Issued by JPAC: 10 April 2018	Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 14 2018

Transfusion

These changes apply to all the Tissues and Cells Donor Selection Guidelines.

Please make the changes to following sections of the entry:

Including Treatment with Blood Components, Products and Derivatives.

Obligatory

Must not donate if:

1. At any time the donor has:
a) Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis. See 'Discretionary' section below for exceptions.

b) Has received regular treatment with blood derived coagulation factor concentrates.
~~Treated with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.~~

2. Since January 1st 1980:
a) Anywhere in the world, the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.

b) Had a plasma exchange performed.

3. Before January 1st 1999:
Treated with prothrombin complex to reverse over-anticoagulation.

Discretionary

1. a) If on medical inquiry it is unlikely that the donor has been transfused, accept.

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b) Received, or thinks they may have received, a transfusion of blood or blood components before 1st Jan 1980, accept – See 4 below if transfused abroad

~~b~~c) If treatment with human immunoglobulin has been limited to small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin etc.), accept.

~~c~~d) If the only transfusion has been within the last week of life, accept.

e) Treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1st January 1999, accept.

2. Autologous Transfusion ~~in the United Kingdom~~:
If **only** the donor's own blood has been used, accept.

3. Heart valve, ocular tissue, skin and pancreatic islet donors only:
Provided the donor's total transfusion exposure is limited to less than 80 units of blood or blood components, accept. – See 4 below if transfused abroad.

~~3~~4. Donor transfused ~~before 1st January 1980~~ in a country endemic for malaria or South American trypanosomiasis: ~~a) If the donor received, or thinks they may have received, before 1st January 1980 a transfusion in a country endemic for malaria or South American trypanosomiasis~~

a) Check the Geographical Disease Risk Index. If transfused in an at risk endemic country and a validated malarial antibody test and/or (as appropriate) a validated test for T.cruzi antibody is negative, accept.

b) If tissue will be sterilized by irradiation post-donation: Accept (testing not required)
~~b) If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept~~.

c) For **Eyes** only, if the risk was for Malaria or South American trypanosomiasis, accept for corneas only (testing not required).

Additional Information

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

All transfused donors:
Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections (with the exception of Malaria and South American trypanosomiasis for **cornea donors** only, or for tissues that are terminally sterilised) before accepting the donor.

Coagulation concentrates:
People who have received blood derived coagulation concentrates (these are made from the blood of many donors) regularly may have been put at risk of infections that can be passed through blood.

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Donors transfused since 1980:
In the autumn of 2003 a UK recipient of blood, taken from a healthy donor who later developed vCJD, died from vCJD. Since then there ~~have~~ has been ~~several~~ a very small number of cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD.

In view of this, people transfused or possibly transfused since 1980 (except in the last week of life) should not normally be accepted. Because of shortages in supply, this does not currently apply to the donation of heart valves, ocular tissue, pancreatic islets and skin. Any history of transfusion after 1980 must be recorded and remain part of the documentation associated with the donation. ~~For cornea donations, whenever possible donor and recipients should be age matched.~~

Plasma exchange results in the patient having been exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.

Commonly used PCCs, such as Beriplex or Octaplex, currently used in the UK, are prepared from non-UK donors. They are administered as one-off doses to reverse anticoagulation or peri-operative prophylaxis. Since 1999, coagulation factors prepared from UK donors have no longer been used as a risk reduction measure for vCJD transmission.

Reason for Change

~~To add pancreatic islets to the list of tissues that can be donated provided that less than 80 units of blood or blood components have been transfused.~~ To permit donation from donors who have received a one-off dose of PCC since 1999 for prophylaxis or reverse anticoagulation. To improve clarity with regard to donors transfused in other parts of the world.

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