Issued by JPAC: 28 July 2021	**Implementation:** To be determined by each Service

Change Notification UK National Blood Services No. 25 - 2021

Immune Thrombocytopenia, Immunoglobulin Therapy & Transfusion

These changes apply to the Live Tissue Donor Selection Guidelines

Immune Thrombocytopenia

Please amend the following sections of this entry:

Obligatory:	**Must not donate if:** Associated with malignancy ~~a) Symptomatic.~~ ~~b) Chronic.~~ ~~c) Recovered, but less than five 5 years from recovery.~~ ~~This applies to both adult and childhood disease~~.
Discretionary:	If underlying cause of thrombocytopenia or treatment given is not a contraindication, accept. Refer to relevant DSG entry. Refer to designated clinical support officer if further advice required.
See if Relevant	Malignancy **If treated with immunoglobulin:** Immunoglobulin Therapy Transfusion **If treated with ~~immunoglobulin or~~ plasma exchange:** Transfusion **If treated with immunosuppressive therapy:** Immunosuppression
Additional Information:	Immune thrombocytopenia can be associated with malignancies, especially haematological malignancies such as chronic lymphocytic leukaemia.

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Reason for Change:	~~The links have been revised.~~ ~~The phrase, 'Recovered, but has ever had a recurrence' has been removed as this was considered too restrictive.~~ Amend the 'Obligatory' section, add 'Discretionary' and 'Additional Information' sections, add link to 'immunoglobulin therapy' and 'malignancy' entries.

Immunoglobulin Therapy

Please amend the following sections of this entry:

Obligatory:	**Must not donate if:** a) Immunosuppressed. b) Donors with recovered immunodeficiency: **Refer to a Designated Clinical Support ~~Medical~~ Officer.**
Discretionary:	a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept. b) Routine ante- and post- natal use of anti-D immunoglobulin, accept. c) If single dose prophylactic immunoglobulin has been given, accept. d) If treated with intravenous immunoglobulins after 1st January 1999: if underlying condition is not a contraindication, accept. Refer to designated clinical support officer if further advice required.
Additional Information:	Immunoglobulin used before 1980 is unlikely to be affected by vCJD. Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD. Since 1999, intravenous immunoglobulins prepared from UK donors have no longer been used, as a risk reduction measure for vCJD transmission.
Reason for Change:	~~Additional links have been added~~ To permit donation from donors who have received intravenous immunoglobulin after 1st January 1999, if the reason for treatment is not a contraindication.

Transfusion

Please amend the following sections of this entry:

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. See 'Discretionary' section below for exceptions.

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	b) Has received regular treatment with blood derived coagulation factor concentrates. **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:** a) Treated with prothrombin complex to reverse over-anticoagulation. b) Received intravenous or subcutaneous human normal immunoglobulin.
Discretionary:	**1.** a) If on medical inquiry it is unlikely that the donor has been transfused, accept. 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. 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. d) Treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1st January 1999, accept. e) If treated with intravenous immunoglobulins after 1st January 1999: if underlying condition is not a contraindication, accept. Refer to designated clinical support officer if further advice required. **2. Autologous Transfusion:** If **only** the donor's own blood has been used, accept. **3. Heart valve 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 **4. Donor transfused 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)
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

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	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. **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 has been 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. 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 and intravenous immunoglobulin prepared from UK donors have no longer been used as a risk reduction measure for vCJD transmission.
Reason for Change:	~~I) To remove information only relevant to deceased tissue donors.~~ ~~II) To update guidance relating to South American Trypanosomiasis risk.~~ ~~III) To harmonise the definition of what constitutes a transfusion~~ To permit donation from donors who have received intravenous immunoglobulin after 1st January 1999, if the reason for treatment is not a contraindication.

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