Issued by JPAC: 21 September 2020	**Implementation:** To be determined by each Service

Change Notification UK National Blood Services No. 48 - 2020

Transfusion

These changes apply to the Whole Blood and Components Donor Selection Guidelines

Please update the current transfusion topic:

Obligatory

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) Received treatment 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, cryodepleted plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.

b) Has had a plasma exchange performed.

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 specific immunoglobulin given as prophylaxis (e.g. anti D, anti-tetanus or hepatitis immunoglobulin etc.), accept.

2. Autologous Transfusion in ~~the United Kingdom, North America, Australasia and Western Europe~~:

- the United Kingdom
- North America
- Australasia
- Western Europe (at any time)
- EU member states (from February 2005)

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If **only** the donor's own blood has been used, accept.

3. Donor transfused before 1st January 1980:
a) If before 1st January 1980 the donor received, or thinks they may have received, 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.

4. Donor transfused with COVID-19 convalescent plasma:
a) If the donor was only transfused with COVID-19 convalescent plasma and,

- the transfusion took place in the UK,
- no other blood components were administered, and
- it is two or more months since the transfusion took place,

accept for COVID-19 convalescent plasma donation only.

b) If the donor was only transfused with COVID-19 convalescent plasma outside UK, and they meet all other criteria listed in 4a:
Refer to a DCSO for review of transfusion history and consideration of other risks, including malaria and *T. cruzi*.

See if Relevant

Bleeding Disorder
Coronavirus Infection
Immunoglobulin Therapy
Immunosuppression
Malaria
Prion Associated Diseases
South American Trypanosomiasis
Geographical Disease Risk Index

Additional Information

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections before accepting the donor.

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 are now excluded from donation. This date is before BSE, which is believed to have caused vCJD, was prevalent.

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Plasma exchange results in a patient being 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.

COVID-19 convalescent plasma

As part of the response to the COVID-19 pandemic, UK transfusion services have collected convalescent plasma (CP) from individuals who have recovered from this infection. In line with a recommendation from SaBTO, recipients of COVID-19 CP can be accepted two months after transfusion and do not need to wait for four months as detailed in the Blood Safety and Quality Regulations (BSQR). This change has been implemented to ensure the ongoing supply of CP should its use become more widespread.

Individuals who receive CP outside the UK must be referred to a DCSO for detailed assessment of their transfusion and travel history. For donors with potential exposure to malaria or *T. cruzi,* expert advice may be required regarding discretionary testing to optimise the timing of donation for COVID-19 antibodies.

Information

This entry reflects guidance from SaBTO (The Advisory Committee on the Safety of Blood, Tissues and Organs) and its predecessor, the ~~former~~ Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

Reason for Change

~~To allow acceptance of donors who have received intravenous prophylactic immunoglobulin.~~ A discretion has been added to allow recipients of COVID-19 convalescent plasma to donate convalescent plasma on their recovery. The guidance for autologous transfusion in Europe has been clarified.

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