

Issued by JPAC: 15 July 2020	Implementation: To be determined by each Service
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Change Notification UK National Blood Services No. 41 - 2020

Infection - Acute

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

Please make the following changes:

Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines

Infection - Acute

<i>Obligatory</i>	<p>See: Is there is a specific entry for the disease you are concerned about?</p> <p>Must not donate if:</p> <p>a) Infected.</p> <p>b) Less than two weeks from recovery.</p> <p>c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.</p>
<i>Discretionary</i>	<p>Cold sores, genital herpes and eCommon upper viral respiratory tract infections such as colds, and sore throats but not and seasonal influenza, if recovering, accept. See additional information.</p> <p>Cold sores, genital herpes: accept.</p>
<i>See if Relevant</i>	<p>Congo Fever Coronavirus Infection Crimean Fever Ebola Fever Herpes - Genital Herpes - Oral Lassa Fever Marburg Fever MRSA (Methicillin Resistant Staphylococcus Aureus) Myocarditis Steroid Therapy West Nile Virus</p>

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<p><i>Additional Information</i></p>	<p>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.</p> <p>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.</p> <p>Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.</p> <p>Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.</p> <p>Donors recovering from seasonal influenza may be considered for donation following review by the Designated Medical Officer to confirm that the donor is fit enough to undergo the donation process.</p> <p>Unusual bacterial/fungal/protozoal infections</p> <p>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.</p>
<p><i>Reason for Change</i></p>	<p>To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017. Updated guidance regarding donors who are recovering from seasonal influenza.</p>

Cord Blood Donor Selection Guidelines

Infection - Acute

<p><i>Obligatory</i></p>	<p>See: Is there is a specific entry for the disease you are concerned about?</p> <p>Must not donate if:</p> <ul style="list-style-type: none"> a) Evidence of active infection b) Less than two weeks from recovery. c) Less than 7 days from completing systemic antibiotic, antifungal or antiviral treatment.
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<p><i>Discretionary</i></p>	<p>Cold sores, genital herpes and eCommon upper viral respiratory tract infections such as colds, and sore throats but not and seasonal influenza, if recovering, accept. See additional information.</p> <p>Cold sores, genital herpes, accept.</p>
<p><i>See if Relevant</i></p>	<p>Congo Fever Coronavirus Infection Crimean Fever Ebola Fever Herpes - Genital Herpes - Oral Lassa Fever Marburg Fever MRSA (Methicillin Resistant Staphylococcus Aureus) <u>Myocarditis</u> Steroid Therapy West Nile Virus</p>
<p><i>Additional Information</i></p>	<p>Many infections can be spread by donated material. It is important that the mother does not pose a risk of giving an infection to a recipient. Waiting two weeks from when the infection is resolved 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.</p> <p>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.</p> <p>Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.</p> <p>Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.</p> <p>Unusual bacterial/fungal/protozoal infections</p> <p>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.</p>

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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 Updated guidance regarding donors who are recovering from seasonal influenza.
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Living Tissue Donor Selection Guidelines

Infection - Acute

<i>Obligatory</i>	<p>See: Is there is a specific entry for the disease you are concerned about?</p> <p>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.</p>
<i>Discretionary</i>	<p>Cold sores, genital herpes and eCommon upper viral respiratory tract infections such as colds, and sore throats but not and seasonal influenza, if recovering, accept. See additional information.</p> <p>Cold sores, genital herpes, accept.</p>
<i>See if Relevant</i>	<p>Congo Fever Coronavirus Infection Crimean Fever Ebola Fever Herpes - Genital Herpes - Oral Lassa Fever Marburg Fever MRSA (Methicillin Resistant Staphylococcus Aureus) Myocarditis Steroid Therapy West Nile Virus</p>
<i>Additional Information</i>	<p>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.</p> <p>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.</p> <p>Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance</p>

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	<p>applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.</p> <p>Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.</p> <p>Unusual bacterial/fungal/protozoal infections</p> <p>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.</p>
Reason for Change	<p>1. To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017</p> <p>2. The entry has been updated to harmonise with the other living donor DSGs. Updated guidance regarding donors who are recovering from seasonal influenza.</p>

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