

Date of publication: 10 October 2016

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 48 2016

Applies to the Tissue Donor Selection Guidelines for Deceased Tissue Donors.

Transfusion

Please add changes shown in red to the 'Discretionary' and 'Reason for Change' sections, 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.

Including

Treatment with Blood Components, Products and Derivatives.

Obligatory

1. Must not donate if:

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.
- b) Been treated with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.

2. Must not donate if:

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.

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Discretionary

1. a) If on medical inquiry it is unlikely that the donor has been transfused, accept.
- b) 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) If the only transfusion has been within the last week of life, accept.
2. Autologous Transfusion in the United Kingdom:
If only the donor's own blood has been used, accept.
3. 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 check the [Geographical Disease Risk Index](#). If transfused in an at risk country and a validated malarial antibody test and/or (as appropriate) a validated test for T.cruzi antibody is negative, accept.
 - 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.
4. 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 if Relevant

[Bleeding Disorder](#)
[Immunoglobulin Therapy](#)
[Immunosuppression](#)
[Malaria](#)
[Prion Associated Diseases](#)
[South American Trypanosomiasis Risk](#)
[Geographical Disease Risk Index](#)
[Appendix 4 - Calculation of Plasma Dilution.](#)

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) before accepting the donor.

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Coagulation concentrates:

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

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 been several cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD.

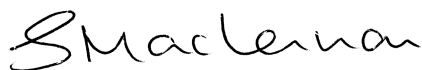
In view of this, people transfused or possibly transfused since 1980 (except in the last week of life) should not normally be accepted.

Because of shortages in supply, this does not currently apply to the donation of heart valves, ocular tissue 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.

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.



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