Change Notification for the UK Blood Transfusion Services

Date of Issue: 28 August 2025 **Implementation:** to be determined by each Service

No. 27 - 2025

Deferral after HAV, HBV and JEV vaccines

Please note this document supersedes CN 27-2025 (v1.0) previously circulated on 30.07.25.
An omitted amendment has been included and is highlighted on **page 2**.

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue – Deceased Donors	TL-DSG Tissue – Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Appendix 2	○	○	○	○	○	●	○
2. Immunisation – Non-Live	○	○	○	○	○	●	○
3. Hepatitis A	○	○	○	○	○	●	○
4. Hepatitis B	○	○	○	○	○	●	○

Dr Jayne Hughes
Interim Chair, Standing Advisory Committee on Care & Selection of Donors (SACCSD)

Dr Stephen Thomas
Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	~~deleted text~~

1. Changes apply to the **Whole Blood and Components DSG**

Appendix 2 – Table of Immunisations (revised)

«Deferral period	The day of immunisation is Day 0. Day 1 commences at one minute past midnight on the day after immunisation.»

Diseases protected against	Comments and example trade names of adult preparations		«Minimum deferral period?*»
Anthrax	Rarely given	Non-Live	«No»
Cholera	**There are two vaccines available to prevent cholera: Dukoral® and Vaxchora®; see rows below.** Ensure the correct guidance is applied depending on the vaccine given. If vaccine name not certain, treat as a **Live** vaccine.		
	Vaxchora®	**Live**	**«28 days»**
	Dukoral®	Non-Live	«No»
COVID-19 (SARS-CoV-2)	All COVID-19 vaccines licensed in the UK are Non-Live.	Non-Live	«No»
Dengue	**Qdenga®, Dengvaxia®**	**Live**	**«28 days»**
Haemophilus influenzae type b (Hib)	Menitorex®	Non-Live	«No»
Hepatitis A	May be combined with typhoid or hepatitis B. Hepatitis A only: Vaqta®, Avaxim®, Havrix® Combined with typhoid: ViATIM® Combined with Hepatitis B, Ambirix®, Twinrix®,	Non-Live	«14 days»
Hepatitis B	May be combined with hepatitis A. If unexposed and more than «14» ~~7~~ days from last immunisation, accept. See: Hepatitis B – Immunisation Engerix®, Fendrix®, HBvaxPRO®, PreHevbri®, Ambirix®, Twinrix®	Non-Live	«14 days»
Human papillomavirus (HPV)	Cervarix®, Gardasil®	Non-Live	«No»
Influenza, intra-nasal	**Live vaccine given by intra-nasal spray, age 2-18.** **Fluenz Tetra®**	**Live**	**«28 days»**
Influenza, injection	Annual 'flu jab', given by injection. Several preparations, updated annually.	Non-Live	«No»

Japanese Encephalitis	Travel. Ixiaro®	Non-Live	«14 days»
Measles, Mumps, Rubella	**MMR vaccines. M-M-RvaxPro®, Priorix®**	**Live**	**«28 days»**
Meningitis	Meningococcal group C: NeisVac-C®, Menjugate Kit® Meningococcal group B: Bexsero®, Trumenba® MenACWY Quadrivalent vaccine: Menveo®, Nimenrix®, MenQuadfi® Combined with *H. influenzae* type b (Hib): Menitorix®	Non-Live	«No»
Mpox (formerly known as Monkeypox)	Imvanex® / MVA-BN is a live attenuated non-replicating Smallpox vaccine. It may be used for pre-exposure Mpox prophylaxis in healthcare workers or for post-exposure prophylaxis in contacts of Mpox cases. If given for Mpox vaccination, treat as a non-live vaccine. See DSG entry for Mpox.	Non-Live	«No»
Pertussis	Usually pregnant women, given in combination with Diphtheria, Tetanus and Polio vaccine or in combination with Diphtheria and Tetanus vaccine.	Non-Live	«No»
Pneumococcal disease	Given to people with specific risks: for example, people who have had a splenectomy or people over 65. Pneumovax®23	Non-Live	«No»
Polio, injected	Given in combination with other vaccines including, depending on the preparation, Diphtheria, Tetanus, Pertussis and Haemophilus influenzae.	Non-Live	«No»
Polio, oral	**Not in routine use in UK. May be used abroad.**	**Live**	**«28 days»**
Rabies	Given to non-exposed individuals if occupation or activity has an exposure risk, or for some travellers to endemic areas. Rabipur®, Verorab®	Non-Live	«No»
Respiratory Syncytial Virus (RSV)	Abrysvo®, Arexvy®	Non-Live	«No»
Shingles	**There are two vaccines available to prevent shingles: Zostavax® and Shingrix®; see rows below.** Please note, Shingrix® has replaced Zostavax® in the UK vaccination programme for individuals aged 60-79 years.		
	Zostavax® for shingles prevention	**Live**	**«28 days»**
	Shingrix® for shingles prevention	Non-Live	«No»
Smallpox	**Note this live vaccine requires an 8-week deferral If given, see DSG entry for Smallpox Immunisation. See also Mpox (above).**	**Live**	**«56 days»**

Tetanus	Given in «combination» ~~*preparation*~~ with other vaccines including, depending on the preparation, Diphtheria, Tetanus, Pertussis and Haemophilus influenzae.	Non-Live	«No»
Tick-borne encephalitis (TBE)	TicoVac®	Non-Live	«No»
Tuberculosis	**BCG vaccine**	**Live**	**«28 days»**
Typhoid, injected	Typhim Vi® Combined with hepatitis A: ViATIM®	Non-Live	«No»
Typhoid, oral	**Given in capsule form. Vivotif®**	**Live**	**«28 days»**
Varicella (chickenpox)	**Usually given to healthcare workers. Varilrix®, Varivax®**	**Live**	**«28 days»**
Yellow Fever	**Stamaril®**	**Live**	**«28 days»**
«* Minimum deferral period after immunisation if donor has not been exposed to the infection. For immunisation post-exposure, refer to the relevant WB-DSG entry.»			

2. Changes apply to the **Whole Blood and Components DSG**

Immunisation – Non-Live (revised entry)

«Definitions	The day of immunisation is Day 0. Day 1 commences at one minute past midnight on the day after immunisation.»
Obligatory	**1. Post Exposure:** See: Immunisation - 2. Post Exposure **2. «Immunisation for Hepatitis A (HAV),» Hepatitis B «(HBV) or Japanese Encephalitis (JEV)»:** **Must not donate ~~if:~~** ~~Less than seven days after administration~~.
Discretionary	«**For HAV, HBV and JEV immunisation:** If the donor: • is well, and • has not been exposed, and • at least 14 days have passed since immunisation, accept. **For all other non-live vaccines:** If the donor is well on the day and has not been exposed, accept.» ~~If not exposed, for non-live immunisations other than hepatitis B, if well on the day, accept.~~
See if Relevant	«Appendix 2 – Table of Immunisations» Hepatitis B
Additional Information	Sensitive assays for «Hepatitis A, Hepatitis B or West Nile Virus» ~~HBsAg~~ may be «reactive» ~~positive~~ following recent immunisation «against HAV, HBV or JEV, respectively». A «reactive» ~~positive~~ result can lead to the donation being wasted, unnecessary tests and the need to contact the donor. Note, Hepatitis A immunisation may be combined with Hepatitis B immunisation. 'Non-Live' immunisations do not use material that can cause infection. This means there is no risk to people receiving donated material from a recently immunised non-exposed donor.
Information	This entry is compliant with the Blood Safety and Quality Regulations 2005.
Reason for Change	«A definition section has been added. The deferral after HBV vaccination has been increased. A deferral after HAV and JEV vaccination has been added.» ~~Guidance updated following the removal of deferral after COVID-19 vaccination.~~

3. Changes apply to the **Whole Blood and Components DSG**

Hepatitis A (revised entry)

1. Affected individual	
(this section is unchanged)	
2. Current or Former Sexual Partner of Affected Individual	
(this section is unchanged)	
3. Person Currently or Formerly Sharing a Home with an Affected Individual	
(this section is unchanged)	
4. Immunisation	
Obligatory	**Known exposure:** **Must not donate ~~*if:*~~** ~~*Less than six months post the last known contact with the affected individual even if vaccine or intramuscular immunoglobulin was given*~~.
Discretionary	**No known exposure:** «If it is more than 14 days from the date of the most recent dose of vaccine, accept.» ~~*Accept.*~~ «**Known exposure:** If more than six months after the last known contact with the affected individual, accept.»
See if Relevant	Hepatitis B – 4. Immunisation Travel
Additional Information	Hepatitis A is a viral infection of the liver, usually spread by the faecal -oral route or by sewage-contaminated food and water. It is rare in the UK with most cases occurring in people returning from travel to endemic countries. Household contacts of cases are at risk of infection. It can also be spread sexually. Transfusion-transmitted infection is known to occur. Hepatitis A usually presents with malaise, fever and abdominal symptoms followed by the onset of jaundice, although some individuals may be asymptomatic. Most people recover after a few weeks but in a small number of cases, infection can lead to more severe liver disease and death. Hepatitis A does not cause long term infection. People who have recovered from hepatitis A have life-long immunity.

	Blood services may screen for hepatitis A infection using a test for hepatitis A virus RNA. Donors who are diagnosed with hepatitis A infection following blood donation screening or as part of an outbreak investigation must be deferred for 6 months, even if they do not have any symptoms of the disease. After 6 months, they can return to donate without further testing. Hepatitis A immunisation is often given before travel to parts of the world which also have a risk of infections such as malaria or tropical viruses. The donor's travel history should be checked if they have had hepatitis A vaccine. «Sensitive assays for Hepatitis A may be reactive following recent immunisation against HAV. A reactive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor.» Hepatitis A immunisation is sometimes given in combination with hepatitis B immunisation. Refer to the Hepatitis B entry if necessary.
Reason for Change	«The deferral after HAV immunisation has been increased.» ~~*The entry has been updated to include testing by blood services for hepatitis A virus. The layout has also been reorganised.*~~

4. Changes apply to the **Whole Blood and Components DSG**

Hepatitis B (revised entry)

1. Active or recovered Hepatitis B infection	
(this section is unchanged)	
2. Individuals with current exposure to someone with active HBV infection	
(this section is unchanged)	
3. Individuals with current exposure to someone with recovered HBV infection	
(this section is unchanged)	
4. Individuals with previous exposure to someone with active or recovered Hepatitis B	
(this section is unchanged)	
5. Individuals undergoing Hepatitis B immunisation	
Obligatory	**a) Known Exposure:** **Must not donate.** **b) No Known Exposure:** **Must not donate ~~if:~~** ~~Less than seven days since the most recent dose of vaccine was given~~.
Discretionary	**a) Known Exposure:** If it is more than 4 months from the date of exposure, samples can be taken for HBV and anti-HBc testing. No donation should be taken. **b) No Known Exposure:** If it is more than «14» ~~7~~ days from the date of the most recent dose of vaccine, accept.
Post-session review of results	a) If the donor is negative for HBV and Anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk. b) If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Section 1: Active or recovered hepatitis B infection.
See if Relevant	Hepatitis A – 4. Immunisation Immunoglobulin Therapy

Additional Information	Specific HBV immunoglobulin may be used in the management of individuals who have been exposed to hepatitis B. Administration of hepatitis B vaccine can lead to low level reactivity in HBsAg screening assays. For this reason, donors must be deferred until at least «14» ~~7~~ days after receiving a dose of vaccine, even if they have not been exposed to HBV. Hepatitis B vaccine is sometimes given in a combined vaccine with hepatitis A vaccine.
Reason for Change	«The deferral after HBV immunisation has been increased.» ~~*The instruction to take samples rather than a donation in sections 1, 3 and 4 has been removed. These donors can be accepted for donation or samples in line with local policies and procedures.*~~