

Issued by JPAC: 26 September 2018

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 26 - 2018

Infection: Acute

These changes apply to the Live Tissue Donor Selection Guidelines, Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines and the Cord Blood Donor Selection Guidelines.

Please make the following changes to these entries:

Bone Marrow & Peripheral Blood Stem Cell and Cord Blood Donor Selection Guidelines

Infection – Acute

Obligatory

See:

Is there is a specific entry for the disease you are concerned about?

Must not donate if:

a) Infected. (*Note – Cord Blood entry uses the wording ‘evidence of active infection’*)

b) Less than two weeks from recovery.

c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.

Discretionary

Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but not influenza, if recovering, accept.

See if Relevant

[Congo Fever](#)
[Crimean Fever](#)
[Ebola Fever](#)
[Herpes - Genital](#)
[Herpes - Oral](#)

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[Lassa Fever](#)
[Marburg Fever](#)
[MRSA \(Methicillin Resistant Staphylococcus Aureus\)](#)
[Steroid Therapy](#)
[West Nile Virus](#)

Additional Information

Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. Waiting two weeks from when the infection is better and seven days from completing systemic antibiotic, anti-fungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on.

There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds and sore throats can be passed on by transfusion but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.

Unusual bacterial/fungal/protozoal infections

Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immuno-compromised patients, or infections which lie dormant or may be difficult to eradicate.

Reason for Change

To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017

Living Tissue Donor Selection Guidelines

Infection – Acute

Obligatory

See:

Is there is a specific entry for the disease you are concerned about?

Must not donate if:

- a) Infected.
- b) Less than two weeks from recovery from a systemic infection
- c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.

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Discretionary

Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but not influenza, if recovering, accept.

See if Relevant

[Congo Fever](#)
[Crimean Fever](#)
[Ebola Fever](#)
[Herpes - Genital](#)
[Herpes - Oral](#)
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Additional Information

Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. [Waiting two weeks from when the infection is better and seven days from completing systemic antibiotic, anti-fungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on.](#)

[There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds and sore throats can be passed on by donated material but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.](#)

Unusual bacterial/fungal/protozoal infections

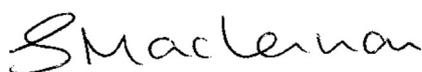
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Reason for Change

~~A two-week period of recovery from a systemic infection has been added on advice from the SAC-TTI.~~

1. To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017

2. The entry has been updated to harmonise with the other living donor DSGs.



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