taken by mouth or injection and so affecting the whole body) requires a 12 month deferral period from the time the treatment stops. Under normal circumstances the use of topical treatment with steroid, tacrolimus (Protopic®) or pimecrolimus (Elide®) will not result in blood levels which cause systemic suppression of the immune response. Systemic suppression is more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Reason for Change To improve clarity and include information on Alitretinoin (Toctino®).



Dr Sheila MacLennan
Professional Director - Joint UKBTS Professional Advisory Committee
☎ Direct Dial: (0113) 820 8638 ✉ sheila.maclennan@nhsbt.nhs.uk