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**Implementation:** To be determined by each Service

## **Change Notification UK National Blood Services No. 11 - 2012**

### **Skin Disease**

**Applies to the Whole Blood and Components Donor Selection Guidelines only**

**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 use of any treatment other than topical steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) therapy in the last 12 months.
- e) 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.
- f) Ever been treated with Etreinate (Tigason®).
- g) Less than 24 months from the last dose of acitretin (Neotigason®).
- h) Less than four weeks from the last does of isotretinoin (Roaccutane®).
- i) Has any current open skin wounds or infection.

**Discretionary**

- a) If occasional use of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) 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.

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- 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.

**For donors with Lichen Sclerosus requiring treatment other than topical steroid therapy only, excluding Etreinate (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 psoralen-ultraviolet A (PUVA) or methotrexate can cause immunosuppression. This may mask infective conditions which would prevent donation.

Treatment can also be with retinoids such as Etreinate (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.

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Under normal circumstances the use of topical treatment with 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 extended periods.

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** New advice has been added regarding Lichen Sclerosus, tacrolimus (Protopic®) or pimecrolimus (Elide®) therapy and an increase in the deferral period for Acitretin from 12 to 24 months. Lichen Planus topic has been incorporated under this topic. 'Additional Information' has been added.

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