United Kingdom Blood Transfusion Services (UKBTS)

Bone Marrow and Peripheral Blood Stem Cell Tissue Donor Selection Guidelines (TDSG-BM)

Edition 203 - Published 01 June 2007

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Introduction

These guidelines form a constituent part of Chapter 22 (haemopoietic progenitor cells) of the Guidelines for the Blood Transfusion Services in the United Kingdom, 8th Edition, 2013.

The criteria are reviewed regularly to ensure that the stem cells obtained are of the highest quality and of sufficient quantity to meet the needs of recipients.

The Joint Professional Advisory committee (JPAC) of the UKBTS is responsible for this document. JPAC receives professional advice from the Standing Advisory Committees (SACs) that form part of its structure and from other relevant expert groups.

Users of these guidelines must ensure that they have the latest version and that recent changes have been implemented (usually within three months) by their national service.

Latest Updates lists alterations to the guidelines made since publication of this edition.

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Comments about the content of these guidelines, including notification of errors, omissions and suggestions for improvements, should be sent to the Chair of SAC-Tissues and Cellular Therapy Products:

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This section was last updated in TDSG-BM Edition 203, Release 17 Issue 01

Contents

Document and Change Control

These guidelines are under the continuing review of the Standing Advisory Committee for Tissues and Cellular Therapy Products (SAC-TCTP) and for Transfusion Transmitted Infection (SAC-TTI). This is to ensure that they are accurate and up to date. All changes have the approval of the Joint UKBTS Professional Advisory Committee (JPAC).

Change Notification.
A Change Notification Letter notifies changes to the **Medical Director** and the **Quality Manager** of each of the four national services. The **Professional Director of JPAC** is responsible for this notification. All changes will have the approval of the JPAC.

Implementation of changes is the responsibility of the individual Services.

Document version terminology.
A version shall be any of the following:
Extensive revisions of this document are known as '**Editions**'.
Changes following the issue of 'Change Notification Letters' are known as '**Releases**'.
Changes to the website, which do not involve a change to the medical or scientific content, are given an '**Issue**' number.

Edition Date, Release Date and Issue Date is the date on which an Edition, Release or Issue is first published on the UKBTS website.

Changes to printed versions.
The **Quality Manager** of each Blood Service will effect changes to the document. They will be informed when a new electronic version is released. The **Quality Manager** is responsible for ensuring that there is an effective Document Control and Document Change procedure in operation within their Blood Service to ensure that only up to date versions are in use and that all authorized copies, both electronic and paper, are traceable.

Individual users of these guidelines are responsible for ensuring that they are using an up-to-date version.

Changes to the website versions.
The website will always display the up to date version. Any errors should be notified to the publisher,
Caroline Smith, preferably by e-mail to caroline.smith@nhsbt.nhs.uk

This section was last updated in TDSG-BM Edition 203, Release 03.

General Principles

This document provides guidance for the selection of unrelated allogeneic bone marrow and peripheral blood stem cell donors. It must be read in conjunction with Chapter 22 (haemopoietic progenitor cells) of the Guidelines for the Blood Transfusion Services in the United Kingdom - 8th Edition, 2013, which lists the general, and some specific aspects of donor selection.

Donors are selected firstly to ensure that they do not come to harm from giving their donation and secondly to ensure that their donation is unlikely to harm any recipient. The ultimate responsibility for the selection of donors rests with the respective **National Medical Director**.

The immediate responsibility is with the **Qualified Healthcare Professional** who must ensure that the donor fulfils the respective selection guidelines. When it is not clear if an individual donor is acceptable, the donation should not be collected without discussion with a **Designated Medical Officer**. It is recognized that a particular donation of bone marrow or peripheral blood stem cells may be potentially uniquely life saving. It is important that when a **Designated Medical Officer** makes a concession outside of these guidelines, that this is discussed with the medical team of the recipient and the reasoning for the concession documented.

The prospective donor must be evaluated for their suitability to donate by a **Qualified Healthcare Professional** who has undergone appropriate training to use this document. They must verify their assessment by signing and dating the donation record.

Special note must be taken of the content of the **Tissues Safety Entry** in the **A-Z**.

It is the responsibility of the **Qualified Healthcare Professional** to ensure that the donor clearly understands the nature of the donation process. They must also understand the health questions and other information presented to them. The donor is asked about confidential aspects of their medical history, hence great care must be taken over privacy and confidentiality. This means that third party interpreters can only be used, as described in the **A-Z** entry on **Communication Difficulties**.

Where there is separate guidance for **Bone Marrow** and for **Peripheral Blood Stem Cell** donors, this is made clear.

When there is a recognized risk to either the donor or the recipient, the guidelines **must** be followed.

The following terms may be used:

Including
Lists any other terms which may be covered by the Guideline.

Definition
Where additional clarity is required, a definition is provided.

Obligatory
This will indicate how the donor **must** be dealt with by the use of several terms:

Must not donate
The donor **must** not donate if any of the statements apply to them, **unless** a 'discretion' clearly applies. Often the exclusion will depend on time related factors. If a donation cannot be taken, the donor **must** be clearly advised why.

Refer to Designated Medical Officer
Is used when there is a need to seek further advice. The **Designated Medical Officer** is a suitably trained person authorized to undertake this task by the **National Medical Director**.

Discretionary
Gives reasons why a donor may be permitted to donate. The statements are conditional. All statements that **must** be fulfilled come before the final statement that they may be accepted. If the donor fulfils these requirements, as well as all others that apply, then they can be accepted.

See if relevant
Is used when an **A-Z** entry may or may not need to be consulted. This will depend upon the information provided by the donor.

Additional Information
This provides background information as to why a particular action or actions is required.

See
Means that the specified **A-Z** entry **must** be consulted.

Reason for Change
This indicates the background to any changes made to the entry since the last Edition or Release.

Some or all of these terms may be used under each subject heading or sub-heading.

This section was last updated in TDSG-BM Edition 203, Release 02.

Medication

The underlying illness suffered by a donor, rather than the properties of any drug they have taken, is the usual reason for them not being eligible to donate.

In general, traces of drugs in stem cells are harmless to their recipients. However, donors treated with certain drugs are deferred for periods associated with the pharmacokinetic properties of the drug. Examples are some drugs used to treat acne, psoriasis and some prostate problems. All such drugs have their own entry in the **A-Z** section.

This section was last updated in TDSG-BM Edition 203, Release 02.

Use of Alphabetical Listing (A-Z)

Any medical condition, or possible contraindication to donation, elicited at any point during donation, processing or storage, must be managed according to the **A-Z** section of these guidelines. Any donated stem cells, which, as a result, are unsuitable for clinical use, **must** be clearly labelled as unfit for use.

Any new health risks identified by this process should be notified to the Standing Advisory Committee on Tissues and Cellular Therapy Products, so they can be considered for incorporation into future revisions of these guidelines.

If late information is provided by the donor, or through any other source, that the donation is medically unfit, this must be recorded and reported to the **Designated Medical Officer**.

Donations must not be accepted from donors who exhibit health risks that are not listed in this guidance, without referral to, and acceptance by, the Designated Medical Officer.

This section was last updated in TDSG-BM Edition 203, Release 02.

A-Z Index

Accident

Including Trauma

Obligatory **Must not donate if:**
a) Not recovered.

b) Still under follow-up.

c) Has a plaster-cast.

See if Relevant Neurosurgery
Surgery
Tetanus Immunization
Transfusion

Additional Information An unhealed wound or sore is a risk for bacteria entering the blood. Bacteria in blood can be a serious threat to anybody receiving stem cells. This is because the bacteria can multiply to dangerous levels. A plaster-cast can hide a wound or sore.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Acetylcholinesterase Deficiency

Obligatory **Bone Marrow Donor:**
Must not donate.

Discretionary **PBSC Donor:**
Accept.

Additional Information Bone marrow donation requires a general anaesthetic and acetylcholinesterase deficiency is an anaesthetic risk.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Acitretin

Neotigason

See Acne
Psoriasis

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Acne

Obligatory **Must not donate if:**
a) Has ever taken Etretinate (Tigason).

b) Less than 24 months from the last dose of Acitretin (Neotigason).

c) Less than four weeks from the last dose of Isotretinoin (Roaccutane) or Alitretinoin (Toctino).

d) There is secondary infection

Discretionary Therapy with topical treatments, oral tetracycline, erythromycin and Dianette (cyproterone acetate and ethinyloestradiol), accept.

Additional Information

Etretinate (Tigason), Acitretin (Neotigason), Isotretinoin (Roaccutane) and Alitretinoin (Toctino) can cause birth defects in babies exposed to them while inside the womb. It is important to allow time for the drug to be cleared from the donor. It takes longer to clear some drugs than others.

Secondary infection of acne is usually obvious with swelling and redness of affected spots. There is a risk of bacteria entering the blood. This could be a serious threat to anybody receiving tissues. This is because the bacteria can multiply to dangerous levels.

Reason for Change

To include information on Alitretinoin (Toctino).

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 17

Acupuncture

See

Complementary Therapy

Reason for Change

To replace the entry for acupuncture with a link to complementary therapy. The acupuncture entry was virtually a duplicate of the entry for complementary therapy. By using a link it will make future changes to the guidelines simpler.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 17

Addiction and Drug Abuse

Obligatory

Must not donate if:
a) Has ever injected, or has been injected with, drugs; even a long time ago or only once. This includes bodybuilding drugs.

b) Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent.

Discretionary

a) May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.

b) Previous use of non-parenteral drugs does not necessarily require exclusion.

See if Relevant

Tissues Safety Entry

Additional Information

Injecting drugs has been linked with the passing on of many infections, including hepatitis and HIV. It can be many years before any infection shows itself. Former drug users often do not realize that they can still pass infection on to others many years after they last used drugs themselves.

Anyone obviously affected by alcohol or other drugs that can affect the mind, cannot give valid consent or fully understand why they are being asked certain questions.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Addison's Disease

Obligatory

Bone Marrow Donor:
Must not donate.

Discretionary

PBSC Donor:

If well on replacement treatment, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

African Trypanosomiasis

(Sleeping Sickness)

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Age

Obligatory **Must not donate if:**
a) Over sixty years of age.

b) Under seventeen years of age.

Additional Information The lower age limit takes account of national laws on age of consent. The upper age limit for recruitment to the British Bone Marrow Registry is fifty years.

Reason for Change The upper age limit for acceptance has been raised from fifty-seven to sixty years.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

AIDS

See HIV
Tissues Safety Entry

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Alcoholism

See Addiction and Drug Abuse

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Alitretinoin

Obligatory Must not donate if less than four weeks from the last dose of Alitretinoin (Toctino).

See if Relevant Acne
Dermatitis

Additional Information Alitretinoin is a drug analogous to Tretinoin and Isotretinoin used to treat acne and refractory eczema.

Treatment with retinoids such as Alitretinoin can cause birth defects for babies exposed to them before birth. It is important to allow time for the drug to be cleared from the donor. A one month deferral for donation is recommended in the drug information sheet.

Reason for Change New entry.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Allergy

Obligatory

Ensure:
a) Procedures will not expose the donor to something they are allergic to, e.g. iodine, latex, lidocaine (previously known as lignocaine).

b) Inform Transplant Centre if:
Cells are from an individual with a known allergy.

See if Relevant
Asthma
Steroid Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Alternative Therapies

See Complementary Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anaemia

Obligatory

Inform Transplant Centre if:
Cells are from a donor that has an inherited disorder.

Discretionary

1. History of anaemia:
This must be assessed regarding its cause, current status and what treatment has been received.

2. Iron deficiency:
a) If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.

b) Medication to prevent, as opposed to treat, may be acceptable.

3. Other types:
a) Accept or exclude according to the guidelines.

b) In other cases:
Refer to a Designated Medical Officer.

See if Relevant
Haemoglobin Disorders
Haemolytic Anaemia
Malignancy

If treated with blood components or products or by plasma exchange or filtration:
Transfusion

Additional Information A successful transplant will mean the recipient will produce the same blood as the donor. This

would be unacceptable for a homozygous (major) form of blood disorder but would probably be acceptable for a heterozygous (minor form, or trait).

By informing the transplant centre, details can be passed on to the person receiving the transplant. This can avoid unnecessary problems in the future. For example searching for the cause of small red cells or anaemia in a person who has had a transplant from a donor with thalassaemia minor (trait).

Donating bone marrow will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.
Giving PBSC by apheresis results in a smaller loss of haemoglobin.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anaesthetic

Obligatory

Bone Marrow Donor:
Must not donate if:
Previous severe reaction to general anaesthetic.

See if Relevant

Accident
Dental Treatment
Surgery
Transfusion

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Angina Pectoris

Obligatory **Must not donate.**

See if Relevant Cardiovascular Disease

Additional Information A history of angina means that the donor has coronary artery disease. Removing blood from the circulation may put the donor at risk of having a heart attack.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Animal Bite

(Non-Human)

Obligatory

1. All donors:
Must not donate if:
a) Ever bitten by a non-human primate

b) Any wound is infected or not healed.

2. Bone marrow donors only:
Must not donate if:
Less than 12 months since bitten anywhere in the world by a bat or by any mammal outside of the British Isles.

See if Relevant

Human Bite
Infection - General
Rabies Immunization

Additional Information Animal bites may result in many different infections. Allowing all wounds to heal and for any

obvious infection to have resolved should avoid problems. Rabies, and similar diseases, have long incubation periods and do not show as a wound infection. There is no evidence that these infections have ever been transmitted through a blood transfusion. These diseases appear to be confined to the nervous system during their incubation periods. There is evidence that they have been transmitted through organ, tissue and ocular transplants. For this reason there are different rules for material that may contain nervous system tissue.

Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, or woken to find that a bat has been with them while asleep, should be considered at risk of rabies. Bat bites are usually insignificant and easily overlooked. Merely being in a place where bats roost is not considered a risk.

Reason for Change There have been minor changes to make it clear that the reference is to non-human animals and to introduce guidance concerning bites from non-human primates.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ankylosing Spondylitis

Obligatory **Must not donate if:**
The cardiovascular system is involved.

Discretionary If mild and affecting the locomotor system only, accept.

See if Relevant Disabled Donor
Nonsteroidal Anti-Inflammatory Drugs (NSAID)

Additional Information Ankylosing spondylitis can affect the heart valves and the major artery of the body (aorta). Removing blood from the circulation may put the donor at risk of having a heart problem.

See Autoimmune Disease

Reason for Change A link to 'Autoimmune Disease' added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anthrax

Infection

See Infection - Acute

Exposure

Discretionary Even if on prophylactic antibiotics, accept.

Additional Information Anthrax infection most commonly affects the skin through direct contact with infected material such as animal hides. If spores have been inhaled there is no evidence that there is any spread to the bloodstream until the person has developed signs of infection. For this reason it is considered safe to accept exposed donors provided they have not shown signs of infection, even if they have been given prophylactic antibiotics.

Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anti Smoking Treatments

Obligatory	**Must not donate if:** Experiencing symptoms related to treatment.
Discretionary	If well, accept donors using nicotine replacement therapy (patches, sprays etc) or Bupropion (Zyban, Amfebutamone).
See if Relevant	Acupuncture
Additional Information	Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected may make their problems worse.
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Anti-Androgens

Including	Androgen Antagonists
See	Dutasteride (Avodart) Finasteride (Proscar)
Reason for Change	To include a link for 'Anti-Androgens'.
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Antibiotic Therapy

Additional Information	Treatment with antibiotics is not of itself a reason for deferral but the reason for the treatment may be. When treatment is being given to prevent infection, rather than to treat it, see if there is a relevant entry. If not, discuss with a **Designated Medical Officer**.
See	Infection - General
Reason for Change	Additional Information has been added for clarity.
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Anticoagulant Therapy

Obligatory	**Must not donate if:** a) Taking anticoagulant treatment. b) Treatment was for cardiovascular disease. c) Treatment was for axillary vein thrombosis. d) Treatment was for repeated thrombophlebitis or thrombosis.
Discretionary	If treatment has been completed more than seven days ago and a specific cause, not of itself a reason for exclusion, has been identified for an isolated deep vein thrombosis or pulmonary embolism, accept.
See if Relevant	Cardiovascular Disease Thrombosis
Additional Information	Treatment with anticoagulants will make it more likely that a donor will bleed or bruise after

donation. The effect of treatment wears off over some days and after seven days, the blood clotting mechanisms should be back to normal.

If the donor has cardiovascular disease, removing blood from the circulation will put the donor at risk of having a heart problem.

Some causes of thrombosis make it more likely that blood clots will happen again. This could be made worse by donating.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anticonvulsant Therapy

Obligatory **Must not donate if:**
Taken for epilepsy.

Discretionary If used for treating bipolar disorder or chronic pain syndromes and the underlying condition is not a reason to exclude, accept.

See if Relevant Epilepsy
Mental Health Problems

Additional Information Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy.
It may also cause difficulties with the DVLA and/or employment in a person who has been free from fits for some time.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Antidepressant Therapy

See Mental Health Problems

Reason for Change The entry has been replaced with a link to Mental Health Problems.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Antifungals

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Antihistamine Tablets

Discretionary Accept.

See if Relevant Allergy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Anti-Obesity Drugs

Discretionary Accept.

See if Relevant Weight

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Antivirals

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Arrhythmias

Obligatory

1. Must not donate if:
Symptomatic or requires treatment.

2. In other cases:
Refer to Designated Medical Officer.

See if Relevant Cardiovascular Disease

Additional Information Some heart irregularities may be made worse through blood loss or by a general anaesthetic. It may be necessary to contact the specialist who has made the diagnosis.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Arthritis

See if Relevant
Ankylosing Spondylitis
Autoimmune Disease
Osteoarthritis
Psoriasis
Rheumatoid Arthritis

Reason for Change A link has been added for Autoimmune Disease.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Arthropod Borne Encephalitis

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Asthma

Obligatory

1. Bone Marrow Donor:
Must not donate if:
Dependent on medication other than inhalers.

2. Bone Marrow & PBSC Donor:
Must not donate if:
a) Asthma is symptomatic.

b) Taking, or has completed, oral or parenteral steroids within the last seven days.

Discretionary

If exercise induced, accept.

See if Relevant

Infection - General
Steroid Therapy

Additional Information

The risk associated with a general anaesthetic is increased in people with asthma.

Taking a donation from a person with symptomatic asthma will lower the amount of oxygen the blood can carry and could make them worse.

Steroid therapy can hide the signs and symptoms of infection. Stem cells from an infected donor could be dangerous to the person receiving them.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Autoimmune Disease

Obligatory

See:
Is there an entry for the condition?

1. Must not donate if:
The donor has needed treatment to suppress the condition in the last 12 months.

2. Inform Transplant Centre if:
Cells are from a donor that has an autoimmune disorder.

See if Relevant

G-CSF

If treated with immunoglobulin or plasma exchange or filtration:
Transfusion

Additional Information

PBSC Donors.
G-CSF may cause a flare of some autoimmune diseases. The risk should be assessed by the **Designated Medical Officer** and discussed with the donor.

Treatment to suppress the condition may be with steroids, immunosuppressive drugs, antimetabolites, antibodies directed against parts of the immune system as well as other therapies. These will affect the donor's immune system. This may make the donor more susceptible to certain types of infection and also will make some infections more difficult to diagnose.

Autoimmune disease is caused by the body attacking itself. This is with antibodies that are in the fluid part of the blood (plasma), and with immune cells directly attacking target cells in the part/s of the body affected.

Transfusion of antibodies, or transfer of immune cells, could lead to similar damage in the people receiving them.

Reason for Change

A note and link have been added about G-CSF flare of autoimmune disease.

Additional Information has been added to clarify treatment that may have been used to suppress the condition.

Update Information

Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Avodart

Dutasteride

See Dutasteride (Avodart)

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Babesiosis

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Back Problems

Obligatory

1. Bone Marrow Donor:
Must not donate if:
a) Surgery within last five years.

b) Disc problem/sciatica.

c) Chronic pain requiring ongoing medical treatment.

2. PBSC Donor:
See:
Is there an entry for the underlying condition?

Must not donate if:
Not able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).

Discretionary

1. Bone Marrow Donor:
If the pain is infrequent, related to exertion or strain, accept.

2. PBSC Donor:
If the donor can tolerate the procedure, accept.

See if Relevant Disabled Donor
Neurosurgery
Surgery

Additional Information The operation to remove bone marrow could make any problem worse.

Reason for Change An entry has been added for PBSC Donors.
An additional link has been added for 'Disabled Donor'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Basal Cell Carcinoma

Obligatory

Must not donate if:
a) Still receiving treatment.

b) Any wound has not healed.

Additional Information Although basal cell carcinoma is a form of cancer it only spreads locally. As it does not spread by the blood stream it is not a risk to people receiving donated material.

An unhealed wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving donated material. This is because the bacteria can multiply to dangerous levels.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

BCG

Obligatory **Must not donate if:**
a) The inoculation site has not yet healed.

b) Less than four weeks after inoculation.

Additional Information BCG is an immunization with live bacteria. By four weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed it is possible that there may still be infection present. We do not want to pass BCG, or other infections, on to people receiving donated material.

Reason for Change Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunizations other than smallpox.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 09

BCG Immunization

See BCG

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Beta Blockers

Obligatory **Must not donate if:**
a) Used for the treatment of cardiovascular disease.

b) Used to control symptoms of thyroid disease.

Discretionary If used for non-cardiovascular disease or the donor has controlled hypertension, accept.

See if Relevant Anxiety Disorders
Blood Pressure - High
Migraine

Additional Information Beta blockers are often used to treat serious heart disease such as coronary artery disease (angina and after a myocardial infarction) and arrhythmias (abnormal heart rhythm). They may also be used to control the symptoms associated with an overactive thyroid gland. Patients with these disorders **must not donate**.

They are often used as treatment for hypertension (high blood pressure). There is evidence that shows that donors taking beta blockers do not have an increased incidence of adverse events related to donation.

They are also used to treat many other conditions such as migraine, tremor, anxiety and glaucoma. In most situations this should not prevent donation.

Reason for Change A link to 'Anxiety Disorders' has been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Bilharzia

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Bipolar Disorder

See Mental Health Problems

Reason for Change This is a new entry.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Bleeding Disorder

Including Carriers

Affected Individual

Obligatory **Must not donate if:**
a) Treated with blood derived coagulation factor concentrates.

b) There is a history of excessive bleeding or bruising.

Discretionary **Carrier state:**
This does not necessarily prevent donation:
Refer to a Designated Medical Officer who will liaise with the haematologist that investigated the donor.

See if Relevant Transfusion

Additional Information People who have received blood derived coagulation concentrates (these are made from the blood of many hundreds of individual donors) may have been put at risk of infections that can be passed through donations.

If someone has had problems with bleeding or bruising taking blood or bone marrow could be harmful.

Some people with the carrier state (trait) for some bleeding disorders may be at risk of bleeding themselves.

Family Members, Carers and Sexual Partners of Individuals Treated with Blood Derived Coagulation Factor Concentrates

Obligatory **Must not donate if:**
a) Treated with blood derived coagulation factor concentrates.

b) A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.

c) Has had an inoculation injury with blood derived coagulation factor concentrates.

d) Diagnosed as affected (even mildly) by the disorder.

Discretionary If six months months or more from last sexual contact or inoculation injury, accept.

See if Relevant Inoculation Injury
Transfusion

Additional Information **Blood derived coagulation concentrates:**
These are made from the blood of many donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners.

Many bleeding disorders are inherited. Family members that are blood relations may be affected by the bleeding disorder so would be at risk of excessive bleeding or bruising. Most close blood relations would have been screened by a haematologist from whom additional information may be available.

Waiting six months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the Blood & Tissues Services will be picked up.

Reason for Change This entry has been extensively rewritten to improve clarity.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 03

Blind Donor

See Disabled Donor

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Blood Pressure - High

Obligatory **Must not donate if:**

a) The cause of hypertension is under investigation.

b) Anti-hypertensive medication has been altered in the last four weeks.

c) Is having problems with feeling faint, fainting or giddiness.

d) Has suffered from heart failure.

e) Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow up for their renal impairment.

f) Has required surgery for a blocked or narrowed artery including any type of amputation.

g) Has or has had gangrene.

Discretionary a) If the donor is being regularly assessed for high blood pressure but treatment has not been commenced, accept.

b) If the donor is taking medication for raised blood pressure and neither the type nor the dose has been changed in the last four weeks and they are otherwise well, accept.

c) If gangrene was not related to diabetes or peripheral vascular disease (e.g. it was due to hypothermia or meningococcal meningitis) and all wounds are fully healed, even if amputation was required, accept.

See if Relevant Cardiovascular Disease

Central Nervous System Disease
Intermittent Claudication

Additional Information In the UK about one in twenty individuals has hypertension. Most people with hypertension are in good health and are fit to donate blood.

It is however important that complications due to raised blood pressure are carefully assessed and, where necessary, donors are excluded from donating (e.g. those with heart failure or damage to their kidneys, or those experiencing hypotensive side effects from their medication.

Reason for Change The rationale for **not** accepting donors on medication, other than beta blockers or diuretics, for the treatment of hypertension was reviewed by the Standing Advisory Committee for the Care and Selection of Donors in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications.

Update Information This entry was last updated in
DSG-WB Edition 202 Release 11

Blood Pressure - Low

Discretionary If the donor is in good health and does not have faints or dizzy spells, accept.

Additional Information Low blood pressure is not normally a problem. It is common in women and seems to be linked with levels of the female sex hormone oestrogen.

Low blood pressure can be caused by serious heart disease. In such cases a donation would not be taken.

Fainting can put a donor at risk of injury. Any donor who has problems with faints or dizzy spells should not donate.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Blood Transfusion

See Transfusion

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Blood Volume Estimation

Obligatory Must not donate:
If the estimated blood volume is less than 3.8 litres.

See if Relevant Weight

Additional Information It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic. There is a minimum donor weight at which a donation can be accepted. This is not always appropriate. Obesity also makes it desirable to use factors in addition to the donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse incident.

Reason for Change This is a new entry to take account of increasing levels of obesity.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Body Piercing

Including Permanent and Semi-permanent Makeup

Obligatory **Must not donate if:**
Less than four months after last piercing.

Discretionary If it is less than four months since the last body piercing, discuss with the designated medical officer who will decide if the donor may be accepted following a documented risk assessment and discussion with the transplant centre. In this scenario a negative NAT for HBV, HCV and HIV is mandatory as an extra safety check.

Additional Information Piercing has passed infection from person to person. Waiting four months helps to ensure that the infections tested for by the Blood & Tissue Services will be picked up.

The deferral period has been reduced from 6 to 4 months to reflect updated JPAC Standing Advisory Committee on Transfusion Transmitted Infections guidance on infection risk. (JPAC paper 09-34). This guidance presumes that a validated NAT test for hepatitisC is negative, if this test is stopped for any reason the guidance will change.

Reason for Change To allow a risk assessment to be performed when the donor is the best match for the recipient.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 17

Bone Graft

See Surgery
Tissue and Organ Recipients

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Borrelioses

See Infection - Acute

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Botulism Immunization

See Immunization - Non-Live

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Brain Surgery

See Neurosurgery

Update Information This entry was last updated in

TDSG-BM Edition 203, Release 02

Brain Tumour

See if Relevant Malignancy
Neurosurgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Breast Biopsy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Breast Lump

Obligatory **Must not donate if:**
a) Malignant.

b) Not fully investigated and cleared of malignancy.

See if Relevant Malignancy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Bronchitis

Acute

See Infection - Acute

Chronic

Obligatory **Must not donate if:**
a) Repeated regular attacks of cough with sputum.

b) Dyspnoea at rest or on minimal exertion.

See if Relevant Infection - General
Steroid Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Brucellosis

Undulant Fever

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cancer

See Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Candida

See Thrush - Oral
Thrush - Vaginal

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cannabis

See Addiction and Drug Abuse

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cardiac Surgery

Obligatory **Must not donate.**

Discretionary If for congenital heart disease and has no residual disability, does not require antibiotic cover, and is not excluded because of their transfusion history:
Refer to a Designated Medical Officer.

See if Relevant Cardiovascular Disease
Endocarditis
Surgery
Transfusion

Additional Information Individuals who have had cardiac surgery, other than for congenital abnormality, are unlikely to be fit enough to safely have a large volume of blood removed. An individual who has had congenital abnormalities corrected can often lead a normal lifestyle and may be able to give blood safely. If the criteria under 'Discretionary' are met, the Designated Medical Officer can make a documented decision based on the individual's medical history.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cardiomyopathy

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cardiovascular Disease

Obligatory

1. Must not donate if:
a) Has ischaemic heart disease.

b) Recurrent thrombophlebitis or thrombosis.

2. Bone Marrow Donor:
Discuss with the anaesthetist if the donor has any other form of cardiovascular disease.

Discretionary If asymptomatic mitral valve prolapse only, accept.

See if Relevant
Angina Pectoris
Blood Pressure - High
Cardiac Surgery
Cardiomyopathy
Endocarditis
Myocarditis
Thrombosis

Reason for Change Additional links have been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Catarrh

Acute

See Infection - Acute

Chronic

Obligatory If on prescribed medication:
Refer to a Designated Medical Officer.

Discretionary If using a nasal decongestant only, accept.

See if Relevant Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Central Nervous System Disease

Obligatory

Must not donate if:
a) Dementia.

b) History of CNS disease of suspected infective origin (e.g. multiple sclerosis(MS), optic neuritis, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).

c) Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).

d) Stroke, transient ischaemic attack/s or cerebral embolus.

Discretionary

a) Individuals who have had Bell's palsy more than four weeks ago and have discontinued any treatment for the condition for at least seven days, even if they have residual paralysis, accept.

b) If a definite diagnosis of transient global amnesia has been made, accept.

See if Relevant

Epilepsy
Neurosurgery
Prion Associated Diseases
Rabies

Additional Information

Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation. It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion.

A history of stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus puts a potential donor at increased risk of a further vascular incident affecting their brain. As donation can result in a drop in blood pressure, there is the possibility that this could lead to further problems. Although the level of risk will vary from person to person, it is not acceptable to put an individual at increased risk, for what could be a severe adverse event, to any unnecessary further risk.

Transient global amnesia is a temporary and isolated disorder of memory. Affected individuals are usually over 50 years of age and there is an association with migraine. There is no association with cerebrovascular disease.

Reason for Change

Additional advice for donors with a history of optic neuritis, transverse myelitis, Bell's Palsy or transient global amnesia has been added.

A new section Additional Information has been added.

Update Information

This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 17

Cervical Carcinoma in Situ

Obligatory

Must not donate if:
Undergoing investigation or treatment.

Discretionary

a) If investigation and treatment is concluded, accept.

b) If just having regular review of smears, accept.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Cervical Cone Biopsy

See

Cervical Carcinoma in Situ

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Cervical Dysplasia

See

Cervical Carcinoma in Situ

Update Information

This entry was last updated in

TDSG-BM Edition 203, Release 02

Chagas' Disease

South American Trypanosomiasis

Obligatory **Must not donate.**

See if Relevant South American Trypanosomiasis Risk

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Chicken Pox

Herpes Zoster (Varicella Zoster)

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Chiropody

Obligatory **Must not donate if:**
There are open wounds or infection.

See if Relevant Fungal infection:
Infection - Chronic

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Chlamydia

See if Relevant Lymphogranuloma Venereum

See Infection - Acute

Reason for Change A link to 'Lymphogranuloma Venereum' has been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cholecystitis

See Gall Bladder Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cholera Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Chondromalacia

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Christmas Disease

See Bleeding Disorder

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Chronic Fatigue Syndrome

See Post Viral Fatigue Syndrome

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cirrhosis

Obligatory **Must not donate.**

See if Relevant Alcoholism
Autoimmune Disease
Malignancy

Reason for Change Additional links have been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Clinical Trials

Obligatory **Must not donate if:**
Participating in a clinical trial. This includes the use of drugs of any kind (oral, parenteral, transcutaneous, etc.) and applies to healthy individuals participating as volunteers - for example in 'phase 1' clinical trials.

Discretionary If a **Designated Medical Officer** has examined and agreed the trial protocol, accept.

See if Relevant Complementary Therapy
Transfusion

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Coagulation Factor Concentrates

See Bleeding Disorder

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Coeliac Disease

Discretionary Accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Colitis

Obligatory **Must not donate if history of:**
a) Crohn's disease.

b) Ulcerative colitis.

Discretionary If more than two weeks since full recovery from an episode of infective colitis, accept.

See if Relevant Infection - General
Inflammatory Bowel Disease
Malignancy.

Reason for Change A link has been added for 'Malignancy'.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Colostomy

Obligatory **Must not donate if:**
For malignancy or inflammatory bowel disease.

Discretionary If the reason for the colostomy is not of itself a reason to exclude and the stoma is healthy, accept.

See if Relevant Surgery

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Communication Difficulties

Obligatory

1. All donors must:
a) Fully understand the donation process.

b) Give their informed consent to the process and to the testing of their blood for diseases that may affect its suitability for use.

2. Third party interpreters:
If they are to be present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified health professional, they must:

a) Understand the importance of providing an accurate and truthful translation of the information provided, to enable the tissue/cell establishment to comply with regulatory requirements

b) Not be personally known to the donor.

c) Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.

See if Relevant Disabled Donor

Additional Information The Services are aware of their duties under Race Relations and Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for individuals whose first language is not English, or who have other difficulties in communicating. Potential donors with such difficulties are advised to seek advice from their local Blood Service before offering to donate stem cells to see if their needs can be met. **Every donor must:**
a) Be provided with accurate educational materials, which are written in terms which can be understood by members of the general public.

b) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional.

c) Provide written informed consent to proceed with the donation process which must be countersigned by the qualified health professional responsible for obtaining the health history.

A qualified health professional may assist a donor in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Blood Service. To facilitate comprehension it is permissible to use alternative formats (e.g. a language other than English, audio, computer, Braille) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present there is no standardized way of assessing comprehension so this will be a personal judgement made by the health professional.

Use of third party interpreters.
It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified health professional. The third party **must not** however be present during any exchange of confidential information, unless they are **not** personally known to the donor and understand the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

Rationale.
There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified health professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent, this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Blood Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor

confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the HTA and Health and Safety Regulations no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

Reason for Change

1. To clarify that interpreters and translators do not need to understand all the regulatory requirements of the Human Tissue Act, but are aware of the importance of providing a truthful and accurate translation to enable the tissue/cell establishment to comply with regulatory requirements

2. To clarify that interpreters and translators have a duty of confidentiality

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 20

Complementary Therapy

Obligatory

1. Must not donate if:
a) The condition for which treatment was given is not acceptable.

b) Less than four months from colonic irrigation or colonic hydrotherapy

2. Therapies involving penetration by needles:
Must not donate if:
Less than four months from completing treatment.

Discretionary

a) If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept

b) For all other therapies (to include faecal microbiota therapy):
1. Performed within the NHS
If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.

2. Performed outside of the NHS
If performed by a Qualified Health Care Professional registered with the:
General Medical Council (GMC),
Nursing and Midwifery Council (NMC),
General Dental Council (GDC),
The General Chiropractic Council (GCC),
The General Optical Council (GOC),
The General Osteopathic Council (GOsC),
or The Health and Care Professions Council (HCPC) (which regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Pharmacists, Practitioner Psychologists, Physiotherapists, Prosthetists and Orthotists, Radiographers, Social Workers in England and Speech and Language Therapists), accept.

Additional Information

Equipment that has been reused has passed infection from person to person. Therapists who are subject to discipline from statutorily constituted professional authorities are unlikely to re-use needles.

This guidance presumes that a validated NAT test for hepatitis C is negative, if this test is stopped for any reason the guidance will change.

When there is any doubt about infection being passed on, waiting four months means infections are more likely to be picked up by the tests used by Blood & Tissue Services.

JPAC considers statutory registration of practitioners to afford the best overall guarantee that tissues and cells donated by individuals who have undertaken complementary therapy is safe. In the absence of statutory regulation of complementary therapy, there is currently no single

body to which all therapists are accredited, and so to continue with the approval of one or more organisations would necessarily mean that others of possibly equal merit were excluded from approval.

Voluntary registration with a non-statutory body cannot provide assurance as to how high the standards of an organisation's members are or how diligent the non-statutory regulator is in enforcing them or the practitioner in applying them. Practitioners who choose not to join a voluntary register are still able to practise legally and to use the relevant title, as will a practitioner who has been removed from the register by the registering body.

There is no way of policing the enforcement by voluntary associations of the standards they require of their members as the organisations are not subject to supervision by the Council for Regulatory Healthcare Excellence (CHRE). Nor is there currently any external, independent consideration of "fitness to practise" cases referred to voluntary regulators. While statutory regulation cannot guarantee the absence of risk, its primary aim is to deliver enhanced patient safety and public protection. Statutory "protection of title" means that donor centres can safely assume that a person who practises in the name of the registered profession is actually registered.

Reason for Change Pharmacists have been added to the list of professions regulated by the Health and Care Professions Council.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 20

Cone Biopsy

See Cervical Carcinoma in Situ

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Congo Fever

Obligatory **Must not donate if:**
Less than twelve months following recovery or from return to the UK, if occurred abroad.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Contact with Infectious Disease

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Contagious Pustular Dermatitis

Orf

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Contraceptive Implant

Discretionary Accept.

See if Relevant Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Contraceptive Injection

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Contraceptive Pill

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Corneal Transplant

Obligatory **Must not donate.**

See if Relevant Prion Associated Diseases

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Coronary Thrombosis

Including Heart Attack
Myocardial Infarct

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cortisone (Periarticular)

See Steroid Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cortisone Tablets

See Steroid Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Creutzfeldt-Jakob Disease

See Prion Associated Diseases

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Crimean Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-BM Edition 203, Release 19

Crohn's Disease

See Inflammatory Bowel Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cystitis

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Cytomegalovirus

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Deaf Donor

See Disabled Donor

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Deep Vein Thrombosis

See Thrombosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Dementia

Obligatory **Must not donate.**

Update Information This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 02

Dental Treatment

Obligatory **Must not donate if:**
a) Less than seven days since root canal treatment, dental capping or having a tooth removed.

b) Less than 24 hours since a filling, scale and polish or other superficial treatments.

c) All wounds are not healed.

d) There is any infection.

Discretionary If inspection or dental impressions only, accept.

See if Relevant Surgery
Infection - General

Additional Information Dental extractions and other treatments can result in bacteria getting into the blood stream. The waiting times after treatment are to allow healing and for any bacteria that have entered the blood stream to be cleared.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Depression

See Mental Health Problems

Reason for Change The previous link has been replaced with one to Mental Health Problems.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Dermatitis

Obligatory **Must not donate if:**
a) Venepuncture or harvest site is affected.

b) Using systemic therapy.

Discretionary If the area affected is small, the venepuncture or harvest site is unaffected and using topical treatment only, accept.

See if Relevant Alitretinoin
Allergy
Infection - General
Steroid Therapy

Reason for Change To add a link to Alitretinoin.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Diabetes Insipidus

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diabetes Mellitus

Obligatory **Must not donate if:**
Requires medication.

Discretionary If controlled by diet alone, accept.

See if Relevant Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diarrhoea

Including D & V
Entero-colitis
Food Poisoning
Gastric Flu
Gastro-enteritis

Obligatory **Must not donate if:**
a) Chronic or associated with inflammatory bowel disease.

b) Less than two weeks since full recovery.

See if Relevant Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Digoxin

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Dilatation and Curettage

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diphtheria

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diphtheria Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diphtheria Tetanus Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diphtheria Tetanus Pertussis Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Disabled Donor

Obligatory

1. All donors must:
a) Fully understand the donation process

b) Give their informed consent to the process and to the testing of their blood for diseases that may affect the suitability of their stem cells for use

2. Third party interpreters:
If they are to be present at any part of the selection procedure were there is an exchange of confidential information between the donor and the qualified health professional, they must:
a) Understand the requirements of the Human Tissue Act (HTA) relevant to the donation process
b) Not be personally known to the donor.

3. PBSC Donor:
Must be able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).

4. Bone Marrow donor:
Discuss with anaesthetist.

Discretionary

Donors with difficulty in reading:
Ensure by questioning the donor that they:
a) Understand and fully complete the tick-box questionnaire

b) Give valid consent to donation and to the testing of their blood for diseases that may affect its suitability for use.

See if Relevant

Self-catheterization
Spina Bifida

Additional Information

The Services are aware of their duties under Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for disabled individuals. Potential donors with such difficulties are advised to seek advice from their local Service before offering to donate stem cells to see if their needs can be met. **Every donor must:**

be provided with accurate educational materials, which are written in terms which can be understood by members of the general public

complete a health and medical history questionnaire and undergo a personal interview performed by a health professional

provide written informed consent to proceed with the donation process which must be countersigned by the qualified health professional responsible for obtaining the health history.

A qualified health professional may assist a donor in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Service. To facilitate comprehension it is permissible to use alternative formats (e.g. audio, Braille, computer or alternative language) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present there is no standardized way of assessing comprehension so this will be a personal judgement made by the health professional.

Use of third party interpreters.
It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified health professional. The third party **must not** however be present during any exchange of confidential information, unless they are **not** personally known to the donor and understand the requirements of that part of the HTA relevant to the donation process. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

Rationale.
There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified health professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the relevant aspects of the HTA this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Blood Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the HTA and Health and Safety Regulations no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

Reason for Change

This is a revised entry to clarify the use of interpreters by the Blood & Tissue Services.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Disc Surgery

See Back Problems

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Disease of Unknown Aetiology

Obligatory **Must not donate.**

Additional Information When the cause of an illness is not clear, there is an unknown risk to any recipient of donated material.

Reason for Change This is a new entry.

Update Information This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 02

Diuretics

Discretionary If taken for pre-menstrual syndrome, or to treat hypertension as either the only drug or in conjunction with Beta Blockers, accept.

See if Relevant Blood Pressure - High

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Diverticulosis

Discretionary Accept.

See if Relevant Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Drug Abuse

See Addiction and Drug Abuse

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Drug Treatment

Obligatory The taking of some drugs may make a donor ineligible.
This could be due to the underlying disease or to the medication.

See:
Any specific entry for the disease or the drug.

Discretionary Self-medication with some drugs e.g. vitamins, aspirin, sleeping tablets, need not prevent a donation being accepted, providing the donor meets all other criteria.

See if Relevant Addiction and Drug Abuse
Nonsteroidal Anti-Inflammatory Drugs

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

DTP Immunization

See Immunization - Non-Live

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Duodenal Ulcer

See Peptic Ulcer

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Dutasteride (Avodart)

Obligatory If less than six months since completion of treatment:
Refer to a Designated Medical Officer.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Ear Piercing

See Body Piercing

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Ebola Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 19

Eczema

See Dermatitis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Electrolysis

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Elliptocytosis

See Hereditary Elliptocytosis

Reason for Change This entry has been changed to Hereditary Elliptocytosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Emphysema

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Encephalitis

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Endocarditis

Obligatory **Must not donate if:**
a) Active infection.

b) Has a heart defect and has been told to take antibiotics when having treatment (e.g. dental) that may result in bacteraemia.

See if Relevant Infection - General

Reason for Change This new entry replaces the previous entry for 'Subacute Bacterial Endocarditis'. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Endometriosis

Discretionary Accept.

See if Relevant Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Epilepsy

Obligatory **Must not donate if:**
a) Requiring treatment for epilepsy.

b) Has had an epileptic episode in the last three years.

Discretionary **Previous epilepsy:**
A person with a past history of epilepsy who for the past three years has neither required anticonvulsant therapy, nor been subject to fits, may be considered as a donor.

See if Relevant Malignancy
Neurosurgery

Additional Information Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy. It may also cause difficulties with the DVLA and/or employment in a person who has been free from fits for some time.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Episcleritis

See Inflammatory Eye Disease

Reason for Change To include an entry for 'Episcleritis'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Etretinate

Tigason

Obligatory **Must not donate if:**
Has ever taken Etretinate (Tigason).

See if Relevant Acne
Psoriasis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Eye Disease

Obligatory **Must not donate if:**
a) Active ocular inflammation.

b) History of malignancy.

c) Ocular tissue transplanted.

See if Relevant Autoimmune Disease
Glaucoma
Infection - General
Malignancy
Ocular Surgery
Ocular Tissue Recipient
Steroid Therapy
Tissue and Organ Recipients

Reason for Change A link has been added for malignancy.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Eye Drops

Obligatory **Determine what they are being used to treat.**
See:
Is there a relevant entry.

See if Relevant Autoimmune Disease
Glaucoma
Infection - General
Steroid Therapy

Additional Information Eye drops are used to treat a wide range of conditions, some of which would prevent the person from donating. It is important to know exactly why the drops are being used.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Factor V Leiden

See Thrombosis

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Faints

Obligatory **PBSC Donor:**
Must not donate if:
History of either a severe syncopal attack or two consecutive faints following whole blood donation.

Discretionary If the donor is accepted, careful observation is required.

Additional Information A previous history of being prone to faints increases the likelihood of an adverse reaction to donation.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Febrile Episodes

See Pyrexia

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Fever

See Pyrexia

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Fibroids - Removal

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Filariasis

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Finasteride (Proscar)

Obligatory If less than four weeks since completion of treatment:
Refer to a Designated Medical Officer.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Fits

See Epilepsy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Food Allergy

See Allergy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Food Poisoning

See Diarrhoea

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Foreign Travel

See Travel

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Fungal Infection

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Fungal Infection of Nails

See Infection - Chronic

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

G6PD Deficiency

Obligatory

1. Must not donate if:
Severe.

2. If accepted, must inform:
Anaesthetist.
Transplant Centre.

Additional Information This is an X linked red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a **Designated Medical Officer**.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gall Bladder Disease

Obligatory

Must not donate if:
a) Symptomatic.

b) Associated with an inherited haemolytic anaemia e.g. spherocytosis.

Discretionary If recovered or has asymptomatic gallstones, accept.

See if Relevant Haemolytic Anaemia
Infection - General
Malignancy
Surgery

Reason for Change A link has been added for Haemolytic Anaemia and for Malignancy.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gastrectomy

See if Relevant Malignancy
Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gastrointestinal Disease

Obligatory **Must not donate if:**
a) Ulcerative colitis or Crohn's disease.

b) Malignant.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

G-CSF

Obligatory **PBSC Donors:**
The donor must be advised of the adverse events associated with this drug.

See if Relevant Autoimmune Disease
Sickle-cell Trait

Reason for Change To introduce an entry for G-CSF.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Genital Herpes Infection

See Herpes - Genital

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Genital Warts

Discretionary Accept.

See if Relevant Sexually Transmitted Disease

Update Information This entry was last updated in

TDSG-BM Edition 203, Release 02

German Measles

See Rubella

Reason for Change The entry now links to Rubella.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Giardiasis

Discretionary Accept.

Additional Information This is a local intestinal infection that does not affect donation.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gilbert's Disease

See Gilbert's Syndrome

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gilbert's Syndrome

Discretionary Accept.

Additional Information Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice in the donor.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Glandular Fever

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Glaucoma

Obligatory **Must not donate if:**
Received transplant of sclera during glaucoma surgery.

Discretionary If treatment is complete, no scleral transplant was given, or if treated by eye drops only, accept.

See if Relevant Ocular Tissue Recipient

Surgery
Tissue and Organ Recipients

Additional Information If surgery was performed after 1997 and the sclera was supplied through UK Transplant, this information will be stored on the National Transplant Database.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Goitre

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gonorrhoea

See Sexually Transmitted Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Gout

Discretionary Even if on treatment, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Grand Mal

See Epilepsy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Granuloma Inguinale

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Grave's Disease

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Growth Hormone

Obligatory **Must not donate if:**
Has ever received human pituitary derived growth hormone.

Discretionary If treated exclusively with recombinant-derived growth hormone, accept. In the UK this has been since 1987.

See if Relevant Prion Associated Diseases

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Guillain-Barré Syndrome

Obligatory **Refer to a Designated Medical Officer:**
Must not donate if:
a) Less than 24 months from resolution.

b) There has been any recurrence of symptoms.

c) The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barré syndrome that recovered completely within 12 months.

See if Relevant **If treated with immunoglobulin or plasma exchange:**
Transfusion

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Haematological Disease

Obligatory **Must not donate if:**
a) Malignant.

b) Clonal disorder such as primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).

Discretionary If polycythaemia or thrombocytosis is secondary to a non-malignant/clonal condition, accept.

See if Relevant Anaemia
Haemoglobin Disorders
Immune Thrombocytopenia
Therapeutic Venesection

Additional Information Clonal disorders result from the proliferation of a single cell. Because they have the potential to become malignant they are treated in the same way as malignancy.

Reason for Change Monoclonal gammopathy of unknown significance (MGUS) has been added as an example of a clonal disorder.

'Additional Information' has been added.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Haematuria

Obligatory **Must not donate if:**
a) Due to infection.

b) Due to malignancy.

See if Relevant Kidney Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemochromatosis

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemoglobin Disorders

Obligatory **1. Must not donate if:**
Has a sickle-cell or thalassaemia syndrome.

2. Inform Transplant Centre if:
Cells are from a donor that has an inherited disorder.

Discretionary Donors with traits for abnormal haemoglobin, accept.

See if Relevant Anaemia
Sickle-Cell Trait
Thalassaemia Trait
Transfusion

Reason for Change A link has been added to Transfusion.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemolytic Anaemia

Obligatory **See:**
a) Is there an entry for the condition?

b) If not: **Refer to a Designated Medical Officer**.

See if Relevant Autoimmune Disorder
G6PD Deficiency
Haemoglobin Disorders
Hereditary Elliptocytosis
Hereditary Spherocytosis
Pyruvate Kinase Deficiency
Transfusion

Reason for Change To include an entry for haemolytic anaemia.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemophilia

See Bleeding Disorder

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemophilus Influenzae Type B Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Haemorrhoids

Including Piles

Discretionary Accept.

See if Relevant Anaemia
Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hand, Foot and Mouth Disease

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hashimoto's Disease

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hay Fever

See Allergy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hazardous Activity

Obligatory **1. PBSC Donor:**
Must not donate if:
a) Required to undertake a hazardous activity the same working day.

b) Donors must be advised of the risks of delayed faints and told not to perform a hazardous occupation or hobby on the same day.

Discretionary **Hazardous occupation:**
If going off duty, accept.

Additional Information If a donor has an adverse event after donating, some activities (occupations or hobbies) may lead to harm to the donor or others.

Examples of hazardous activities include:
diving (all types), flying, parachuting, motor sport, climbing, etc.

Examples of hazardous occupations include:
air traffic controller, ambulance driver, climbing ladders or scaffolding, crane or heavy machine operator, diver, fire crew, flying, Large Goods Vehicle (LGV, HGV over 7.5 tonnes), bus or train driver, miner working underground, etc.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Head Injury

See Accident

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Headache

Occasional

Discretionary Accept.

See if Relevant Migraine

Regular

Obligatory **Must not donate if:**
Not investigated.

Discretionary If investigated and diagnosis does not contra-indicate donation, accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Heaf Test

Obligatory **Must not donate until:**
Healing.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Health Care Worker

History of Inoculation Injury

See Inoculation Injury

No Inoculation History

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Heart Operation

See Cardiac Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Henna Painting

Discretionary Accept.

See if Relevant Body Piercing

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hepatitis

Obligatory **Note:**
Hepatitis has a number of causes including infection and hypersensitivity to drugs.
Our concern is with viral hepatitis.

Discretionary If fully recovered from non-viral hepatitis, accept.

See if Relevant
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Hepatitis of Unknown Origin

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hepatitis A

1. Affected Individual

Obligatory **Must not donate if:**
Less than 6 months from recovery

Discretionary If fully recovered, and documented HAV RNA negative, anti HAV IgG positive after recovery, accept.

See if Relevant Travel

Additional Information Hepatitis A is spread by the faecal - oral route and by sewage-contaminated food and water. It can also be spread sexually. There is no long term infection with the virus but there are many reports of transmission by transfusion. Infection may be symptom free but can be serious and occasionally fatal. The Blood Services do not test for this infection.

Reason for Change The obligatory deferral has been reduced from 12 to 6 months and a discretion to accept on full recovery added. Additional Information has been updated.

2. Current or Former Sexual Partner of Affected Individual

Obligatory **Must not donate if:**
Less than 6 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.

Discretionary If shown to be immune, accept.

Additional Information There is a risk of transmitting the infection through sexual activity. Infection may be symptom free but can be serious and occasionally fatal. The 6 month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.

Reason for Change The obligatory deferral has been reduced from 12 to 6 months.

3. Person Currently or Formerly Sharing a Home with an Affected Individual

Obligatory **Must not donate if:**
Less than 6 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.

Discretionary If shown to be immune, accept.

Additional Information Because hepatitis A is spread by the faecal - oral route household contacts may easily become infected. Infection may be symptom free but can be serious and occasionally fatal. The 6 month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.

Reason for Change The obligatory deferral has been reduced from 12 to 6 months.

4. Immunization

Obligatory **Known exposure.**
Must not donate if:
Less than six weeks after vaccine or intramuscular immunoglobulin was given.

Discretionary **No known exposure:**
Accept.

See if Relevant Hepatitis B - Post Immunization
Travel

Additional Information Hepatitis A immunization is advised before travel to parts of the world where other infections relevant to donating such as malaria are common. The donor should be asked about any relevant travel history.

Hepatitis A immunization may be combined with Hepatitis B immunization.

Reason for Change The 'Additional Information' has been extended.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 25

Hepatitis A Immunization

See Hepatitis A - Post Immunization

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hepatitis B

Infected Individual

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

History of Infection

Obligatory **Must not donate.**

Discretionary If more than 12 months from recovery, obtain history and blood samples and **Refer to Designated Medical Officer.**

Additional Information Only accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative, and HBV-DNA negative.

Current Sexual Partners of Infected Individuals

Obligatory **Must not donate.**

Discretionary Obtain history and blood samples and: **Refer to Designated Medical Officer.**

See if Relevant Hepatitis B - Post Immunization - 1. Known Exposure

Additional Information Only accept if HB core antibody positive, HBsAg negative and HBV-DNA negative.
or
if more than 12 months from the date the donor was immunised and all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative.

Former Sexual Partners of Infected Individuals

Obligatory **Must not donate.**

Discretionary Obtain history (including time from last sexual contact) and blood samples and: **Refer to a Designated Medical Officer.**

See if Relevant Hepatitis B - Post Immunization - 1. Known Exposure

Additional Information

a) If less than six months from last sexual contact:

Only accept if HB core antibody positive, HBsAg negative and HBV-DNA negative.
or
if more than 12 months from the date the donor was immunised and all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative.

b) If more than six months from last sexual contact:

Only accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative and HBV-DNA negative. =No evidence of current infection, with or without natural immunity.

Current or Former Sexual Partners of Person who has recovered from hepatitis B infection

Obligatory **Must not donate if less than 12 months from last sexual contact.**

Discretionary Obtain history (including date the partner cleared the HBV infection and the date HBV immunisation of the donor commenced) and blood samples and **Refer to Designated Medical Officer**.

See if Relevant Hepatitis B - Post Immunization,- 1. Known Exposure

Additional Information

Only accept if
more than 12 months from the date the partner was stated to have recovered from / cleared HBV
or
more than 12 months from the date that the donor received the first dose of a course of HBV vaccine
AND either
all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative
or
HB core antibody positive, HBsAg negative and HBV-DNA negative.

Person Sharing Home

Obligatory **Must not donate if less than 12 months from last sexual contact.**

Discretionary Obtain history (if no longer sharing, include the time since sharing ceased) and blood samples and: **Refer to a Designated Medical Officer.**

See if Relevant Hepatitis B - Post Immunization - 1. Known Exposure

Additional Information

If still sharing or less than six months since last sharing:
Only accept if HB core antibody positive, HBsAg negative and HBV-DNA negative.

If has not shared for more than six months:
Accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative and HBV-DNA negative No evidence of current infection, with or without natural immunity.

Reason for Change To remove the requirement for anti-HBs levels to be >100 iu/l for acceptance of stem cell donations from donors who are anti-HBc-positive provided the HBV DNA result is negative.

Update Information This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 17

Hepatitis B - Post Immunization

Known Exposure

Obligatory **Must not donate.**

Discretionary If more than 12 months from immunization obtain history and blood samples and:
Refer to a Designated Medical Officer.

Additional Information Only accept if negative for all markers (i.e. HBsAg, HBV-DNA and HB core antibody) or, HB core antibody positive, HBsAg negative and HBV-DNA negative.

Immunization post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg.

May be combined with hepatitis A immunization.

Reason for Change To remove the requirement for anti-HBs levels to be >100 iu/l for acceptance of stem cell donations from donors who are anti-HBc-positive provided the HBV DNA result is negative.

No Known Exposure

Obligatory If less than seven days from when the last immunization was given:
Refer to a Designated Medical Officer.

See if Relevant Hepatitis A - Post Immunization

Additional Information Sensitive assays for HBsAg may be positive following recent immunization. Full screening for Hepatitis B may be required.

May be combined with hepatitis A immunization.

Update Information Part of this advice is a requirement of the EU Tissues & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 17

Hepatitis C

Affected Individual

Obligatory **Must not donate.**

Discretionary If the individual has been told that he/she is HCV antibody negative, then samples should be taken to determine eligibility.

See if Relevant Tissues Safety Entry

Additional Information Hepatitis C is a serious viral infection that can lead to chronic liver disease, liver cancer (hepatoma) and chronic fatigue syndrome. It has also been linked with

malignant lymphomas and autoimmune disease. The infection is very easily spread by transfusion.

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Many cases are linked to previous drug use and, before the introduction of HCV screening of blood donations, to transfusion.

Individuals who have had Hepatitis C infection in the past, and have been told that they have been successfully treated, will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before their donation can be issued, their cells cannot be used.

Reason for Change 'Additional Information' has been added.

Current Sexual Partners of HCV Positive Individuals

Obligatory **Must not donate.**

Discretionary If the donor's HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

See if Relevant Tissues Safety Entry

Additional Information Confirmation of the success of treatment of the HCV positive partner is not required.

Reason for Change There is now sufficient evidence to establish that individuals who have a sustained virological response to treatment for hepatitis C infection (defined as remaining hepatitis C RNA negative six months after cessation of treatment) are likely to have been cured" and that the chance of relapse is less than 1%. (Data from the Pegasys Study presented at the 38th annual Digestive Diseases Week conference, Washington, USA, 21 May 2007 by Shiffman et al [abstract ID #444]).

In the United Kingdom sexual transmission of HCV from an infected individual to a sexual partner is low, but not zero.

As the treated individual would have a very low (<1%) risk of relapse of infection and sexual transmission of the hepatitis C virus is rare, the transmission of hepatitis C from a successfully treated individual to a sexual partner is most unlikely."

Former Sexual Partners of HCV Positive Individuals

Obligatory **Must not donate if:**
Less than 12 months from last sexual contact.

Discretionary If less than 12 months from last sexual contact and the donor's former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

See if Relevant Tissues Safety Entry

Reason for Change The discretionary entry has been amended to be consistent with '2. Current sexual partners of HCV positive individuals' above.

Person Sharing Home

Discretionary Accept.

See if Relevant Sexual Partners of HCV Positive Individuals above.

Additional Information Hepatitis C is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood route. For these reasons household contacts do not need to be deferred.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 12 Issue 01

Hepatitis E

Infection

Obligatory **Must not donate if:**
Less than 12 months from recovery.

See if Relevant Travel

Additional Information Hepatitis E is similar to Hepatitis A in the way that it is spread (faecal - oral route and sewage-contaminated food and water). It can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion.

Sexual Partner of Confirmed Case

Obligatory **Must not donate if:**
Less than 12 months from recovery of partner.

Person Sharing Home

Obligatory **Must not donate if:**
Less than 12 months from recovery of last affected person in the home.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hepatitis of Unknown Origin

Affected Individuals

Obligatory **Must not donate if:**
Less than 24 months from recovery.

Discretionary a) If more than 12 months, but less than 24 months from recovery, obtain history and blood samples and refer to a **Designated Medical Officer**.

b) If more than 24 months from recovery, accept.

Additional Information If more than 12 months and less than 24 months from recovery:
c) If negative for all markers of hepatitis B, accept.

d) If HB core antibody is positive and HBsAg is negative and HBV-DNA is negative, accept.

Sexual Partner of Affected Individuals

Obligatory **Must not donate if:**
Less than 12 months from recovery of partner.

Person Sharing Home

Obligatory **Must not donate if:**
Less than 12 months from recovery of the last affected person in the home.

See if Relevant	Sexual Partner of Affected Individuals above.
Additional Information	Most hepatitis of unknown origin will have been due to hepatitis A or hepatitis E (or non-viral causes). Additional testing for those who give a history of hepatitis between 12 and 24 months before donation will exclude the rare case of HBV which may have delayed clearance of infection and therefore will still present a risk through donation.
Reason for Change	Clarification regarding hepatitis B markers has been added to the additional information. To remove the requirement for anti-HBs levels to be >100 iu/l for acceptance of stem cell donations from donors who are anti-HBc-positive provided the HBV DNA result is negative.
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 17

Hepatitis of Viral Origin

See	Hepatitis A Hepatitis B Hepatitis C Hepatitis E Hepatitis of Unknown Origin
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Hereditary Elliptocytosis

Obligatory	**1. Must not donate if:** Clinically significant haemolysis. **2. Inform Transplant Centre if:** Cells are from a donor with hereditary elliptocytosis.
Additional Information	Hereditary elliptocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a **Designated Medical Officer**.
Reason for Change	This entry replaces the previous entry for Elliptocytosis
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Hereditary Spherocytosis

Obligatory	**1. Must not donate if:** Clinically significant haemolysis. **2. Inform Transplant Centre if:** Cells are from a donor with hereditary spherocytosis.
Additional Information	Hereditary spherocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a **Designated Medical Officer**.
Reason for Change	The entry has been changed to be consistent with the guideline for 'Hereditary Elliptocytosis'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Herpes - Genital

Obligatory **Must not donate if:**
Fresh lesions.

Discretionary If lesions are healing, provided there is no history of other Sexually Transmitted Diseases, accept.

See if Relevant Sexually Transmitted Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Herpes - Oral

Obligatory **Must not donate if:**
Fresh lesions.

Discretionary If lesions are healing, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Herpes Simplex

See if Relevant Herpes - Genital
Herpes - Oral

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Herpes Zoster

See if Relevant Infection - Acute
Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

HIV

Including AIDS

Infection

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

Current Sexual Partners of Confirmed Case

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

Former Sexual Partners of Confirmed Case

Obligatory **Must not donate if:**
Less than 12 months from last sexual contact.

See if Relevant Tissues Safety Entry

Update Information This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Homeopathy

See Complementary Therapy

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Homosexual and Bisexual Individuals

Female

Discretionary Accept

Additional Information There is no evidence that there is an increased risk of sexually transmitted infections in homosexual or bisexual females compared to heterosexual females.

Reason for Change This is a new entry, combining the previous entries for 'Homosexual' and 'Bisexual' individuals. 'Additional Information' has been added.

Male

Discretionary There is no specific restriction regarding donation for male-sex-with-male behaviour, but it should be documented to facilitate an in depth discussion should the donor be a potential match for a patient. This ensures that the current practice of individual risk /benefit assessment prior to donation is continued.

See if Relevant Tissue Safety Entry

Additional Information The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

Men who have sex with other men have a higher chance of having an undiagnosed infection which could be passed to anyone receiving their blood, tissues or cells. During 2012 and 2013, SaBTO commissioned a subgroup to review the donor selection criteria and risks associated with the donation of tissues and cells by men who have had sex with men.

This review considered advances in the sensitivity of testing procedures currently in use in the UK, the prevalence of transfusion transmissible infections in men who

have had sex with men, the current level of compliance with the donor selection guidelines and, where applicable, the additional processes used to reduce the risk of transmission of viral infection. This review recommended that the deferral for men who have had sex with men should be removed for potential stem cell donors.

Reason for Change To remove the restriction regarding donation for donors with a history of male-sex-with-male behaviour

Female sexual partners of men who have sex with men

Discretionary There is no specific restriction regarding donation for females with a male partner who has had a history of male-sex-with-male behaviour, but it should be documented to facilitate an in depth discussion should the donor be a potential match for a patient. This ensures that the current practice of individual risk/benefit assessment prior to donation is continued.

See if Relevant Tissue Safety Entry

Additional Information Men who have sex with other men have a higher chance of having an undiagnosed infection, which could be passed to their female partner. During 2012 and 2013, SaBTO commissioned a subgroup to review the donor selection criteria and risks associated with the donation of tissues and cells by men who have had sex with men.

This review considered advances in the sensitivity of testing procedures currently in use in the UK, the prevalence of transfusion transmissible infections in men who have had sex with men, the current level of compliance with the donor selection guidelines and, where applicable, the additional processes used to reduce the risk of transmission of viral infection. This review recommended that the 12 month deferral for females who have a male partner with a history of male-sex-with-male behaviour should be removed for potential stem cell donors.

Reason for Change To remove the 12 month deferral regarding donation for donors who have a male partner with a history of male-sex-with-male behaviour.

Hormone Replacement Therapy

Obligatory **Must not donate if:**
a) Used for malignancy.

b) A recipient of human gonadotrophin of pituitary origin.

c) A recipient of human pituitary growth hormone.

Discretionary a) If treated with gonadotrophins that were exclusively non-pituitary derived, accept.

b) If treated with growth hormone that was exclusively recombinant, accept.

c) If treatment for menopausal symptoms or osteoporosis prevention, accept.

See if Relevant Prion Associated Diseases
Thyroid Disease

Reason for Change The discretionary entry has been re-worded for clarity.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

HTLV

Infection

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

Current Sexual Partners of Confirmed Case

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

Former Sexual Partners of Confirmed Case

Obligatory **Must not donate if:**
Less than 12 months from last sexual contact.

See if Relevant Tissues Safety Entry

Update Information This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Human Bite

See Inoculation Injury

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Human Pituitary Extract

See Pituitary Extract - Human

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Huntington's Chorea

See Huntington's Disease

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Huntington's Disease

Obligatory **Must not donate if:**
Symptomatic.

Discretionary Asymptomatic carriers, accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Hydatid Disease

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hydatidiform Mole

See Pregnancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hydrocephalus

Obligatory **Must not donate if:**
Has an indwelling shunt.

See if Relevant Neurosurgery
Spina Bifida

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hypercholesterolaemia

Obligatory **Must not donate if:**
a) Has caused symptomatic disease.

b) Associated with cardiovascular disease.

Discretionary If has not led to symptomatic disease, even if on treatment, accept.

See if Relevant Cardiovascular Disease

Additional Information Hypercholesterolaemia occurs when the level of cholesterol in the blood is outside of the reference range for the donor's age and sex. Usually this is managed by modifying the diet and often by the use of drugs. High levels of cholesterol are of themselves not a reason to defer a donor. If the hypercholesterolaemia has led to symptomatic disease, such as cardiovascular problems or transient visual or neurological problems the donor should not be accepted, even if their cholesterol has returned to normal levels.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hypertension

See Blood Pressure - High

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hyperthyroidism

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hypnotics

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hypothyroidism

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Hysterectomy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Idiopathic Thrombocytopenic Purpura (ITP)

See Immune Thrombocytopenia

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

IgA deficiency

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ileostomy

Obligatory **Must not donate if:**
a) For malignancy

b) Inflammatory bowel disease.

Discretionary If the reason for the ileostomy is not of itself a reason to exclude and the stoma is healthy, accept.

See if Relevant Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Immune Thrombocytopenia

Obligatory

Must not donate if:
a) Symptomatic.

b) Chronic.

c) Recovered, but less than six months from recovery.

This applies to both adult and childhood disease.

See if Relevant

If treated with immunoglobulin or plasma exchange:
Transfusion

If treated with immunosuppressive therapy:
Immunosuppression

Reason for Change The links have been revised.

The phrase, 'Recovered, but has ever had a recurrence' has been removed and 'five years from recovery' has been reduced to six months as both were considered unnecessarily restrictive.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Immunization

Non-exposed

See Immunization - Live
Immunization - Non-Live

If you do not know if an immunization is live or not, see the specific entry for the type of immunization or:
Refer to a Designated Medical Officer.

Post Exposure

Obligatory

1. BCG:
See: BCG

2. Hepatitis A:
Must not donate if:
Less than six weeks from exposure.

3. Hepatitis B:
See: Hepatitis B - Post Immunization

4. Rabies:
See: Rabies

5. Smallpox:
See: Smallpox Immunization

6. Tetanus:
See: Tetanus Immunization

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Immunization - Live

No Exposure

Obligatory **Must not donate if:**
Less than eight weeks from administration.

Discretionary If more than four weeks from administration of a live immunization other than smallpox immunization and the inoculation site has healed, accept.

See if Relevant BCG
Smallpox Immunization

Additional Information Live immunizations use living viruses or living bacteria that will stimulate the immune system but do not normally cause a severe illness. They may however cause severe illness in people who are already unwell and have a weakened immune system. By four weeks, any infection caused by the immunization should have been controlled and so should not be passed on through donated material. There are special rules for BCG and smallpox immunizations.

Reason for Change Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunizations other than smallpox.

Update Information This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 09

Immunization - Non-Live

No Exposure

Obligatory **Hepatitis B:**
If less than seven days from when the last immunization was given:
Refer to a Designated Medical Officer.

Discretionary Other non-live immunizations, accept.

See if Relevant Immunization - 2. Post Exposure

Additional Information Sensitive assays for HBsAg may be positive following recent immunization. Full screening for Hepatitis B may be required.

"Non-Live" immunizations do not use material that can cause infection. This means there is no risk to people receiving stem cells.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Immunodeficiency

See Immunosuppression

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Immunoglobulin Therapy

Obligatory

Must not donate if:
a) Immunosuppressed.

b) Donors with recovered immunodeficiency:
Refer to a Designated 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.

See if Relevant

Hepatitis A
Hepatitis B
Rabies
Tetanus Immunization

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.

See

If treated with intravenous or subcutaneous human immunoglobulin:
Transfusion

Reason for Change A link to 'Transfusion' has been added.

Update Information

The advice reflects advice from the MSBTO committee of the DH.

This entry was last updated in TDSG-BM Edition 203, Release 02

Immunosuppression

Obligatory

Must not donate if:
a) Immunosuppressed.

b) Donors with recovered immunodeficiency:
Refer to a Designated Medical Officer.

See if Relevant

Autoimmune Disease
Immunoglobulin Therapy
Steroid Therapy

Reason for Change Additional links have been added.

Update Information

This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 02

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.

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
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.

Update Information

Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Infection - Chronic

Obligatory

Must not donate.

Discretionary

1. Acne:
Most donors with acne can be accepted.

2. Chronic superficial fungal infections:
a) If on local therapy only, accept.

b) If more than seven days from completing systemic antifungal therapy, accept.

3. Typhoid and Paratyphoid
If more than seven days from completion of antibiotic course and last symptoms, accept.

See if Relevant

Acne
Steroid Therapy

Additional Information

Typhoid and paratyphoid are gastrointestinal infections which rarely have a chronic carrier state. It is usually caught while travelling. It is passed by the faecal-oral route and is not transfusion transmitted.

Reason for Change

To add an entry for typhoid and paratyphoid

Update Information

Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 16

Infection - General

Obligatory

See:
Is there a specific entry for the disease?

See if Relevant

Decide if the infection is of short duration with no long lasting carrier stage, e.g. flu:
Infection - Acute

Or if lasting a long time (more than a few weeks) and possibly with long lasting carriage of the infecting organism, e.g. malaria or typhoid
Infection - Chronic

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Infection - Tropical

Obligatory

Must not donate if:
Filariasis or Leishmaniasis

See if Relevant

Congo Fever
Crimean Fever
Ebola Fever
Lassa Fever
Marburg Fever
Malaria
South American Trypanosomiasis Risk
Other infections, see:
Infection - General

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Infectious Diseases - Contact with

Obligatory

See:
Is there a specific entry for the disease with which there has been contact?

Must not donate if:
Within the incubation period for the condition or, if this is not known, less than four weeks from last contact.

Discretionary

If there is a definite history of past infection with the disease with which contact has occurred, accept.

See if Relevant

Hepatitis
Meningitis
Sexually Transmitted Disease
Tuberculosis

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Infertility

Obligatory

Must not donate if:
a) Under investigation.

b) Less than 12 weeks after completion of treatment with clomiphene (Clomid).

c) Less than 12 weeks after completion of treatment with tamoxifen.

d) Has ever been given human gonadotrophin of pituitary origin.

e) Has received donated eggs or embryos since 1980.

f) If donor knows that they have ever been treated with Metrodin HP®.

Discretionary Take care to exclude pregnancy.

If treated exclusively with non-pituitary derived gonadotrophins, accept.

See if Relevant Prion Associated Diseases

Additional Information The use of human gonadotrophin of pituitary origin (follicle-stimulating hormone (FSH) and luteinizing hormone (LH)) had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.

The 12 week period is an additional safeguard to avoid taking a donation early in a pregnancy.

There is a concern that transfer of tissues (eggs or embryos) between individuals might lead to the spread of vCJD.

Metrodin HP® was withdrawn by the Committee on Safety of Medicines in 2003 and following advice from the Medicines and Healthcare products Regulatory Agency the precautionary principle has been applied to withdraw donors who have been treated with this product. Donors treated for infertility after 2003 in the UK will not have been treated with this product.

Reason for Change To add additional information to clarify when the use of human gonadotrophin of pituitary origin (follicle-stimulating hormone (FSH) and luteinizing hormone (LH)) ceased in the UK.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 20

Inflammatory Bowel Disease

Including Crohn's Disease
Ulcerative Colitis

Obligatory **Must not donate.**

Additional Information The cause of these conditions is not fully understood and may include infection. Lesions caused by the disease can increase the risk of bacteria entering the blood stream.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Inflammatory Eye Disease

See if Relevant Autoimmune Disease

Additional Information G-CSF may cause a flare up of inflammatory eye disease.

Reason for Change This is a new entry.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Influenza Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Inherited Diseases

Obligatory **See:**
Is there a specific entry for the condition? If not:
Refer to a Designated Medical Officer.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Injected Drugs of Misuse

See Addiction and Drug Abuse

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Inoculation Injury

Including Human Bite

Obligatory **Must not donate if:**
a) With material containing abnormal prions.

b) Less than four months after the date of an inoculation injury, or contamination of mucosa or non-intact skin with blood or body fluids.

See if Relevant Animal Bite

Additional Information This guidance presumes that a validated NAT test for hepatitis C is negative, if this test is stopped for any reason the guidance will change.

Reason for Change The deferral period has been reduced from 6 to 4 months to reflect updated JPAC Standing Advisory Committee on Transfusion Transmitted Infections guidance on infection risk. (JPAC paper 09-34).

Update Information This entry was last updated in TDSG-BM Edition 203, Release 07

Inoculations

See Immunization

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Intermittent Claudication

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Irritable Bowel Syndrome

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Isotretinoin

Roaccutane

See Acne

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

ITP

See Immune Thrombocytopenia

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Japanese Encephalitis Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Jaundice

Obligatory **Must not donate if:**
a) Jaundiced or has a history of jaundice.

b) If the cause of the jaundice was viral see the specific entry for that condition.

c) If the cause of the jaundice was not known, treat as **Hepatitis of Unknown Origin**.

Discretionary a) If fully recovered from a non-viral cause of jaundice (this includes, but is not limited to, physiological jaundice of the newborn, gall stones and drug reactions), accept.

b) If due to Gilbert's Syndrome, accept.

See if Relevant
Gall Bladder Disease
Gilbert's Syndrome
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Hepatitis of Unknown Origin

Additional Information Many things can cause jaundice. The concern is with infectious causes that might be passed on by donation.

Reason for Change In 'Obligatory' the link to Hepatitis B' has been changed to 'Hepatitis of Unknown Origin'.

There have been other minor changes to improve clarity and to avoid the unnecessary exclusion of donors.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Kala-Azar

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Kidney Disease

Acute Nephritis

Obligatory **Must not donate if:**
Less than 12 months since recovery.

Discretionary **1. All tissues:**
a) Self-limiting renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.

b) If there is doubt about the diagnosis refer to a **Designated Medical Officer**.

Additional Information If the donor is well and has not received treatment to suppress the condition in the last 12 months it is unlikely that their donation will pose a risk to the recipient.

Reason for Change To align the guidance with that for blood donors, the deferral period following an attack of 'Acute Nephritis' has been reduced from five years to 12 months

Chronic Nephritis

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Kidney Donor

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Kidney Recipient

See Tissue and Organ Recipients

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Kidney Stones

See if Relevant Infection - General

See Renal Colic

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Klinefelter's Syndrome

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Laminectomy

See Back Problems
Surgery

Reason for Change A link has been added for 'Back Problems'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Laser Treatment

Obligatory **Must not donate if:**
For malignancy.

Discretionary a) If for Basal Cell Carcinoma, treatment is completed and fully recovered, accept.

b) If for Cervical Carcinoma in Situ, treatment is completed and a follow up smear did not show abnormal cells, accept.

c) If for cosmetic purposes, accept when healed.

d) If laser refractive surgery to the cornea, accept when healed.

See if Relevant Basal Cell Carcinoma
Cervical Carcinoma in Situ

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Lassa Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-BM Edition 203, Release 19

Latex Allergy

See Allergy

Reason for Change To include a cross reference for 'Latex Allergy'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Legionnaire's Disease

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Leishmaniasis

Including Kala-Azar

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Leptospirosis

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Lesbian

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Leukaemia

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Listeriosis

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Lyme Disease

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Lymphogranuloma Venereum

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Malaria

Obligatory **Must not donate if:**
a) The donor has ever had malaria.

b) The donor has had an undiagnosed fever (that could have been malaria) while abroad or within four months of leaving a malaria endemic area.

c) The donor has lived in any malarial endemic area for a continuous period of six months or more at any time of life.

d) Less than 12 months after last leaving a malaria endemic area.

Discretionary **1a) Donors who have had malaria diagnosed in the past:**
If more than three years have passed since anti-malaria therapy has been completed and symptoms caused by malaria have resolved and a validated test for malaria antibody is negative, accept.

If the donor (with a history of malaria) has revisited a malaria endemic area and at least four months have passed since return and a validated test for malaria antibody is negative, accept.

1b) Donors who have EVER had an undiagnosed fever that could have been malaria while in a malaria area or within four months of leaving a malaria endemic area:
If at least four months have passed since the donor returned from the malaria endemic area, or from the date of recovery from symptoms (undiagnosed fever) that may have been caused by malaria, whichever is later, and a validated test for malaria antibody is negative, accept.

NB. this may have to be increased to six months if the area is also identified as a risk area for T. cruzi or a tropical virus; the longest stipulated deferral period must be applied

1c) Donors who have EVER been resident in a malaria endemic area for six months or more:
If at least four months have passed since the date of the last potential exposure to malaria, and a validated test for malaria antibody is negative, accept.

1d) For all other donors:
If at least four months and less than 12 months have passed since return from a malaria endemic area, and a validated test for malaria antibody is negative, accept.

If travel to a malaria endemic area is more than 12 months prior to donation and the donor has never been diagnosed with malaria, has never had an undiagnosed fever while abroad or within four months of leaving a malaria endemic area and has not lived in a malaria endemic area for a continuous period of six months or more at any time of life, the donor can be accepted without the need for malaria antibody testing.

If the donor does not comply with any of the above, discuss with the **Designated Medical Officer** who will decide if the donor may be accepted following a documented risk assessment and discussion with the Transplant Centre.

See if Relevant Geographical Disease Risk Index for countries with a current endemic malaria risk.

Additional Information Cases of malaria transmission have occurred many years after the donor was last at risk of becoming infected with malaria. This is mainly a problem in people who have had repeated episodes of infection with malaria. This is uncommon, but before allowing someone who has had, or may have had malaria to donate, it is safer to test for malaria antibodies rather than to wait a specific length of time. Malaria may be fatal.

Some countries have malaria as well as tropical viral risk. Both risks have to be considered if the donor had symptoms after travel or stay.

Reason for Change The 'Discretionary' entry has been expanded for clarity

The interval since last leaving a malaria endemic area for malaria antibody testing has been reduced from 6 to 4 months.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 26

Malaria - Contact in UK

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Malignancy

Obligatory **Must not donate.**

Discretionary a) If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept.

b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli, prostatic intraepithelial neoplasia PIN or Barrett's oesophagus) that is being regularly monitored, or has had a similar condition cured and has been discharged from follow-up, accept.

c) If the potential donor has a carcinoma in situ (e.g. cervical or vulval carcinoma in situ, ductal carcinoma in situ of the breast DCIS, or Bowen s disease) that has been cured and has been discharged from follow-up, accept.

d) If the potential donor has had lentigo maligna refer to clinical support to ensure that they have not had lentigo maligna melanoma.

e) Potential donors with a high risk of cancer due to family history or following genetic tests, even if had or having prophylactic surgery or on prophylactic medication (e.g. Tamoxifen), accept.

See if Relevant
Basal Cell Carcinoma
Cervical Carcinoma in Situ
Surgery
Transfusion

Additional Information
Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons it is considered safer not to accept blood from people who have had a malignancy. However, because basal cell carcinoma (rodent ulcer) and other Carcinomas in situ do not spread through the blood, people who have had successful treatment may donate. Cervical carcinoma in situ would be defined as cured if treatment is complete and a follow up smear did not show abnormal cells. Regular screening smears are not defined as follow up.

Premalignant conditions are very common, particularly in older donors. Regular monitoring should prevent donors with invasive malignancy from being accepted.

Lentigo Maligna is a common skin condition of the elderly and should be considered a carcinoma in situ and the donor may be accepted once it has been cured. However Lentigo Maligna melanoma is a true malignant melanoma and the donor must be permanently deferred if they have had this condition.

Reason for Change
Clarification for in situ carcinoma, premalignant conditions and donors at high risk of cancer added.

Update Information
This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 17

Malignant Hypertension

See
Blood Pressure - High

Update Information
This entry was last updated in
TDSG-BM Edition 203, Release 02

Malignant Melanoma

See
Malignancy

Update Information
This entry was last updated in
TDSG-BM Edition 203, Release 02

Mantoux Test

Obligatory
Must not donate unless:
Negative and no further investigations planned.

See if Relevant
Tuberculosis

Update Information
This entry was last updated in
TDSG-BM Edition 203, Release 02

Marburg Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-BM Edition 203, Release 19

Marfan's Syndrome

Obligatory **Must not donate if:**
Cardiac involvement.

Discretionary Otherwise accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Mastectomy

See if Relevant Malignancy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Measles

Affected Individual

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Measles Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Measles Mumps Rubella (MMR) Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Measles Rubella Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Medication (Drugs)

See Drug Treatment

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ménière's Disease

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Meningitis

Affected Individual

See Infection - Acute

Contact

Discretionary Even if on prophylactic antibiotics, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Meningococcal Meningitis Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Menopause

Discretionary Accept.

See if Relevant Hormone Replacement Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Mental Health Problems

Obligatory **Must not donate if:**
Not able to fully understand and consent to the donation process and to the testing of their blood for diseases that may affect its suitability for use.

See if Relevant Communication Difficulties

Additional Information Many people have mental health problems that can be controlled with regular medication. Providing individuals are well on the day of donation and have the mental capacity to give full informed consent, there is no reason why they cannot donate whether on medication or not. Individuals who are over anxious, depressed, manic or psychotic cannot always give valid consent, or fully understand why they are being asked certain questions.

Reason for Change To ensure that all donors with mental health conditions can donate if they are well enough to do so and have the mental capacity to give full informed consent.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Migraine

Obligatory **Must not donate if:**
a) Attacks are frequent, severe, and require regular treatment.

b) On prophylaxis with clonidine.

Discretionary If on prophylaxis with beta-blockers or pizotifen (Sanomigran), accept.

See if Relevant Headache

Additional Information Migraine is caused by a disturbance in the normal blood flow to parts of the brain. In its more severe forms it can be severely disabling. By not accepting people with the more severe forms of migraine we hope to prevent precipitating an attack through the process of donating blood. Any donor who has had severe migraine associated with giving blood on more than one occasion should be advised not to continue as a donor.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Mitral Valve Prolapse

See Cardiovascular Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Molar Pregnancy

Hydatidiform Mole

See Pregnancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

MRSA

Methicillin Resistant Staphylococcus Aureus

See if Relevant Infection - General

Additional Information Staphylococcus aureus is a widely occurring skin commensal. The carrier status or exposure of the donor is not relevant to donation.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Multiple Sclerosis

Obligatory **Must not donate.**

Additional Information As the cause of multiple sclerosis is not certain and there is a possibility that there is an underlying infectious agent, donation is not permitted.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Mumps

Affected Individual

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Mumps Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Muscular Dystrophy

Obligatory **Bone Marrow Donor:**

Must not donate.

Discretionary **PBSC Donor:**
Accept if able to tolerate the length of the procedure.

See if Relevant Disabled Donor

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myalgic Encephalomyelitis

See Post Viral Fatigue Syndrome

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myasthenia Gravis

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myelodysplastic Syndrome

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myeloproliferative Syndrome

Obligatory **Must not donate.**

Reason for Change This entry has been added to clarify the eligibility of donors with this condition.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myocarditis

Obligatory **Must not donate if:**
Less than 12 months from recovery.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myomectomy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Myxoedema

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Narcolepsy

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Needle-Stick Injury

See Inoculation Injury

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Neotigason

Acitretin

See Acne
Psoriasis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Nephrectomy

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Nephritis

See Kidney Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Neurofibromatosis

Obligatory **1. Must not donate if:**
History of malignant change.

2. Bone Marrow Donor:
Inform anaesthetist.

Additional Information The anaesthetist should be informed because of the risk of pheochromocytoma.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Neurological Conditions

See Central Nervous System Disease

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Neurosurgery

Obligatory **Must not donate.**

Discretionary a) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.

b) If burr hole surgery only, accept.

c) If it can be shown that Dura Mater was not used during surgery and there is no evidence of malignancy, the donor may be accepted by a **Designated Medical Officer**.

See if Relevant Malignancy
Prion Associated Diseases
Surgery

Update Information This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Night Sweats

Obligatory **Must not donate if:**
Unexplained.

Discretionary If due to the menopause, accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Non-Specific Urethritis

Acute

See Infection - Acute

Chronic

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Nonsteroidal Anti-Inflammatory Drugs (NSAID)

Obligatory Assess reason for treatment and see relevant entry.

Must not donate if:
Taken for a serious long-term illness including cardiovascular disease.

Discretionary If medication is self prescribed and the donor meets other criteria, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

NSAID

See Nonsteroidal Anti-Inflammatory Drugs (NSAID)

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

NSU

See Non-Specific Urethritis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Obesity

See Weight

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ocular Surgery

See if Relevant Eye Disease
Laser Treatment
Malignancy
Ocular Tissue Recipient

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ocular Tissue Recipient

Obligatory **Must not donate if:**
Has received a corneal, scleral or limbal tissue graft or limbal or corneal epithelial cells.

Additional Information If the surgery was performed after 1997 and the tissue was supplied through UK Transplant, this information will be stored on the National Transplant Database.

See Prion Associated Diseases

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Operations

See if Relevant Transfusion

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Orf

Contagious Pustular Dermatitis

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Organ Donor

Discretionary Accept.

See if Relevant Transfusion

See Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Organ Recipient

See Tissue and Organ Recipients

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Oseltamivir

See Tamiflu®

Osteoarthritis

Discretionary Accept.

See if Relevant Disabled Donor
Nonsteroidal Anti-Inflammatory Drugs

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Osteomalacia

See if Relevant Disabled Donor

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Osteomyelitis

Obligatory **Must not donate if:**
Less than two years from completing treatment and cure.

Additional Information Sometimes it is difficult to be certain that all infection has been eliminated. Waiting two years minimizes the risk of any infection being passed on by a donation.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Osteoporosis

Obligatory **Bone Marrow Donor:**
Must not donate.

Discretionary **PBSC Donor:**
If on treatment to prevent or treat, accept.

See if Relevant Disabled Donor
Steroid Therapy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ovarian Cyst

Obligatory **Must not donate if:**
Malignant.

See if Relevant Malignancy
Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Paget's Disease of Bone

Including Osteitis Deformans

See if Relevant Disabled Donor
Nonsteroidal Anti-Inflammatory Drugs

Additional Information Paget's disease of bone is very common in the UK affecting about 1 in 20 adults aged over 50 years. The cause is not known. Many people with the condition have no symptoms and so will be accepted by the blood and tissue services. There is no evidence that it is spread by donation. It is most commonly treated with painkillers and bisphosphonates. The use of these drugs is accepted for other conditions, so there seems no reason why individuals with Paget's disease of bone on treatment should not be accepted, provided that they are otherwise acceptable.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pain Killers

Obligatory Assess reason for treatment and see relevant entry.

Must not donate if:
Taken for a serious long-term illness.

See if Relevant Nonsteroidal Anti-Inflammatory Drugs (NSAID)

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Paratyphoid

See Chronic Infection

Reason for Change To replace the entry for paratyphoid with a link to chronic infection. By using a link it will make future changes to the guidelines simpler.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 17

Peptic Ulcer

Including Gastric and Duodenal Ulcer and Erosions

Obligatory **Must not donate if:**
Associated with malignant change.

See if Relevant Surgery
Transfusion

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pericarditis - Viral

See Infection - Acute

Update Information This entry was last updated in

TDSG-BM Edition 203, Release 02

Periods

Obligatory **Must not donate if:**
Period has been missed.

Discretionary If pregnancy can be excluded and the donor is well, accept.

See if Relevant Pregnancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Peritonitis

See Infection - General
Surgery

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Peritonsillar Abscess

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Permanent Make-Up

See Body Piercing

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Perthes' Disease

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Petit Mal

See Epilepsy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Phlebitis

Obligatory **Must not donate if:**
a) More than one episode in 12 months.

b) Less than seven days off treatment.

Discretionary If recovered , accept.

See if Relevant Anticoagulant Therapy
Nonsteroidal Anti-Inflammatory Drugs (NSAID)

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pituitary Extract - Human

Including Adrenocorticotrophic Hormone, Follicle Stimulating Hormone, Gonadotrophin, Growth Hormone, Luteinising Hormone, Thyroid Stimulating Hormone.

Obligatory **Must not donate if:**
Has ever received injection(s) of Human Pituitary Extract.

See if Relevant Growth Hormone
Prion Associated Diseases

Additional Information Human Pituitary Extracts have been contaminated with abnormal prions and have led to the spread of Creutzfeldt-Jakob Disease (CJD). They have been used to treat growth hormone deficiency and infertility. They have also been used in diagnostic tests to see if other endocrine glands such as the thyroid and adrenal work normally. They have not been used in the UK since 1985 and it is thought that all those exposed to these extracts have been notified of their increased risk of CJD. It is uncertain as to when their use stopped in other countries.

Donors that have been given only synthetic pituitary hormones or gonadotrophin made from urine may be accepted.

Reason for Change Additional information has been added for clarity.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Platelet Disorder

Obligatory **Must not donate if:**
a) Causes excessive bleeding or bruising.
b) Has thromboctocytosis.

See if Relevant Haematological Disease
Immune Thrombocytopenia
Thrombocytosis

Additional Information Platelet counts in excess of 500 x 10^9 should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.

Reason for Change Thrombocytosis and relevant links have been added.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pleurisy

See if Relevant Infection - General
Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pneumococcal Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pneumonia

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pneumothorax

Spontaneous

Obligatory **Must not donate if:**
a) Not recovered.

b) Associated with emphysema.

Traumatic

See Accident

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polio Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polio Injected Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polio Oral Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polycystic Kidney Disease

Obligatory **Bone Marrow Donor**:
Request an anaesthetic assessment.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polycythaemia

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Polymyalgia Rheumatica

See Autoimmune Disease

Reason for Change To include Polymyalgia Rheumatica under Autoimmune Disease.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Porphyria

Obligatory **Must not donate if:**
Suffers from porphyria.

Discretionary If the potential donor suffers from Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP) or Hereditary Coproporphyria (HCP), accept.

See if Relevant Hepatitis

Additional Information Porphyria Cutanea Tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin.

Erythropoietic Protoporphyria (EPP) and Congenital Erythropoietic Porphyria (CEP) have porphyrins in the red cells causing the red cell life span to be reduced.

Reason for Change This is a new guideline.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 11

Post Viral Fatigue Syndrome

Including Myalgic Encephalopathy (ME) and Chronic Fatigue Syndrome (CFS)

Obligatory **Must not donate if:**
Not resolved.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pregnancy

Obligatory **Must not donate if:**
a) Pregnant.

b) Less than one week has passed for every completed week of a recent pregnancy.

c) Resulted in a malignant (invasive) Hydatidiform mole.

d) Resulted in a non-malignant (non-invasive) Hydatidiform mole and treatment and follow up is ongoing.

e) It is less than 7 days from the last dose of methotrexate.

See if Relevant Surgery
Transfusion

Additional Information Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. A week is needed for any residual methotrexate to clear the system.

Reason for Change The addition of information about methotrexate.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 14

Prion Associated Diseases

Including Sporadic, Familial and Variant Creutzfeldt-Jakob Disease (CJD), Gerstmann-Strãussler-Scheinker Disease and Fatal Familial Insomnia

Obligatory **Must not donate if:**
1. Diagnosed with any form of CJD, or other human prion disease.

2. Identified at increased risk of developing a prion associated disorder.
This includes:
a) Individuals at familial risk of prion-associated diseases (have had two or more blood relatives develop a prion-associated disease or have been informed following genetic counselling they are at risk).

b) Individuals who have been told that they have been put at increased risk from surgery, transfusion or transplant of tissues or organs.

c) Individuals who have been told that they may be at increased risk because a recipient of blood or tissues that they have donated has developed a prion related disorder.

d) Recipients of dura mater grafts.

e) Recipients of corneal, scleral or other ocular tissue grafts.

f) Recipients of human pituitary derived extracts.

g) **Since January 1st 1980**Recipients of any allogeneic human tissue.

Discretionary If the donor has had two or more blood relatives develop a prion-associated disease and, following genetic counselling, they have been informed that they are not at risk, accept. This requires confirmation by a **Designated Medical Officer**.

See if Relevant Pituitary Extract - Human
Tissue and Organ Recipients
Transfusion

Additional Information See the Position Statement on Creutzfeldt-Jakob Disease available in the JPAC Document Library.

Reason for Change To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over donors who have been previously transfused.

Update Information This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 22

Proctitis

Obligatory **Must not donate if:**
a) Due to ulcerative colitis.

b) Crohn's disease.

c) Requiring treatment.

Discretionary If due to other causes and not on treatment, accept.

See if Relevant Inflammatory Bowel Disease
Radiation Therapy

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Proscar

See Finasteride (Proscar)

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Prostatectomy

See Surgery

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Prostitutes

Obligatory **Must not donate.**

See if Relevant Tissues Safety Entry

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Psoriasis

Obligatory **Must not donate if:**
a) Has ever taken Etretinate (Tigason).

b) Less than 24 months from the last dose of Acitretin (Neotigason).

c) Generalized or severe.

d) Associated with arthropathy.

e) There is secondary infection.

Discretionary If mild, the venepuncture/harvest site is unaffected and only using topical treatment, accept.

Additional Information Psoriasis is primarily a skin condition caused by an autoimmune process. About one in ten people with psoriasis may develop joint problems (psoriatic arthropathy). Sometimes the disease is treated with powerful drugs to suppress the underlying autoimmune process. This may alter the body's defence mechanisms to infection. In such cases donations should not be taken.

See Autoimmune Disease

Reason for Change There has been an increase in the deferral period after using acitretin (Neotigason®) from 12 to 24 months.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 14

Psychiatric Problems

See Mental Health Problems

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pulmonary Embolism

See Thrombosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pyelonephritis

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Pyrexia

Not Related to Travel in Malarious Areas

Obligatory **Must not donate if:**
Less than two weeks from an episode of pyrexia.

Discretionary If related to a common cold or other upper respiratory tract infection from which the donor is now recovered or recovering, accept.

See if Relevant Infection - General

Additional Information A raised temperature may be a sign of an infection, which could be passed on through a donation. Waiting two weeks from when the temperature returns to normal reduces the risk of infection being transmitted by the donation.

There is no evidence that common colds and upper respiratory tract infections can be passed on by donation but it is still necessary to wait until any such infection is obviously getting better before allowing donation.

Related to Travel in Malarious Areas

See Malaria

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Pyruvate Kinase Deficiency

Obligatory **1. Must not donate if:**
Severe.

2. If accepted, must inform:
Anaesthetist.
Transplant Centre.

Additional Information This is an autosomal recessive red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a **Designated Medical Officer**.

Reason for Change The entry has been brought into line with the guideline for 'G6PD Deficiency'.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Q Fever

Obligatory **Must not donate.**

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Quinsy

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Rabies

Infection

Obligatory **Must not donate.**

See if Relevant Animal Bite

Immunization - Post Exposure

Obligatory **Must not donate until:**
At least 12 months post exposure and fully cleared by treating physician.

Immunization - Non-exposed

Discretionary If non-exposed, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Radiation Therapy

Obligatory **Must not donate if:**
a) For malignancy other than basal cell carcinoma.

b) For other treatments:
Refer to a Designated Medical Officer.

See if Relevant Basal Cell Carcinoma
Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Radionuclides

Obligatory **1. Radioactive iodine therapy:**
Must not donate if:
a) For malignancy.

b) Administered in the preceding six months.

2. Other treatment or investigation:
Refer to a Designated Medical Officer.

See if Relevant Malignancy
Thyroid Disease

Additional Information In general those used for diagnostic purposes are cleared within 24 hours. Some, e.g. radioactive iodine, have long half-lives and affected donors must not be accepted unless at least six months have passed.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Raynaud's Syndrome

Obligatory **Must not donate if:**
a) Part of a multisystem disorder.

b) On treatment with vasodilators.

Discretionary If this is an isolated condition and the donor is not taking vasodilators, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Recipients of Normal Human Immunoglobulin

See if Relevant Hepatitis A
Immunosuppression
Immunoglobulin Therapy

See Transfusion

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Reiter's Syndrome

Discretionary If fully recovered, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Relapsing Fever

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Relenza®

Approved Name Zanamivir

Obligatory **Must not donate if:**
a) Taking Relenza® as treatment for influenza.

b) At any time in the seven days prior to, or while taking Relenza®, the donor has had symptoms of influenza, (a temperature of greater than 38°C, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea/vomiting).

Discretionary If the potential donor is taking Relenza® as prophylaxis, they have not been advised to be confined to home and have not had any symptoms of influenza, accept.

See if Relevant Infection - Acute

Additional Information Relenza® is a viral neuraminidase inhibitor (neuraminidase is an enzyme that helps the virus

spread from cell to cell). It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.

Reason for Change This is a new entry.

Update Information This entry was last updated in:
TDSG-BM Edition 203, Release 05.

Renal Colic

Obligatory **Must not donate if:**
a) Symptomatic.

b) Under investigation.

See if Relevant Infection - General

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Renal Disease

See Kidney Disease

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Respiratory Disease

Obligatory **Must not donate if:**
Out of breath on minimal exertion.

See if Relevant Infection - General
Steroid Therapy

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Resurfacing of Hip

See Surgery
Tissue and Organ Recipients

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Retinitis Pigmentosa

Discretionary Accept.

See if Relevant Disabled Donor

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Rheumatic Fever

Obligatory **Must not donate if:**
a) Has had more than one attack.

b) It is less than two years from any symptomatic disease.

c) Requires antibiotic cover for dental treatment.

Additional Information Rheumatic fever can cause damage to the heart valves and this could make it unsafe to donate.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Rheumatoid Arthritis

Discretionary If mild and the only treatment is NSAIDs, accept.

See if Relevant Disabled Donor
Nonsteroidal Anti-Inflammatory Drugs (NSAID)

See Autoimmune Disease

Reason for Change This entry is now linked to 'Autoimmune Disease'.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Ringworm

Obligatory **Must not donate if:**
a) Affecting site of venepuncture or harvest.

b) On systemic treatment.

Discretionary If on local treatment only, accept.

See if Relevant Infection - General

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Risk Factors

See Tissues Safety Entry

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Roaccutane

Isotretinoin

See Acne

Update Information This entry was last updated in

TDSG-BM Edition 203, Release 02

Rodent Ulcer

See Basal Cell Carcinoma

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Rubella

Acute Infection

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Rubella Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Salpingitis

See if Relevant Sexually Transmitted Disease

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sandfly Fever

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sarcoidosis

Acute

Obligatory

Must not donate if:
a) Not recovered.

b) Less than five years from both finishing all treatment and full recovery.

Discretionary

If more than five years since finishing all treatment and full recovery, accept.

Additional Information

Acute sarcoidosis is normally a self limiting disease and does not require treatment in about 90% of cases. The cause is not known but there appears to be an immune defect that can run in families. Because of the uncertainty with this condition, only potential donors who have fully recovered and been off all treatment for at least five years may donate.

Reason for Change

To align the guidance with that for blood donors, new guidance to accept donors who required treatment but who have made a full recovery and have been off all treatment for at least five years has been added.

'Additional Information" has been added.

Chronic

Obligatory

Must not donate.

Additional Information

Chronic sarcoidosis can cause a range of problems, particularly with the lungs but also with the heart, that may pose risks for a potential donor. The treatments used may also cause immunosuppression. For these reasons people with this condition should not donate.

Reason for Change

'Additional Information' has been added.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 17

SARS (Severe Acute Respiratory Syndrome)

Obligatory

Must not donate if:
a) Less than 21 days from leaving a country to which the Department of Health (DH) has advised deferring travel, because there is, or is thought to be, ongoing transmission of SARS.

b) Less than 21 days from last contact with a person with SARS.

c) Less than three months since recovery from SARS or possible SARS.

Discretionary

If more than 21 days has passed since return from a SARS endemic area, or from the last contact with a person affected by SARS and the donor has remained well, accept

Additional Information

Since 2004 there have not been any known cases of SARS reported anywhere in the world. Although the threat of SARS to public health seems to have passed, international health officials continue to remain vigilant. The World Health Organization (WHO) monitors countries throughout the world for any unusual disease activity.

Reason for Change

Under 'Additional Information' the extant entry states "DH advice can be found at: www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en under 'Latest health updates'." The site that this link used to go to no longer exists.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Schistosomiasis

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sclera Recipient

See Ocular Tissue Recipient

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Scleritis

See Inflammatory Eye Disease

Reason for Change To include an entry for 'Scleritis'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Self-Catheterization

Obligatory **Must not donate.**

Additional Information Donors who need to self-catheterize are likely to have bacteraemia following the procedure. Bacteria in a donation can lead to severe and even fatal reactions.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Semi-Permanent Make-Up

See Body Piercing

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sex Change

Discretionary Accept

Assessment of haemoglobin concentration should be according to the gender assigned

See if Relevant Tissues Safety Entry
Homosexual and Bisexual Individuals
Surgery

Additional Information

A careful and sympathetic consideration of sexual risk factors needs to be undertaken. There is no specific restriction regarding donation for male-sex-with-male behaviour, but it should be documented to facilitate an in depth discussion should the donor be a potential match for a patient. This ensures that the current practice of individual risk/benefit assessment prior to donation is continued.

The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

Assessment of haemoglobin concentration should be according to the gender assigned. The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. As part of the gender reassignment process the sex hormone levels are changed so that a woman who becomes a man will receive testosterone. This will result in the haemoglobin concentration rising to the higher range seen in men. The opposite will be true if a man becomes a woman.

Reason for Change

To allow the donation without a deferral period from donors with a history of male-sex-with-male behaviour.

For new links to be added.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Sexually Transmitted Disease

Infection

Obligatory

See:
Is there is a specific entry for the disease?

Must not donate if:
Less than 12 months from completing treatment.

See if Relevant

Tissues Safety Entry
Chlamydia
Genital Warts
Herpes - Genital
Syphilis

Sexual Partner

Obligatory

See:
Is there is a specific entry for the disease with which there has been contact?

Must not donate if:
a) Donor required treatment and it is less than twelve months since completing that treatment.

b) Donor did not require treatment and it is less than 12 months from the last sexual contact with the infected partner.

Discretionary

Donor did not require treatment and it is more than 12 months since the infected partner has completed treatment, accept.

See if Relevant

Tissues Safety Entry
Chlamydia
Genital Warts
Herpes - Genital
Syphilis

Reason for Change

Further discretionary advice has been added to allow acceptance of donors whose

partners have completed treatment over 12 months ago for syphilis.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 09

Shingles

Affected Individual

See Herpes Zoster

Reason for Change The links have been changed for clarity.

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sickle-Cell Disease

See Haemoglobin Disorders

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Sickle-Cell Trait

Obligatory

1. Bone Marrow Donor:
Inform Transplant Centre if:
Cells are from a donor that has sickle-cell trait.

2. PBSC Donor:
Must not donate.

Additional Information PBSC donors with sickle-cell trait may be at risk of their red cells sickling if the WBC becomes very raised following treatment with G-CSF.

Reason for Change PBSC donors with sickle-cell trait must not donate.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Skin Cancer

See Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Skin Disease

Obligatory **Must not donate if:**
a) The condition is infected or infectious.

b) Malignant.

c) Affecting site of venepuncture or harvest.

Discretionary If malignancy was a Basal Cell Carcinoma and treatment is completed, accept.

See if Relevant Acne
Dermatitis
Infection - General
Malignancy
Psoriasis

Reason for Change Malignancy has been added to Obligatory and additional links have been included.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Sleeping Sickness

(African Trypanosomiasis)

Obligatory **Must not donate.**

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Smallpox Immunization

Immunized Individual

Obligatory **Must not donate if:**
a) The inoculation site has not fully healed.

b) Any secondarily infected site has not fully healed.

c) Less than eight weeks from inoculation or from the appearance of any secondarily infected site.

Additional Information Smallpox immunization is with live virus. By eight weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed it is possible that there may still be infection present. We do not want to pass the virus, or other infection, on to either donors or staff, or to people receiving stem cells.

Contacts

Obligatory **Must not donate if:**
a) Any secondarily infected site has not yet healed.

b) Less than eight weeks after secondarily infected site appeared.

Discretionary If no new skin lesions, accept.

Additional Information Close contacts of vaccinees (household or direct bodily contact) may become secondarily infected from direct skin contact with an infected inoculation site or from virus on clothing, bedding, dressings etc. If infection occurs, a new skin rash, blister or sore appears at the site of contact, which could be anywhere on the body. The

rash represents a secondary vaccination site and presents exactly the same potential risk to patients, other donors and staff as that of a person who has been intentionally immunized.

Update Information This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Snake Bite

Obligatory **Must not donate until:**
Recovered.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

South American Trypanosomiasis

Obligatory **Must not donate.**

See if Relevant South American Trypanosomiasis Risk

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

South American Trypanosomiasis Risk

Obligatory **Must not donate if:**
a) Born in South America or Central America (including Southern Mexico).

b) Mother was born in South America or Central America (including Southern Mexico).

c) Has had a transfusion in South America or Central America (including Mexico).

d) Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.

Discretionary 1) For situations other than transfusion, if at least six months from the date of the last exposure, a validated test for T. cruzi antibody is negative, accept.
2) If transfused before 1st January 1980 and a validated test for T. cruzi antibody is negative, accept.
3) If less than six months following the date of last exposure, discuss with a **Designated Medical Practitioner.**

See if Relevant Geographical Disease Risk Index for countries with T. cruzi risk
Transfusion

Additional Information Infection with T. cruzi is very common in many parts of South or Central America and is often symptomless. It can be passed from an infected mother to her unborn baby and by transfusion. The insect that passes the infection on is only common in rural areas and the greater time that an individual has spent living in housing conditions with thatched roofs or mud lined walls which harbour the insect vector, the greater their risk of becoming infected. Testing is available and should be performed if there is a possibility of infection. Waiting six months from the last time of exposure allows time for the antibodies that are tested for to develop.

Camping or trekking in the jungle in South or Central America (including Southern Mexico) is not considered of high enough risk to merit exclusion.

Reason for Change 'Additional Information' has been amended.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Spherocytosis

See Hereditary Spherocytosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Spina Bifida

Obligatory **Must not donate if:**
a) Has an indwelling shunt.

b) Uses a catheter.

c) Has a pressure sore.

See if Relevant Disabled Donor

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Spinal Surgery

See if Relevant Neurosurgery
Surgery
Transfusion

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Splenectomy

Obligatory **Must not donate if:**
a) For malignancy.

b) For a myeloproliferative disorder.

c) For immune thrombocytopenia (ITP).

d) For haemolytic anaemia.

Discretionary a) If for trauma, when recovered accept.

b) If taking prophylactic antibiotics, accept.

See if Relevant Immune Thrombocytopenia
Malignancy
Surgery
Transfusion

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Squamous Cell Carcinoma

See Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Steroid Therapy

Obligatory

1. Must not donate if:

a) Regularly taking steroid tablets, injections or enemas, or applying creams over large areas.

b) The donor has needed treatment to suppress an autoimmune condition in the last 12 months.

c) Less than seven days after completing a course of oral or injected steroids for disorders associated with allergy.

2. Bone Marrow Donor:
Inform anaesthetist if:
Course of steroids in last month.

Discretionary

a) If occasional use of creams over small areas of skin for minor skin complaints, accept.

b) If using steroid inhalers for prophylaxis, accept.

See if Relevant

Autoimmune Disease
Skin Disease
Tissue and Organ Recipients

Additional Information Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

Reason for Change To clarify when donors who have used steroid therapy may donate.

Update Information Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 02

Stroke

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Subacute Bacterial Endocarditis

SBE

See Endocarditis

Reason for Change This entry is replaced by the entry for Endocarditis. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Surgery

Definition

Major Surgery:
Any surgical procedure that required an inpatient stay of more than five nights or involved the use of a flexible endoscope.

Obligatory

Must not donate if:
a) For malignancy.

b) All wounds are not healed.

c) There is any infection.

d) Normal mobility has not been regained.

e) Less than six months from major surgery.

f) Less than seven days from other surgery.

g) Requiring post-operative treatment, or attending hospital regularly.

Discretionary

1. Malignancy:
If for Cervical Carcinoma in Situ (CIN) or Basal Cell Carcinoma and all other criteria are fulfilled, accept.

2. Major surgery:
a) If more than four months from the procedure and NAT for HCV is performed, accept.

b) If less than four months from the procedure, discuss with the **Designated Medical Officer** who will decide if the donor may be accepted on a balance of risks following discussion with the Transplant Centre.

See if Relevant

Anaesthetic
Basal Cell Carcinoma
Cervical Carcinoma in Situ
Neurosurgery
Ocular Surgery
Tissue and Organ Recipients
Transfusion
Xenotransplantation

Additional Information

Surgery may cause significant blood loss. It is important that donors waiting for an operation should not be put at risk of anaemia or poor iron stores by donating prior to planned surgery. Unless the type of surgery planned is unlikely to result in significant blood loss the donor should be deferred until after their planned surgery. This will minimize their own chance of needing a transfusion, which would of course prevent them from continuing as a donor. It is also important not to hinder the recovery of the donor. This requires waiting until they are fully recovered before they donate again.

Surgery may place the donor at risk of infection, either from unhealed wounds or due to infection risks from infected staff or equipment. Although these risks are very small it is important to wait long enough for the risks to have gone or until the tests performed by the Blood & Tissues Services can pick up any infection that they test for that may have been transmitted to the donor by surgery.

Reason for Change

The 'Discretionary" entry has been modified and a link to 'Ocular Surgery' has been added.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 02

Syphilis

Obligatory **Must not donate.**

Discretionary If fully treated in the past and confirmatory tests exclude recent infection, discuss with a **Designated Medical Officer**.

Additional Information The interpretation of syphilis testing is often difficult. The advice of an experienced microbiologist may be required before a decision on safety can be made.

Reason for Change The 'Discretionary' entry has been modified.

'Additional Information' has been added.

Update Information Part of this advice is a requirement of the EU Tissue & Cells & Cells Directive.

This entry was last updated in
TDSG-BM Edition 203, Release 02

Syphilis Sexual Contact

See Sexually Transmitted Disease

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Systemic Lupus Erythematosus

Obligatory **Must not donate.**

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Tamiflu®

Approved Name Oseltamivir

Obligatory **Must not donate if:**

a) Taking Tamiflu® as treatment for influenza.

b) At any time in the seven days prior to, or while taking Tamiflu®, the donor has had symptoms of influenza, (a temperature of greater than 38°C, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea/vomiting).

Discretionary If the potential donor is taking Tamiflu® as prophylaxis, they have not been advised to be confined to home and have not had any symptoms of influenza, accept.

See if Relevant Infection - Acute

Additional Information Tamiflu® is a viral neuraminidase inhibitor (neuraminidase is an enzyme that helps the virus spread from cell to cell). It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.

Reason for Change This is a new entry.

Update Information This entry was last updated in:
TDSG-BM Edition 203, Release 05.

Tamoxifen

Obligatory **Must not donate:**
a) If used for malignancy.

b) While taking tamoxifen for non-malignant conditions.

See if Relevant Infertility

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tattoo

See Body Piercing

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Temporal Arteritis

See Autoimmune Disease

Reason for Change The entry has been changed for consistency from 'Must not donate' to 'See Autoimmune Disease'.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tetanus Immunization

Obligatory **Must not donate if:**
Less than four weeks from exposure.

Discretionary If non-exposed, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Thalassaemia Major

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Thalassaemia Trait

See Haemoglobin Disorders

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Therapeutic Venesection

Obligatory **Must not donate.**

Discretionary **1.** If for haemochromatosis, accept.

2. Bone marrow donation:
If for confirmed secondary polycythaemia, ask for anaesthetic opinion.

See if Relevant Haemochromatosis

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Threadworms

Discretionary Even if on treatment, accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Thrombosis

Obligatory **1. Must not donate if:**
a) Due to atherosclerosis (e.g. coronary thrombosis).

b) History of axillary vein thrombosis.

c) Recurrent thrombosis.

d) Less than seven days after completing anticoagulant therapy.

e) Has a thrombophilic trait and has had one or more episodes of thrombosis.

2. Bone Marrow Donor:
Inform anaesthetist of past history of thrombosis.

Discretionary a) If a specific cause for an isolated deep vein thrombosis or pulmonary embolism has been identified, not of itself a reason for exclusion, and anticoagulant therapy has been stopped for at least seven days, accept.

b) Has a thrombophilic trait and has never had an episode of thrombosis, accept.

See if Relevant Anticoagulant Therapy
Malignancy

Additional Information Unexplained DVT is associated with an increased risk of atherosclerosis NEJM 348(15) 1435.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Thrush - Oral

Obligatory **Must not donate if:**
a) Unexplained.

b) Related to immunodeficiency.

c) Less than seven days after completion of treatment.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Thrush - Vaginal

Obligatory **Must not donate if:**
a) Related to immunodeficiency.

b) Less than seven days after receiving systemic therapy.

Discretionary If not related to immunodeficiency, even if using local therapy, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Thyroid Disease

Obligatory **Must not donate if:**
a) Under investigation.

b) Malignant.

c) Less than six months from treatment with radioactive iodine therapy.

d) Less than 24 months from stopping treatment with anti-thyroid tablets.

Discretionary If on stable maintenance treatment with thyroxine, accept.

See if Relevant Autoimmune disease
Beta Blockers
Surgery

Reason for Change Links to 'Autoimmune Disease' and 'Beta Blockers' have been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Thyroxine

See Thyroid Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tick-Borne Encephalitides

See Infection - Acute

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tick-Borne Encephalitis Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tigason

Etretinate

Obligatory **Must not donate if:**
Has ever taken Etretinate (Tigason).

See if Relevant Acne
Psoriasis

Reason for Change The entry has been changed to be the same as for Etretinate.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tissue and Organ Recipients

Obligatory **Must not donate if:**
1. At any time:
a) Has needed immunosuppression.

b) Dura mater transplanted.

c) Ocular tissue transplanted.

d) Xenotransplant performed.

2. Since January 1st 1980:
Refer to a Designated Medical Officer if the donor has received an allogeneic tissue transplant.

Discretionary **1.** a) If an allogeneic tissue transplant was performed before January 1st 1980 and there is no other reason to exclude the donor, accept.

b) If at anytime a non-stored autologous tissue or organ has been transplanted, accept.

2. Donor who has received an allogeneic tissue transplant since January 1st 1980
The full transplant/transfusion history must be recorded and the donation may only be issued after a documented risk assessment has been performed by the **Designated Medical Officer**. This must take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donation.

See if Relevant Immunosuppression
Ocular Tissue Recipient
Prion Associated Diseases
Xenotransplantation

Additional Information The transfer of tissues or organs between individuals and species has lead to the spread of infection. The above guidelines are intended to minimize these risks.

There is now a concern that this could also happen with vCJD. This is because 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 who have received a tissue or organ transplant since 1980 are now required to have a risk assessment performed. This date is before BSE, which is believed to have caused vCJD, was prevalent. The **Designated Medical Officer** should consider the availability of alternative donors and discuss the risks and benefits with the physician of the intended recipient. This risk assessment should be shared with the recipient, or their next of kin as appropriate.

See Surgery
Transfusion

Reason for Change To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over donors who have been previously transfused.

The term 'Xenotransplant' has replaced 'Animal tissue' under **Must not donate if:**.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Tissue Recipient

See Tissue and Organ Recipients

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Tissues Safety Entry

Obligatory Information must be provided so that those at risk do not donate.

1. You must not donate if:
You think you need a test for HIV/AIDS, HTLV or hepatitis.

2. You must never donate if:
a) You are HIV positive
b) You are HTLV positive
c) You are a hepatitis B carrier
d) You are a hepatitis C carrier
e) You have ever received money or drugs for sex
f) You have ever injected, or been injected with, drugs; even a long time ago or only once. This includes bodybuilding drugs and injectable tanning agents. You may be able to give if a doctor prescribed the drugs. Please ask.

3. You must not donate for at least 12 months after sex (even if you used a condom or other protective) with:
A partner who is, or you think may be:
a) HIV or HTLV positive
b) A hepatitis B carrier
c) A hepatitis C carrier
d) A partner who has ever received money or drugs for sex
e) A partner who has ever injected, or been injected with, drugs: even a long time ago or only once. This includes bodybuilding drugs. You may be able to give if a doctor prescribed the drugs, please ask.
f) A partner who has been, or you think may have been, sexually active in parts of the world where HIV/AIDS is very common. This includes most countries in Africa. There are exceptions, so please ask.

4a. For donors of haematopoietic progenitor cells, pancreatic islet cells or hepatocytes:

There are no specific restrictions regarding donation after male-sex-with-male sexual contact, instead a documented individual risk/benefit donor assessment is required.

4b. For donors of tissues/cells other than haematopoietic progenitor cells, pancreatic islet cells or hepatocytes:

You must not donate for at least 12 months after sex (even if you used a condom or other protective) with:
a) (If you are a man): another man.
b) (If you are a woman): A man who has ever had oral or anal sex with another man, even if they used a condom or other protective.

See if Relevant

Addiction and Drug Abuse
Homosexual and Bisexual Individuals
Hepatitis of Viral Origin
HIV
HTLV
Infection - General

Additional Information The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

Reason for Change For haematopoietic progenitor cells, pancreatic islet cells or hepatocytes to place no specific restrictions regarding donation after male-sex-with-male sexual contact. Instead to ensure that a documented individual risk/benefit donor assessment is required to allow donation.

For other banked tissues/cells (eg amnion, bone, cornea ,heart valves, skin and tendon) to remove the current lifetime deferral and allow donation 12 months after last male-sex-with-male sexual contact.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Toctino

See Alitretinoin

Reason for Change New entry.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 17

Topical Medication

Obligatory **Must not donate if:**
There is broken or infected skin at the site of venepuncture or harvest.

Discretionary If the condition being treated does not exclude, accept.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Toxoplasmosis

Obligatory **Must not donate if:**
Less than six months from recovery.

Additional Information This is a common parasitic infection, often spread by cat faeces or eating undercooked meat. It can be spread through transfusion. It may have serious consequences or even prove fatal for the recipient. Usually it does not cause symptoms, as the body's immune system easily overcomes the parasite. If the infection has caused symptoms that has lead to it being diagnosed, waiting six months from recovery will make it unlikely that it will be passed on by donation.

Reason for Change Entry has been simplified following a risk assessment by SACTTI.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 14

Transfusion

Including Treatment with Blood Components, Products and Derivatives.

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.

b) Treated with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.

2. Refer to a Designated Medical Officer 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, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.

b) 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 small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin etc.), accept.

2. Autologous Transfusion in the United Kingdom:
If **only** the donor's own blood has been used, accept.

3. Donor transfused before 1st January 1980 in a country endemic for malaria or South American trypanosomiasis:
a) If the donor received, or thinks they may have received, before 1st January 1980 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 since January 1st 1980:
Discuss with the **Designated Medical Officer** who will decide if the donor may be accepted following a documented risk assessment. This must take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donor.

See if Relevant

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

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 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 must have a documented risk assessment performed. This date is before BSE, which is believed to have caused vCJD, was prevalent. The assessment should be discussed with the physician of the intended recipient and should be shared with the recipient, or their next of kin as appropriate.

Reason for Change To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is concern over a possible second wave of cases of vCJD from accepting donors who have been previously transfused.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Transient Ischaemic Attacks

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Trauma

See Accident

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Travel

See if Relevant Geographical Disease Risk Index
Malaria
South American Trypanosomiasis Risk
Infection - Tropical

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tropical Areas

See Infection - Tropical
Geographical Disease Risk Index

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tropical Diseases

See Infection - Tropical

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tropical Viruses

Definition To include Dengue Virus, Dengue Fever and Chikungunya Virus, also known as CHIKV, Zika Virus and Zika Virus Fever.

Tropical Virus Endemic Areas: are shown in the 'Geographical Disease Risk Index' (GDRI) as a Tropical Virus Risk.

Obligatory

Must not donate if:

a) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has been diagnosed with chikungunya, dengue or zika virus infection whilst there or following their return to the UK.

b) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has either had a history of symptoms suggestive of chikungunya, dengue or zika virus infection whilst there or following their return to the UK.

c) In other cases it is less than four weeks from a donor's return from a Tropical Virus Risk endemic area.

Discretionary All donors may be accepted six months after their return from an affected area or resolution of symptoms. This may be reduced to four weeks, if they have had neither symptoms nor evidence of infection.

See if Relevant

Infection - General
Malaria
South American Trypanosomiasis
The 'Geographical Disease Risk Index'

Additional Information Chikungunya is an alpha virus that can cause a wide spectrum of disease. This may range from no or minimal symptoms to death. Most commonly it causes arthritis (typically in the knee, ankle and small joints of the extremities), high fever and a maculopapular rash.

It is geographically widespread but since 2005 it has reached epidemic proportions in parts of India and islands in the Indian Ocean. It is known to be spread by blood in symptomatic cases and on theoretical grounds could be spread by transfusion and transplantation of tissues and organs from people with pre-symptomatic or asymptomatic disease. A number of visitors returning from endemic areas to the UK have been diagnosed with this infection.

Dengue Virus is a flavivirus that typically gives rise to abrupt high fever with a range of accompanying symptoms. Dengue fever (DF) is the most common arthropod borne disease worldwide. Dengue is currently considered endemic in approximately 128 countries.

Overall, 15-90% of cases may have an asymptomatic course of infection, but clinical presentation varies with age group. However there is a risk of change in disease presentation and potential for increased incidence of more severe disease in older age groups due to co-circulation of different dengue types and emergence of new types in endemic areas patterns.

Zika virus is a flavivirus that is transmitted to humans through the bite of a carrier mosquito. Zika infection is a rapid acute infection that in the majority of cases is asymptomatic or has very mild general symptoms. A small number of cases may have more apparent symptoms but hospitalisation is rare. Zika infection may be mistaken for Chikungunya or Dengue infections as the virus often co-circulate.

The main vector for chikungunya virus, dengue virus and zika virus is Aedes aegypti (Aedes albopictus is another emerging vector), which is found worldwide between latitudes 35ºN and 35ºS. There is no epidemiologically important animal reservoir for Chikungunya, Dengue or

Zika viruses. The main areas affected by all 3 viruses include the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, SE Asia, Indian sub-continent, Hawaii. Additionally Dengue fever has been reported in Japan and Australia

The main vector for chikungunya virus and dengue virus, Aedes aegypti (Aedes albopictus is another emerging vector), is found worldwide between latitudes 35ºN and 35ºS and Dengue is currently considered endemic in approximately 128 countries. There is no epidemiologically important animal reservoir. The main areas affected include the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, SE Asia, Indian sub-continent, Hawaii, Japan and Australia, where Dengue Fever has been reported.

As the problem can vary both in relation to geography and time of the year it is not possible to state areas from which donors need to be deferred or dates of disease activity. These are provided in the Geographical Disease Risk Index.

Position statements are available in the JPAC Document Library.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Reason for Change Information about Zika virus has been added.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 23.

Trypanosoma Cruzi Infection

Obligatory **Must not donate.**

See if Relevant South American Trypanosomiasis Risk

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tuberculosis

Affected Individual

Obligatory **Must not donate if:**
a) Infected.

b) Less than 24 months from confirmation of cure.

c) Under follow-up.

See if Relevant BCG
Heaf Test
Mantoux Test

Contact

Obligatory **Must not donate until:**
Screened and cleared.

Discretionary If the donor has been informed that they do not need to be screened, accept.

See if Relevant BCG
Heaf Test
Mantoux Test

Additional Information Tuberculosis can be present in many tissues and be spread through the blood stream. It is sensible to exclude people who may have active disease from donating to prevent any possibility of transmitting the infection.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Tumour Chemotherapy

See Malignancy

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Turner's Syndrome

Discretionary Accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Typhoid

See Chronic Infection

Reason for Change To replace the entry for typhoid with a link to chronic infection. By using a link it will make future changes to the guidelines simpler.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 17

Typhoid Injected Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Typhoid Oral Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Ulcerative Colitis

See Inflammatory Bowel Disease

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Urethritis (Non-Specific)

See Non-Specific Urethritis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Urinary Tract Infection

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Vaccination

See Immunization

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Varicose Veins

Discretionary Accept.

See if Relevant Phlebitis
Surgery
Thrombosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Vasculitis

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Viral Disease

See Infection - General

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Viral Haemorrhagic Fever

1. Affected Individual

Obligatory **Must not donate**

2. Contact or traveller to endemic country

Obligatory **Must not donate if:**
Less than 6 months from last contact with an affected individual or travel to an endemic country

Discretionary If more than 6 months from last contact, completion of investigations or return to the UK from endemic country, accept

See if Relevant The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk

Additional Information These infections have very high death rates and there is evidence that the virus may persist for some time after recovery.

Reason for Change Guidance for travellers to endemic countries and contacts with these infections has been updated.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 23.

Vitamin Treatment

Obligatory **Must not donate if:**
On prescribed medication to treat a deficiency.

Discretionary If on oral self-medication or prescribed treatment to prevent deficiency, accept.

Additional Information People who are on treatment for a vitamin deficiency should not donate even if they pass the haemoglobin-screening test. Once treatment is completed they should be accepted or excluded on the basis of the underlying condition that required treatment.
Vitamins are often prescribed to prevent deficiency. This might be for coeliac disease or for people wanting to conceive. Providing any underlying condition is not a reason to exclude, the donor should be accepted.

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Vitiligo

See Autoimmune Disease

Update Information This entry was last updated in
TDSG-BM Edition 203, Release 02

Von Recklinghausen's Disease

See Neurofibromatosis

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Von Willebrand's Disease

See Bleeding Disorder

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Warts

Discretionary Even if on local treatment, accept.

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Weight

Obligatory

1. Bone Marrow Donor:
Must not donate if:

a) Body Mass Index over 35.

b) Under 50 kg (7 stone 12 lbs.).

c) Obtain anaesthetic opinion if:
Body Mass Index between 30 and 35.

2. PBSC Donor:
Must not donate if:

a) Body Mass Index over 40.

b) Under 50Kg (7 stone 12 lbs).

c) The donor is so overweight that they have difficulty in getting onto or off the bleed bed.

d) Venous access is very difficult.

Discretionary

a) Potential PBSC donors with a BMI between 35 and 40 should be carefully assessed for other risk factors for cardiovascular disease before they are accepted as suitable.

b) Treatment with anti-obesity drugs, accept.

Additional Information

Blood service staff should not put their own health at risk by helping donors on and off the donation couch except in an emergency.

It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic. There is a minimum donor weight at which a donation can be accepted. This is not always appropriate.

Obesity also makes it desirable to use more than a donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals the blood volume can be seriously overestimated from weight

alone. Overestimating a donor's blood volume
makes it more likely that they will have an adverse incident.

Donors who are overweight or obese tend to have more moderate-severe pain with PBSC donation. BM harvest is technically a considerably more difficult
procedure in overweight donors. There is much evidence to support the concept that the morbidly obese in general (i.e., with a BMI >35) have a higher
risk of premature death, anesthetic complications and occult cardiovascular disease.

Reason for Change

The levels of BMI/weight at which a PBSC donor can be accepted have been changed to align with Anthony Nolan, DKMS, NMDP and Canadian current guidance and WMDA draft guidance.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 17

West Nile Virus

Definition

West Nile Virus (WNV) Endemic Areas:
These are shown in the 'Geographical Disease Risk Index' (GDRI).

Obligatory

Must not donate if:
a) It is less than six months from a donor's return from a WNV endemic area and the donor has been diagnosed with WNV whilst there or following their return.

b) It is less than six months from a donor's return from a WNV endemic area and the donor has either had a history of symptoms suggestive of WNV whilst there or within 28 days of their return.

c) In other cases it is less than four weeks from a donor's return from a WNV endemic area.

Discretionary

1) All donors may be accepted six months after their return from an affected area. This may be reduced to four weeks if they have had neither symptoms nor evidence of infection. For donors who have been back in the UK for less than four weeks, who have not been diagnosed with WNV infection and who have not had symptoms suggestive of WNV infection, if a validated NAT for WNV is to be undertaken on the donated component(s), accept.

2) Donors who have been back in the UK for less than six months, who have had symptoms suggestive of WNV infection while abroad or within 28 days of return, (but no firm diagnosis of WVN infection) if a validated NAT for WNV is to be undertaken on the donated component(s), accept.

See if Relevant

The 'Geographical Disease Risk Index'

Additional Information

West Nile Virus is a flavivirus, similar to Dengue, which causes a wide spectrum of infection. This may range from no or minimal symptoms to death. It is geographically widespread, including areas in Europe and other parts of the world not affected by Malaria, and it has reached epidemic proportions in North America in recent years. There it has caused illness and death post transfusion and post transplantation of tissues and organs. It is spread by mosquitoes and so is more prevalent at times of the year when mosquitoes are active.

As the problem can vary both in relation to geography and time of the year it is not possible to state areas from which donors need to be deferred and dates of disease activity. These are provided in the 'Geographical Disease Risk Index'.

A 'Position Statement on West Nile Virus (WNV)' is available in the 'Document Library' of 'www.transfusionguidelines.org'.

Reason for Change

To increase the deferral of donors following infection with West Nile Virus or symptoms suggestive of West Nile Virus Infection to six months and to remove the requirement for a negative NAT test for these donors prior to donation.

Update Information

This entry was last updated in:
TDSG-BM Edition 203, Release 22.

Whooping Cough

Infection

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Wilson's Disease

Obligatory **Must not donate.**

Update Information This entry was last updated in TDSG-BM Edition 203, Release 02

Xenotransplantation

Including
Xenografts
Heterografts
Non-Human Organ Perfusion

Recipient

Definition Any procedure that involves the transplantation, implantation, or infusion into a human recipient of either (a) live cells, tissues, or organs from a non-human animal source, or (b) human body fluids, cells, tissues, or organs that have had ex vivo contact with live, non-human animal cells, tissues, or organs. Xenotransplantation products include live cells, tissues and organs.

Biological products, drugs, or medical devices sourced from **nonliving cells**, tissues or organs from non-human animals, including but not limited to porcine insulin, porcine heart valves, and collagen matrices derived from acellular porcine, bovine or any other xenogeneic source (e.g. PelviSoft®, Bio-Oss®, Bio-Gide® and Surgibone®) are not considered xenotransplantation products.

Obligatory **Must not donate if:**
Material from a **living** non-human animal source has been directly or indirectly in contact with the donor's blood supply. This does not include animal bites.

Sexual Partners of Xenotransplant Recipients, Current and Former

Obligatory **Must not donate.**

Additional Information Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in infections that would not normally affect humans being passed on.

Reason for Change	Further guidance re Recipient definition
Update Information	This advice is a requirement of the EU Tissue & Cells Directive. This entry was last updated in TDSG-BM Edition 203, Release 24

XMRV

Discretionary	Donors who have been tested positive for XMRV, accept.
Additional Information	As there is no evidence that XMRV is implicated in human disease, a positive test is not a bar to donation.
Reason for Change	This is a new entry.
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 12 Issue 01

Yaws

Obligatory	**Must not donate.**
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Yellow Fever

See	Infection - Acute
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Yellow Fever Immunization

See	Immunization - Live
Update Information	This entry was last updated in TDSG-BM Edition 203, Release 02

Zanamivir

See	Relenza®

Latest Updates

This page lists all changes to TDSG-BM 203 after Release 02.
This pages constitutes **Section 2 of Appendix 1 - Changes to the donor selection guidelines**.

Changes introduced with Release 03
A change was made to the version control definitions and all Issue numbering information removed.
Bleeding Disorder See Change Notification No. 18 - 2007

Changes introduced with Release 04
Blood Pressure - High See Change Notification No. 1 - 2008
Appendix 4 removed See Change Notification No. 5 – 2008
This update also corrects an error where commas did not display in the A-Z topics content on the website.

Changes introduced with Release 05
Tamiflu® (oseltamivir) See Change Notification No. 30 - 2009
Relenza® (zanamivir) See Change Notification No. 31 - 2009

Changes introduced with Release 06
Acupuncture See Change Notification No. 33 - 2009
Complementary Therapy See Change Notification No. 35 - 2009

Changes introduced with Release 07
Body Piercing See Change Notification No. 02 - 2010
Inoculation Injury See Change Notification No. 04 - 2010
Endoscopy See Change Notification No. 05 - 2010

Changes introduced with Release 08
West Nile Virus (WNV) See Change Notification No. 09 - 2010

Changes introduced with Release 09
Immunization - Live See Change Notification No. 06 - 2011
BCG See Change Notification No. 07 - 2011
Infertility See Change Notification No. 08 - 2011
Sexually Transmitted Disease See Change Notification No. 09 - 2011

Changes introduced with Release 10
West Nile Virus (WNV) See Change Notification No. 11 - 2011

Changes introduced with Release 11
Porphyria See Change Notification No. 20 - 2011

Changes introduced with Release 12
XMRV See Change Notification No. 25 - 2011
Hepatitis C See Change Notification No. 27 - 2011

Changes introduced with Release 13
West Nile Virus (WNV) See Change Notification No. 05 - 2012

Changes introduced with Release 14
Acne See Change Notification No. 15 - 2012
Pregnancy See Change Notification No. 16 - 2012
Psoriasis See Change Notification No. 17 - 2012
Toxoplasmosis See Change Notification No. 18 - 2012

Changes introduced with Release 15
West Nile Virus (WNV) See Change Notification No. 01 - 2013

Changes introduced with Release 16
Hepatitis B See Change Notification No. 08 - 2013
Hepatitis B Post Immunization See Change Notification No. 09 - 2013
Infection - Chronic See Change Notification No. 10 - 2013

Changes introduced with Release 17
Acupuncture See Change Notification No. 02 - 2014
Alitretinoin, Toctino, Acne and Dermatitis See Change Notification No. 03 - 2014
Body Piercing See Change Notification No. 04 - 2014

Central Nervous System Disease See Change Notification No. 05 - 2014
Hepatitis B - Post Immunization See Change Notification No. 06 - 2014
Hepatitis B See Change Notification No. 07 - 2014
Hepatitis of Unknown Origin See Change Notification No. 08 - 2014
Kidney Disease See Change Notification No. 10 - 2014
Malignancy See Change Notification No. 11 - 2014
Mental Health Problems See Change Notification No. 12 - 2014
Sarcoidosis See Change Notification No. 13 - 2014
South American Trypanosomiasis Risk See Change Notification No. 14 - 2014
Paratyphoid and Typhoid See Change Notification No. 15 - 2014
Weight See Change Notification No. 16 - 2014

Changes introduced with Release 18
Change of Title See Change Notification No. 29 - 2014
Haematological Disease See Change Notification No. 30 - 2014
SARS See Change Notification No. 31 - 2014
Tissues Safety See Change Notification No. 32 - 2014
Homosexual and Bisexual Individuals See Change Notification No.34 - 2014
Sex Change See Change Notification No.38 - 2014

Changes introduced with Release 19
Viral Haemorrhagic Fever Risk See Change Notification No. 43 – 2014

Changes Introduced with Release 20
Communication Difficulties See Change Notification No.7 - 2015
Complementary Therapy See Change Noficiation No.8 - 2015
Infertility See Change Notification No.9 - 2015

Changes Introduced with Release 21
Complementary Therapy See Change Notification No. 12 - 2015
Injectable Tanning Agents See Change Notification No.15 - 2015

Changes Introduced with Release 22
Appendix 2 Table of Immunizations See Change Notification No. 04 - 2016
Tropical Viruses See Change Notification No. 08 - 2016
West Nile Virus See Change Notification No. 09 - 2016
Viral Haemorrhagic Fever See Change Notification No. 11 -2016

Changes Introduced with Release 23

Tropical Viruses See Change Notification No. 014 - 2016
Viral Haemorrhagic Fever See Change Notification No. 015 - 2016

Changes Introduced with Release 24

Endoscopy See Change Notificaiton No. 24 - 2016
Severe Excercise Intolerance Disease (SEID) See Change Notification No. 28 - 2016
Xenotransplantation See Change Notification No. 29 - 2016

Changes Introduced with Release 25

Hepatitis A See Change Notification No.46 - 2016

Changes Introduced with Release 26

Malaria See Change Notification No. 17 - 2017

Appendix 1 - Changes to donor selection guidelines

Section 1
Changes introduced with TDSG-BM 203 Release 02 from TDSG-BM 202 Release 03

There have been changes made to the following entries:

Acupuncture
Age
Animal Bite
Ankylosing Spondylitis
Anti-Androgens
Antibiotic Therapy
Antidepressant Therapy
Arthritis
Autoimmune Disease
Back Problems
Beta Blockers
Bipolar Disorder
Bleeding Disorder
Blood Pressure - High
Blood Volume Estimation
Cardiovascular Disease
Chikungunya Virus
Chlamydia
Cirrhosis
Colitis
Communication Difficulties
Depression
Dermatitis
Disabled Donor
Disease of Unknown Aetiology
Elliptocytosis
Endocarditis
Endoscopy
Episcleritis
Eye Disease
Gall Bladder Disease
G-CSF
German Measles
Haemoglobin Disorders
Haemolytic Anaemia
Hepatitis B
Hepatitis B - Post Immunization
Hepatitis C
Hepatitis of Unknown Origin
Hereditary Elliptocytosis
Hereditary Spherocytosis
Hormone Replacement Therapy
Immune Thrombocytopenia
Immunoglobulin Therapy
Immunosuppression
Infection - Chronic
Inflammatory Eye Disease
Inoculation Injury
Jaundice
Laminectomy
Latex Allergy
Malaria
Mental Health Problems
Myeloproliferative Syndrome
Pituitary Extract - Human
Platelet Disorder
Polymyalgia Rheumatica
Prion Associated Diseases
Psoriasis
Pyruvate Kinase Deficiency
Rheumatoid Arthritis

Scleritis
Sexually Transmitted Disease
Shingles
Sickle-Cell Trait
Skin Disease
Steroid Therapy
Subacute Bacterial Endocarditis
Surgery
Syphilis
Temporal Arteritis
Thrombocytosis
Thyroid Disease
Tigason
Tissue and Organ Recipients
Transfusion
Weight
West Nile Virus

Section 2
Changes to TDSG-BM 203 after Release 02

See: Latest Updates

This appendix was last updated in TDSG-BM Edition 203, Release 02

Appendix 2 - Withdrawal of Donations

General considerations.

Circumstances that should have excluded donation may only become known after stem cells have been taken. For the purposes of these guidelines, these circumstances are categorised below, along with appropriate actions. The action to be taken will be determined by any **A-Z** entry relevant to the safety of the recipient. If there is no relevant entry, a consideration of recipient safety will underlie the action taken.

Procedures must be maintained by all Services to ensure prompt reporting of late donation information and, if necessary, withdrawal of donated stem cells. Concerns arising from hearsay reports should be addressed by procedures established to ascertain the credibility of any such concerns.

If donations have been used before a withdrawal could be initiated, the **Designated Medical Officer** must decide upon appropriate action. This will include, if there are likely to be severe consequences from having received the stem cell transplant, contacting the clinician caring for the recipient and discussing notification of the recipient.

1. Late notification of donation test results.

This may occur because:

a) The results of microbiological screening tests are brought into question.

b) Additional information becomes available, e.g. the results of further testing.

c) It is discovered that testing was not performed within the agreed procedures (e.g. as a result of audit or notification of defective reagents by the manufacturer).

d) A report is received from the recipient's medical attendants of a post-transplant infection thought to have been transmitted by the donation.

Action: Inform the **Designated Medical Officer**.

2. Notification of circumstances that should have triggered deferral at the time of donor selection.

a) Circumstances which place a donor at risk of infection with blood borne organisms (**Tissues Safety Entry**).

b) Donors in the 'at risk' categories relating to possible transmission of **Prion Associated Diseases** e.g. CJD and vCJD.

c) Donors with **Malignancy** (other than those for which there is a discretion in the **A-Z**)

d) **Autoimmune Disease**.

e) **Allergy**.

f) Donors with certain **Infectious Diseases** at the time of donation or who were in contact with and still within the incubation period of an Infectious Disease at the time of donation.

g) Donors with diseases of unknown aetiology.

Action: Inform the **Designated Medical Officer**.

This appendix was last updated in TDSG-BM Edition 203, Release 02