JPAC Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee

Whole Blood and Component Donor Selection Guidelines (WB-DSG)

Edition 203 - 01 June 2007

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Issue 01

Introduction

The **Whole Blood and Components Donor Selection Guidelines** form a constituent part of Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK.

JPAC is responsible for this document and receives professional advice from the Standing Advisory Committees that form part of its structure and from other relevant expert groups. The criteria are reviewed regularly to ensure that the blood collected is of the highest quality and of sufficient quantity to meet the needs of recipients. The guidelines on this website are always up-to-date, but implementation dates may vary between the four UK Services. Please consult your local Service (England, Scotland, Wales or Northern Ireland) for details of implementation dates.

Please note, these guidelines are for use by medical professionals who are trained in their use. It is not possible to answer questions or provide personal medical advice through this website. Help with such matters may be available through a local blood transfusion and tissue transplantation helpline.

To navigate the guidelines online use the A-Z Search. To download a portable document file (PDF) as resource for a printed version, or to download an off-line browser version, see the Source Files. Users of these guidelines must ensure that they have the latest version and that recent changes have been implemented by their Service.

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

Comments about the content of these guidelines, including notification of errors, omissions and suggestions for improvements, should be sent to the interim Chair of the Standing Advisory Committee on Care and Selection of Donors (SACCSD):

Dr Jayne Hughes c/o JPACOffice@nhsbt.nhs.uk

Contents

Document and Change Control

These guidelines are under the continuing review of the Standing Advisory Committees for the Care and Selection of Donors (SACCSD) and for Transfusion Transmitted Infection (SACTTI). This is to ensure that they are accurate and up to date. All changes have the approval of the UKBTS Joint 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 off-line versions.

The **Quality Manager** of each Blood Service will effect changes. They will be informed when a new version is released. The **Quality Manager** is responsible for ensuring that there is an effective Version Control and Change Procedure in operation within their service to ensure that only up to date versions are in use and that all authorized copies, 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 JPACOffice@nhsbt.nhs.uk

General Principles

These guidelines apply to donors giving whole blood or blood components (red cells, platelets, plasma and granulocytes) for therapeutic use.

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** in clinical charge of an individual donor session. When it is not clear from these guidelines if an individual donor is suitable, no donation should be taken until it has been discussed and agreed with a **Designated Clinical Support Officer**.

Only persons in good health should be accepted as donors. The prospective donor must be evaluated for their fitness to donate on the day by a suitably qualified person who has undergone appropriate training to use this document to select or defer donors. They must verify their assessment by signing the donation record.

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

It is the responsibility of session staff to ensure that donors clearly understand the nature of the donation process and the associated risks involved, as explained in the available literature. The donors must also understand the health check and other medical information presented to them. Donors are asked about confidential aspects of their medical history, hence great care must be taken over privacy and confidentiality.

Where there is separate guidance for **Whole Blood** and for **Component** donors, this is made clear. When there is a recognised risk to either the donor or the recipient, the guidelines **must** be followed.

The following terms may be used:

Also Known As
Lists alternative names for the topic entry.

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 deferral will depend on time related factors. If this is the case, the donor must be advised clearly when they will again become eligible to donate. If the deferral is not time limited (ie. it is likely to be permanent) the donor **must** be clearly advised why they cannot donate.

Refer to a Designated Clinical Support Officer
Is used when there is a need to seek further advice. The Designated Clinical Support Officer is a suitably trained person authorised to undertake this task by the National Medical Director or their nominated deputy.

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

See if Relevant
Is used when an A-Z Topic entry may or may not need to be consulted, depending upon the information provided by the donor.

Additional Information
This provides background information as to why any particular action is required.

Information
This provides specific information as to the status of the guidance (e.g. required by the Blood Safety and Quality Regulations).

Update Information
The information here shows in which edition and release of the guidelines that this advice first appeared in its current form.

Reason for Change
This provides 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.

Autologous Transfusion
These guidelines do not apply to donors wishing to give their blood for Autologous Transfusions. Specific guidelines should be referred to e.g. Transfusion Medicine 1993, 3, 307-316.

Non-Therapeutic Donations
Donors whose serum, plasma or cells will be used for laboratory, rather than therapeutic, purposes are generally subject to the same medical selection criteria. However, some decisions regarding their suitability to donate may be varied by a Designated Clinical Support Officer.

Therapeutic Venesection
Patients referred for therapeutic venesection must not be accepted at donor sessions. The exception is donors with haemochromatosis. They may be accepted after referral to, and consideration by, a Designated Clinical Support Officer.

This section was last updated in WB-DSG Edition 203 Release 77.

Medication

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

In general, traces of drugs in donations 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 Index**.

Drugs that can affect platelet function are listed in the **Drug Index** together with the deferral period required before a donor's blood can be used for platelet production.

This section was last updated in WB-DSG Edition 203, Release 01

Inspection of the Donor

All donors.

The donor should appear to be in good health. Intoxication, either by alcohol or drugs, should be a reason for not accepting a donor (see Addiction & Drug Abuse in the **A-Z** Topics).

A qualified clinical professional must assess disabled donors (see Disabled Donors in the **A-Z** Topics).

The skin at the venepuncture site should be free from disease.

This section was last updated in WB-DSG Edition 203, Release 01

Use of Alphabetical Listing

Any medical condition, or possible contraindication to donation, elicited at any point during the donation process, must be managed as indicated in the **A - Z** Topic section of these guidelines. Any collected material, which as a result is unsuitable for clinical use, **must** be clearly labelled as **unfit for use**.

If there is more than one contraindication to donation, any indicating the need to permanently defer the donor must be applied. This will mean that the donor is withdrawn from the donor panel. If withdrawal is not required, then the longest applicable deferral period must be applied.

Donors who undergo component donation procedures may be subject to additional or separate criteria compared to whole blood donors. Reference should be made to Chapter 3 Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood) of the Guidelines for the Blood Transfusion Services in the United Kingdom, 8th Edition, 2013.

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

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 Clinical Support Officer.

This section was last updated in WB-DSG Edition 203, Release 20 Issue 01

A-Z Index

A

Accident

Includes Fracture, head injury and trauma.

Obligatory **Must not donate if:**
a) Any wound is not fully healed.

b) Has any infection.

c) Has a plaster-cast.

See if Relevant
Disabled Donor
Epilepsy
Infection - General
Neurosurgery
Surgery
Tetanus - 2. Immunization
Transfusion

Additional Information An unhealed wound or sore is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

A plaster-cast can hide a wound or sore.

Reason for change The previous entry unduly restricted individuals who had suffered an accident from donating by requiring them to be 'recovered'. An example would have been inappropriately preventing a person from donating because of a sprained ankle.

Links have been added to 'Disabled Donor', 'Epilepsy' and 'Infection - General'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Acid Indigestion

Includes Acid reflux, gastritis, gastro-oesophageal reflux disorder (GORD), heartburn, hiatus hernia and indigestion.

Obligatory **Must not donate if:**
Waiting for investigations or results of investigations.

Discretionary If symptoms are relieved by regular or sporadic use of medication and in good health, accept.

See if Relevant
Endoscopy
Malignancy
Peptic Ulcer
Surgery

Additional Information It is important only to accept people in good health. Where the cause of symptoms is not known and the individual is either waiting for investigations or the results of investigations, donation must be deferred. This is because the cause of the symptoms may be a reason for deferral.

Reason for change The previous entry for 'Gastritis' has been revised and renamed 'Acid Indigestion'. Links and 'Additional Information' have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Acne

Includes Acne rosacea.

Definitions

With regard to drug treatment:
Topical:
Applied to the skin only.

Systemic:
Taken by mouth or other routes so that it has an affect on the whole body.

Obligatory

Must not donate if:

a) Has ever taken etretinate (Tigason®).

b) Less than 36 months from the last dose of acitretin (Neotigason®).

c) Less than four weeks from the last dose of isotretinoin (Roaccutane®).

d) There is secondary infection.

e) Less than seven days from completing systemic antibiotic treatment for secondary infection.

Discretionary

If using topical treatments (including retinoids), or taking oral antibiotics, diuretics (such as spironolactone) or oral co-cyprindiol (Dianette® (cyproterone acetate and ethinylestradiol)), accept.

Additional Information

Etretinate (Tigason®), acitretin (Neotigason®) and isotretinoin (Roaccutane®) taken systemically 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 blood of a donor. It takes longer to clear some drugs than others. There is no published data that topical retinoids cause birth defects.

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 blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Reason for change

The deferral period after acitretin therapy has increased from 24 to 36 months.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 55.

Addiction and Drug Abuse

Includes

Alcohol, body building drugs and injected non-prescribed drugs.

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, injected tanning agents and injected chemsex drugs.

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

c) Less than seven days from taking disulfiram (Antabuse®).

Discretionary

a) If any injected drugs were prescribed for the donor by a registered health care professional for a condition that would not lead to exclusion, accept.

b) If the donor is taking medication to support their abstinence from alcohol or other non-injected drugs and
- they are not adversely affected by drugs, including alcohol, and
- they understand and consent to the donation process and testing of their blood,

accept.

See if Relevant

Blood Safety Entry

For alcohol related problems:
Liver Disease

Additional Information

Injecting drug users represent one of the groups of individuals within whom emerging infections have spread before they have been recognized. This was the case with HIV and HCV infection. Because of this, the BSQR requires that they are permanently excluded from becoming donors. It can be many years before any infection shows itself. Former drug users often do not realize that they can pass infection on to others many years after they last used drugs themselves.

Previous use of non-injected drugs does not necessarily require exclusion.

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. They can be a danger to themselves and to others. If the donor is deferred, this may be until the next session, or permanently, if the donor's use of alcohol and/or drugs is likely to continue.

Disulfiram (Antabuse®) may cause severe reactions in a recipient whose blood contains alcohol.

Other medications such as Acamprosate (Campral®) or Naltrexone may be prescribed to support abstinence from alcohol or drug use. If the donor is well and their alcohol or drug use has not caused any end-organ damage, then they can be accepted to donate.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

This entry has been revised to include guidance on the acceptance of donors who are prescribed medication to support their abstinence from alcohol. Other revisions to clarify the text.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 65

Adrenal Failure

Includes

Addison's disease.

Obligatory

Must not donate.

Additional Information

Adrenal failure is due to the adrenal glands producing insufficient steroid hormones to maintain health. There are many causes, including autoimmune disease and infection.

Affected individuals take replacement steroid hormones. The dose of these must be increased during times of stress. It is considered that taking blood from people with adrenal failure may put them at unnecessary risk.

Reason for change

The title has been changed from 'Addison's Disease' to 'Adrenal Failure' and 'Additional Information' has been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Age

Definitions

First Time Donor
Is an individual who has not previously donated. It is also a person who has previously attended but, for whatever reasons, did not give a full donation (e.g. deferred because of selection guidelines, failed screen test, failed venepuncture, part bag etc).

Regular Donor
Is a donor who has been medically assessed at a donor session in the last 24 months. For component donors this must include mandatory infection screening and, for all donors over

the age of 72 years, this must also include giving a full donation.

Returning Donor
Is a donor who has not attended a donation session or been medically assessed within the last 24 months, but who has previously given a full donation.

Full Donation
An amount above the minimum required volume has been collected.

Obligatory

Whole blood and component donors.
Must not donate if:
a) They are under 17 years of age.

b) They are a first time donor who has had their 66th birthday.

c) They are a returning donor who has had their 72nd birthday.

Additional Information

The lower age limit takes account of national laws on age of consent.

Upper age limits for blood and component donation have traditionally been set to protect the donor's safety. There is however little evidence to support this. Donor haemovigilance data show a decreased incidence of adverse events in older donors compared to younger donors, although there is an increase in local complications of donating (i.e. bruising and rebleeds). Donor adverse event monitoring will continue to inform the need for any modification to this guidance.

To donate after their 72nd birthday a donor must remain in good health and have given at least one full donation in the previous 24 months. To continue donating they must give no less than one full donation every 24 months.

When appropriate, donors may be accepted on their birthday.

Information

This entry is compliant with the Blood Safety and Quality Regulations 2005.

Reason for change

The age limit for returning donors has been increased to 72 years.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Air Crew and Air Traffic Controllers

Includes

Air crew:
Flight crew
Cabin crew
Military Aircrew
Military Supernumerary crew

Air Traffic Controllers:
Civilian controllers
Military controllers

Obligatory

Air crew (except military) and Air Traffic Controllers (except military):
Must not donate if:
On duty within the next 24 hours.

Military air crew:
Must not donate if:
On duty within the next 36 hours.

Military controllers:
Must not donate if:
On duty within the next 12 hours.

Discretionary

Non-military crew/controllers holding Class 3 medical certificates:
If not on duty within the next 12 hours, accept.

Additional Information

The UK Civil Aviation Authority (CAA) guidelines state:

'In order to prevent the very slight risk of post-donation faintness or syncope, donating blood or plasma should be avoided during the 24 hours before duty for holders of Class 1 and 2 medical certificates, and during the 12 hours before duty for holders of Class 3 medical certificates.'

There is no CAA guidance for crew that are not required to hold these types of medical certification. Donors to whom this applies, including cabin crew and some private pilots, should be advised not to donate if they are on duty within the next 24 hours in line with commercial pilots and other flight crew.

The Ministry of Defence (MOD) guidelines state:
'Aircrew and Supernumerary Crew should not fly until 36 hours have elapsed after donating blood.'
and
'Military and MOD Contracted Civilian Controllers should not control until 12 hours have elapsed after donating blood.'

Reason for change

Updated Civil Aviation Authority advice for holders of Class 3 medical certificates has been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 69

Allergy

Includes

Allergic rhinitis, allergic conjunctivitis, anaphylaxis, hay fever and urticaria.

Obligatory

Ensure:
Procedures will not expose the donor to something they are allergic to, e.g. constituents of the arm cleaning preparation.

Must not donate if:
a) Has severe symptoms due to an allergy or to the medication they are taking.

b) The donor has taken oral or injected steroids within the last seven days.

Discretionary

a) Donors taking medication, other than oral or injected steroids (including antihistamines, eye drops or intranasal steroids e.g. beclometasone (Beconase®)), or with a history of allergy or anaphylaxis (including those who carry adrenaline/epinephrine for self administration, e.g. Anapen® or EpiPen®), provided they are well on the day and will not be exposed to anything they are allergic to, accept.

b) Nickel allergy, accept.

c) Donors undergoing desensitisation treatment for hay fever or for allergy to an insect sting, providing they are not experiencing any systemic or local reactions to the treatment, and are well on the day, accept.

See if Relevant

Asthma
Dermatitis
Steroid Therapy

Additional Information

Any person who is unwell should not be accepted as a donor. This is to ensure that a serious underlying condition, that could be a risk either to the donor or to a potential recipient, is not missed. For this reason, a potential donor with anything other than minor symptoms related to an allergy should not be accepted.

Severe systemic reactions are not seen with nickel 'allergy'.

Reason for change

The list of potential allergens has been reworded. A reference to allergic conjunctivitis has been added. Clarification of the acceptance criteria for desensitisation treatment has been added. The link to 'Coeliac Disease' has been removed.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 61.

Alopecia

Includes Baldness and hair loss treatments.

Obligatory **Must not donate if:**
a) Dutasteride (Avodart®) taken in the last six months.

b) Finasteride (Propecia®, Proscar®) taken in the last four weeks.

c) Taking systemic anti-fungal treatment or oral steroids.

d) Related to malignancy or to its treatment.

Discretionary a) If the donor is on no treatment, accept.

b) If the donor is only using topical treatment and is not attending specialist follow up, accept.

c) If the donor is only taking oral Hydroxychloroquine, Spironolactone or Minoxidil, and is not under specialist follow up, accept.

d) If the donor has recovered from hair transplant surgery and no further treatment or follow up is planned, accept.

e) For all other cases, refer to a DCSO.

See if Relevant **For systemic anti-fungal treatment:**
Infection - Chronic

Malignancy

For hair transplants:
Surgery

For injected or oral steroid treatment:
Steroid Therapy

Additional Information Hair loss can be related to several factors, including family history, hormone changes, scalp infections, medication and underlying medical disorders.

Alopecia areata is an autoimmune condition which can vary in severity, from patchy to complete hair loss. Individuals may require local treatment, including injected steroids, or systemic treatment with steroids and/or immunosuppressants.

Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman, whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.

Given the range of causes and treatments, referral to a DCSO may be required to establish the donor's eligibility to donate blood.

Reason for change This entry has been revised by adding a discretion for oral Spironolactone and Minoxidil therapy. Further guidance has been added with regard to immunosuppressive treatments that may be required.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 61.

Anaemia

Includes

Iron deficiency, iron treatment, folate deficiency and pernicious anaemia.

Obligatory

Must not donate if:
a) Fails the haemoglobin screen test.

b) Under investigation or on treatment for anaemia.

Discretionary

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

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

b) If following treatment to cure anaemia, the donor is taking medication to prevent recurrence, accept.

2. Other types:
a) Medication to prevent recurrence, as opposed to treat anaemia (e.g. B12 for treated pernicious anaemia or folic acid for treated folate deficiency), accept.

b) 'See if Relevant' conditions below.

c) In other cases:
Refer to a **'Designated Clinical Support Officer'**.

See if Relevant

Haemoglobin Disorders
Haemoglobin Estimation
Haemolytic Anaemia
Kidney and Bladder Disease
Malignancy

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

Additional Information

Donating blood will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Additional links have been added together with specific mention of pernicious anaemia and folate deficiency. There have been other minor changes to improve clarity.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 22

Anaesthetic

Includes

General anaesthetic, local anaesthetic, regional anaesthetic and sedation for minor procedures.

Obligatory

Must not donate if:
a) The underlying condition for which the anaesthetic or sedation was given is not acceptable.

b) Less than 24 hours since the anaesthetic or sedation was administered.

See if Relevant

Accident
Dental Treatment
Endoscopy

Infection - General
Surgery
Transfusion

Additional Information A longer deferral period may be required due to the nature of the procedure or the underlying condition. Procedures requiring local anaesthetic will normally require a longer deferral period due to any associated infection risk. Treatment requiring any degree of sedation should be followed by a minimum deferral period of 24 hours. This is to ensure that consent and the response to questions can be considered valid.

Reason for change A link has been added to 'Infection - General'. The 'Additional Information' has been modified.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Animal Bite (Non-Human)

Includes Snake bite.

Obligatory **Must not donate if:**
a) Ever bitten by a non-human primate (monkeys and apes).

b) Less than 12 months since being bitten by a bat or exposed to bat saliva anywhere in the world.

c) Less than 12 months since being bitten by any other mammal outside of the British Isles (UK and Ireland).

d) Any wound is infected or not healed.

e) The donor is not fully recovered.

See if Relevant
Immunisation
Infection - General
Rabies
Surgery

For a human bite:
Non-Consented Exposure to Human Body Fluids

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. As well as local care of the bite, donors may receive other treatments such as antibiotics or immunisation; these may affect the donor's eligibility.

Bites from poisonous (venomous) snakes can cause extensive local tissue damage that can take a long time to heal and may require surgery. Depending on the species of biting snake, their venom can cause problems with blood clotting and, in severe cases, require transfusion of blood components (e.g. plasma or cryoprecipitate).

There is a concern that bites from non-human primates, because of close genetic links, may transmit diseases that could cause illness in people. It is known that some diseases have been transmitted by this route. For this reason any person who has ever been bitten by a non-human primate is not allowed to donate. Non-human primates include chimpanzees, gorillas, orangutans, monkeys (old and new world), tarsiers, lemurs and lorises.

Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, 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.

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.

Reason for change Guidance on snake bites is now included in this entry. A reminder to assess treatments beyond local wound care has been added to the additional information section. The see if relevant section has been updated.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 72

Anti-Androgens

Includes Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®), dutasteride (Avodart®), finasteride (Propecia®, Proscar®) and flutamide (Drogenil®).

Obligatory **Must not donate if:**
a) Dutasteride (Avodart®) taken in the last six months.

b) Finasteride (Propecia®, Proscar®) taken in the last four weeks.

c) Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®) or flutamide (Drogenil®) has been taken for a malignant condition.

Discretionary 1. Donors taking cyproterone acetate for non-malignant conditions, if not affected by the Blood Safety Entry, accept.

2. Donors using topical anti-androgen treatments for alopecia, including male pattern baldness, accept.

See if Relevant
Acne
Blood Safety Entry
Hair Removal
Malignancy
Prostate Problems

Additional Information Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.

Cyproterone acetate (particularly in the form of Androcur®) may be used to treat male hypersexuality. In such cases a sensitive exploration of any relevant issues dealt with by the Blood Safety Entry should be undertaken.

Reason for change A discretion to accept donors using topical anti-androgens has been added.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Antibiotic Therapy

See **If on antibiotics to treat an infection:**
Infection - General

See if Relevant **If on prophylactic antibiotics:**
Acne
Infection - General

Infectious Diseases – Contact With
Kidney and Bladder Disease
Splenectomy

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 Clinical Support Officer'**.

Reason for change The See if Relevant section has been revised.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 61.

Anticoagulant Therapy

Definitions An **anticoagulant** is a drug taken to limit the ability of blood to form a clot. Examples include heparin, warfarin and direct-acting oral anticoagulants (DOACs) such as apixaban, rivaroxaban and dabigatran.

Obligatory **Must not donate if:**
a) Receiving anticoagulant treatment or has been treated with anticoagulants in the last seven days.

b) The underlying reasons for anticoagulant treatment requires deferral

Discretionary a) If prescribed for treatment of venous thromboembolism:

- See Thrombosis and Thrombophilia

b) Otherwise, if treatment was completed more than seven days ago and:

- The reason for treatment does not preclude donation, and
- The donor is not under investigation,

accept.

See if Relevant
Cardiovascular Disease
Clopidogrel
Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs (including aspirin)
Superficial Thrombophlebitis
Thrombosis and Thrombophilia

Additional Information There are many reasons that someone might be treated with an anticoagulant drug. It is important that the underlying indication for treatment is included in the assessment of the donor's eligibility to donate.

While on anticoagulant treatment, it is more likely that a donor will bleed or bruise after donation. The effect of treatment wears off over some days. After seven days the blood clotting mechanisms should be back to normal.

Donors taking antiplatelet medication such as aspirin or clopidogrel should be assessed using the relevant entries for their medication and the underlying reason for treatment.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change The scope of the entry has been clarified, with addition of a definition for anticoagulant medication. Additional links have been added to the See if Relevant section.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 68

Arrhythmias

Obligatory

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

b) The donor is undergoing investigation

c) The donor has a history of an arrhythmia (eg Atrial Fibrillation, Atrial Flutter, Supraventricular Tachycardia, Ventricular Tachycardia) even if their symptoms have now settled.

2. In other cases:
Refer to a **'Designated Clinical Support Officer'**.

Discretionary

1. Donors with a previous history of an arrhythmia triggered by a non-cardiac medical condition which has now been treated (eg thyrotoxicosis), refer to a DCSO.

2. Donors who have been treated by ablation therapy for Supraventricular Tachycardia caused by either AVNRT (Atrioventricular Nodal Reentrant Tachycardia) or Wolff-Parkinson White Syndrome, and

- it is at least six months since successful ablation therapy, and
- the donor does not require regular or 'as required' medication for their SVT, and
- there is no other associated heart disease, and
- the donor has been discharged from follow up,

accept.

3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, see the entry for 'Palpitations'.

See if Relevant

Cardiovascular Disease
Palpitations

Additional Information

Some heart irregularities may be made worse by giving blood. This includes a risk that donation could trigger a recurrence in someone with a history of a previous arrhythmia. In cases where the donor's eligibility is not clear, DCSO referral ensures further information can be sought regarding their condition.

Reason for change

Discretionary criteria revised.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Asthma

Obligatory

Must not donate if:

a) Asthma is symptomatic.

b) Taking, or has completed, a course of oral or injected steroids lasting more than 3 weeks within the last six months.

c) The donor has needed long term (six months or more) treatment with oral or injected steroids within the last 12 months.

d) The donor has taken a short course (less than three weeks) of oral or injected steroids in the last seven days.

e) The donor has been treated with monoclonal antibodies, or other biological modalities, in the last six months.

Discretionary If b), c) or d) above do not apply and the potential donor is asymptomatic at the time of donation, even if taking regular preventive treatment, including inhaled steroids, accept.

See if Relevant
Infection - General
Monoclonal antibody therapy or other Biological Modalities
Steroid Therapy

Additional Information Taking blood from a person with symptomatic asthma will lower the amount of oxygen the blood can carry and could make their symptoms worse.

Steroid therapy can hide the signs and symptoms of infection. Blood from an infected donor can be dangerous to the person receiving it.

Reason for change Guidance has been added for donors treated with monoclonal antibodies and other biological modalities.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Autoimmune Disease

Obligatory **Must not donate if:**
a) The donor has needed treatment with steroids or conventional disease modifying antirheumatic drugs to suppress the condition in the last 12 months.

b) The donor has needed treatment with monoclonal antibody therapy or other biologic disease modifying antirheumatic drugs to suppress the condition in the last 6 months.

c) The cardiovascular system is involved.

d) The donor has ongoing lung disease or renal impairment due to their condition.

Discretionary a) If the donor:

- has been established on a stable maintenance treatment for an Autoimmune Disease with only one of the following drugs: Methotrexate, Sulfasalazine, Hydroxychloroquine or Azathioprine, and
- the dose of the drug has not increased in the previous 6 months, and
- the donor is well,

accept.

b) If there is any uncertainty about the diagnosis or the nature of treatment, refer to a DCSO.

See Is there a specific A-Z index entry for the condition you are assessing?

See if Relevant
Cardiovascular Disease
Disabled Donor
Drug Index - Drugs and Platelet Donation
Fertility
Inflammatory Bowel Disease
Liver Disease
Monoclonal antibody therapy and other Biological Modalities
Nonsteroidal Anti-inflammatory Drugs
Skin Disease
Steroid Therapy
Thrombosis and Thrombophilia

If treated with transfusion, immunoglobulin, plasma exchange or filtration:
Transfusion

Additional Information Conventional systemic Disease Modifying Antirheumatic drugs (csDMARDS) are viewed as disease-modifying drugs. They include Methotrexate, Sulfasalazine, Hydroxychloroquine and Azathioprine. Sulfasalazine and Hydroxychloroquine have limited effect on the immune system. If used for maintenance treatment, Methotrexate and Azathioprine are usually given at lower doses which do not cause a significant degree of immunosuppression.

If the donor is taking higher dose Methotrexate or Azathioprine, they should not be accepted. If there is uncertainty about the dose refer to the DCSO for assessment. Further information on these drugs and immunosuppression can be found in 'The Green Book: Immunisation against Infectious Disease' (available at www.gov.uk).

Nonsteroidal anti-inflammatory drugs do not suppress the donor's immune system.

Physical therapies such as physiotherapy and hydrotherapy are not considered treatments to suppress the condition.

Autoimmune disease can cause problems such as infertility and thrombosis (antiphospholipid or Hughes' syndrome).

Some autoimmune conditions can permanently damage the cardiovascular system. If this is known to have happened, the person should not donate as they are more likely to have a serious adverse event.

Reason for change The obligatory criteria have been expanded to specify the deferral period required depending on the type of treatment.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Back Problems

Obligatory

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).

See if Relevant

Autoimmune Disease
Disabled Donor
Drug Index - preparations which may affect platelet function
Neurosurgery
Nonsteroidal Anti-Inflammatory Drugs
Surgery
Pain Killers

Additional Information Back problems have many causes. It is important to be certain that, for any individual, the cause is not a reason for them to be deferred.

It is also important that neither the donor, nor anyone assisting them, should risk injury by inappropriately attempting to use the bleed facilities provided. Alternative facilities may be available in other venues that may allow a donor with limited mobility to donate safely.

Reason for change A link to painkillers has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 04 Issue 02.

Bleeding Disorder

Includes Coagulation factor deficiencies:

- Factor I (one) fibrinogen deficiency (afibrinogenaemia, hypofibrinogenaemia)
- Factor II (two) prothrombin deficiency
- Factor V (five) deficiency
- Factor VII (seven) deficiency
- Factor VIII (eight) deficiency (Haemophilia A)
- Factor IX (nine) deficiency (Haemophilia B, Christmas Disease)
- Factor X (ten) deficiency
- Factor XI (eleven) deficiency
- Factor XIII (thirteen) deficiency
- Von Willebrand disease (types 1, 2 and 3)

Excludes Platelet disorders – see Platelet Disorders

Individuals who received Coagulation Factor Concentrates (including Prothrombin Complex Concentrates):

- To treat and prevent the coagulopathy associated with trauma and/or massive transfusion
- To reverse the effect of anticoagulants such as warfarin (see Transfusion)

1. Affected Individuals and Carriers

Obligatory **Must not donate if:**
a) Diagnosed with Haemophilia A (Factor VIII deficiency), Haemophilia B (Factor IX deficiency), Type 2 Von Willebrand Disease, Type 3 Von Willebrand Disease

b) The donor has received a transfusion since 1st January 1980.

c) The donor has ever:

- received coagulation factor concentrates, including blood derived and recombinant products, and/or
- received or is currently on treatment to reduce or prevent excessive bleeding e.g. desmopressin, tranexamic acid, oral contraceptive pill and similar hormone therapies.

d) The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure.

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

f) The donor is requiring monitoring and/or follow-up.

g) There is associated organ involvement e.g. liver damage.

h) For acquired disorders, the underlying cause or treatment precludes donation e. g. malignancy, monoclonal antibody therapy.

Discretionary **If the donor has Type 1 Von Willebrand Disease and:**

1. has not received a transfusion since 1st January 1980, and
2. has never received any type of coagulation factor treatment, and
3. has never received any other treatment to reduce or prevent excessive bleeding, and
4. has not received or been advised that they will require prophylactic treatment, and
5. has never had any excessive bleeding or bruising, and
6. is not requiring monitoring or follow-up, and
7. the underlying cause and/or treatment does not preclude donation,

accept.

If the donor is a carrier of a coagulation factor deficiency, and:

1. has not received a transfusion since 1st January 1980, and
2. has never received any type of coagulation factor treatment, and
3. has never received any other treatment to reduce or prevent excessive bleeding, and
4. has not received or been advised that they will require prophylactic treatment, and
5. has never had any excessive bleeding or bruising, and f) is not requiring monitoring or follow-up,

accept.

See if Relevant

Autoimmune Disease
Ehlers Danlos Syndrome
Malignancy
Monoclonal antibody therapy and other Biological modalities
Platelet Disorders
Transfusion

Additional Information

Coagulation factor deficiencies can be inherited or can be acquired, associated with haematological, neoplastic, cardiovascular, liver or autoimmune disease.

Some deficiencies cause significant bleeding, either spontaneously or in response to even minimal trauma or minor procedures. Individuals will have been assessed and advised about their condition and bleeding risk. They may have received treatment or been informed regarding the need for treatment in the future. The donor may have also been provided with a Bleeding Disorders Information Card.

Some people with the carrier state (trait) may be at risk of bleeding (symptomatic carriers). The diagnosis of the milder forms or carrier status of coagulation factor deficiencies may arise from family screening, or through testing during investigation for menorrhagia (heavy periods), or bleeding during pregnancy or childbirth.

If someone has had problems with bleeding or bruising, they may be at increased risk of complications from donation.

The guidance contained in this entry is not intended for use for donors without a coagulation factor deficiency, for example for someone who may have taken tranexamic acid for heavy periods due to an underlying gynaecological cause.

The current International Society on Thrombosis and Haemostasis (ISTH) classification recognises three types of Von Willebrand Disease: Type 1 is a partial quantitative deficiency of Von Willebrand Factor and is typically a milder form; the levels of von Willebrand Factor may overlap with the levels found in unaffected individuals.

More severe effects are usually seen with Von Willebrand Disease types 2 and 3. Care should be taken to determine the type of Von Willebrand Disease, as only donors with type 1 are potentially eligible.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

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

Information

This section has been removed.

Reason for change

Removal of section containing criteria for family members, carers and sexual partners of individuals treated with blood derived coagulation factor concentrates.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 79

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 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
Cerebrovascular Disease and Intracranial Haemorrhage
Diabetes Mellitus
Kidney and Bladder Disease

Additional Information

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.

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

Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Blood Pressure - Low

Also Known As

Hypotension.

Discretionary

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

See if Relevant

Faints

Additional Information

Low blood pressure is not normally a problem. It is common in women and seems to be linked with 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.

Reason for change

A link has been added to 'Faints'.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Blood Safety Entry

Definitions

Individual risk is based on the donor's sexual behaviour, including new partners and number of partners.

Partner risk is based on sexual contact with a partner who may, at a population level, be at higher risk of acquiring infection, as described in this entry.

Sexual contact is defined as oral, vaginal or anal sex.

Anal sex is defined as penile-anal intercourse only. It does not apply to oro-anal sex or the use of sex toys.

Chemsex is sex while using stimulant drugs taken for the specific purpose of enhancing sexual experience and reducing inhibitions. Chemsex does not refer to sex after using alcohol or recreational drugs for other purposes, nor the use of drugs such as Viagra or Cialis to treat erectile dysfunction.

Obligatory Information must be provided so that individuals at risk do not donate. The reasons for donor self-exclusion must be understood.

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 or receiving treatment for HIV.

b) You are HTLV positive.

c) You are a hepatitis B carrier.

d) You are a hepatitis C carrier.

e) You have ever been diagnosed with syphilis, even if treated.

f) You have ever injected or been injected with drugs; even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

3. You must not donate for at least three months if:
You are working as a sex worker. You may be accepted for donation if it is longer than three months since you last received money or drugs for anal, vaginal or oral sex.

4. Individual risk criteria
a) You must not donate for at least three months if you have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact.

b) You must not donate if you have been diagnosed with gonorrhoea, until at least three months after completion of treatment and discharge from further follow up.

c) You must not donate if in the last three months,

- you have had more than one sexual partner, AND
- you have had anal sex with any of your partners.

d) You must not donate if in the last three months, you have had anal sex with a new sexual partner. For the purpose of donor selection, a new partner is someone that you have not had sex with before or a previous partner with whom you have restarted a sexual relationship.

If you are in a sexual relationship with one partner only, you can donate once it is three months from the date of first sexual contact, even if you are having anal sex.

5. Partner risk criteria
You must not donate for at least three months after sexual contact 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, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

6. You must not donate for at least three months if:

a) You have taken Pre-Exposure Prophlyaxis (PrEP) / Truvada® by mouth to prevent HIV.

b) You have taken or been prescribed Post-Exposure Prophylaxis (PEP) to prevent HIV.

If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

7. You must not donate for at least two years if:

You have received PrEP as an injection to prevent HIV e.g. cabotegravir (Apretude®).

If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

See if Relevant

Addiction and Drug Abuse
Hepatitis B
Hepatitis C
HIV
HTLV
Infection - General
Non-consented Exposure to Human Bodily Fluids
Pre- or Post-Exposure Prophylaxis for HIV
Sexually Transmitted Disease
Syphilis

Additional Information

The FAIR (For the Assessment of Individualised Risk) study considered changes to the donor selection policy to allow a more individualised risk-based approach to donor selection policy. In their 2020 report, the FAIR group specifically looked at the guidelines which applied to men who have sex with men (MSM) and recommended an approach based on assessment of a donor's recent sexual behaviour and experience. This approach has been agreed by SaBTO and has now been implemented by the UK Transfusion Services.

Changes to donor selection criteria mean that donors who were previously excluded because of their sexuality and/or gender can now be accepted, if they meet the individual risk criteria outlined in FAIR (see section 5, above). These rules must be applied equally to all donors.

FAIR identified several factors associated with a higher risk of blood borne infections. These include the recent diagnosis of a bacterial sexually transmitted disease and the following sexual behaviours:

- new or multiple sexual partners
- anal sex
- participation in chemsex activity

Drugs used for chemsex include methamphetamine, mephedrone and GHB/GBL, but other drugs may be used (e.g. ketamine, poppers, cocaine). Chemsex is a high risk activity because it usually involves multiple sexual partners, sometimes for extended periods of time. The drugs involved also reduce inhibition leading to riskier sexual activity.

Infection with some sexually transmitted diseases, particularly gonorrhoea or syphilis, is associated with a higher risk of acquiring blood borne infections. Donors who have had gonorrhoea can give three months after completing treatment. Donors who have had syphilis are permanently deferred as their blood will still react in screening tests, even if they have been successfully treated.

Some partner risk criteria still apply to donors who have a partner in a population group at higher risk of infection. For affected donors, these risk criteria should be applied even if the donor is eligible under individual risk criteria. These risks are being reviewed and will be updated as further evidence is available.

The drugs used in both Pre- and Post-Exposure Prophylaxis for HIV (PrEP and PEP) may interfere with the routine HIV screening tests carried out on all blood donations. For this reason, donors who have taken oral PrEP or PEP in the previous three months, or received injectable PrEP in the previous two years, should not donate. This applies even if they are otherwise eligible under individual risk criteria.

Information	This is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	Addition of a two-year deferral for recipients of injectable PrEP.
Update Information	This entry was last updated in WB-DSG Edition 203 Release 77 (Issue 02)

Body Piercing

Includes	Derma-rolling, ear and body piercing, permanent and semi-permanent make-up, tattooing (including memorial tattoos), platelet rich plasma (PRP) facial, and ritual self-flagellation.
Obligatory	**Must not donate if:** Less than four months from last piercing.
Discretionary	Painting, stencilling or transfers applied to the skin without piercing, accept.
Additional Information	Piercing has passed infection from person to person. Waiting four months helps to ensure that the infections tested for by the Blood and Tissues Services will be picked up. Platelet rich plasma (PRP) facials (also known as 'Vampire Facials') have been associated with HIV transmission. Ritual self-flagellation is carried out by some religious groups. The practice includes beating or flogging oneself with sharp objects. It may be associated with exposure to blood from other participants, either directly or through contamination of shared equipment. Memorial tattoos may incorporate the cremation ashes of a deceased person into the tattoo ink (also known as a cremation tattoo or cremation ink). This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.
Information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	Additional information about memorial tattoos has been added.
Update Information	This entry was last updated in WB-DSG Edition 203, Release 76

Breastfeeding

See	Pregnancy
Additional Information	Breastfeeding is not of itself a reason to defer but the time from giving birth may be.
Reason for change	'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Cardiac Surgery

Obligatory	**Must not donate.**
Discretionary	If surgery was for a congenital heart defect, cure has been achieved and donation is not excluded because of their transfusion history, accept.
See if Relevant	Cardiovascular Disease 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 unit 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.

Reason for change To bring guidance into line with the Cardiovascular Disease Topic

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 36.

Cardiovascular Disease

Obligatory

Must not donate if has or has had:
a) An aneurysm.

b) Cardiomyopathy.

c) Ischaemic heart disease or angina regardless of cause including INOCA (myocardial ischaemia with non-obstructive coronary arteries).

d) Heart failure.

e) Myocarditis and it is less than 12 months from recovery.

f) Peripheral vascular disease (including intermittent claudication and gangrene).

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

h) Valvular heart disease.

i) Heart Block or Bundle Branch Block.

Discretionary

a) If an incidental heart murmur has been heard or a valve abnormality has been found at echo, which is asymptomatic and does not require follow up, accept

b) If asymptomatic and there is no treatment planned for Patent Foramen Ovale (PFO), accept

c) If a congenital heart defect has been treated medically or surgically, cure has been achieved (or the defect has spontaneously resolved) and donation is not excluded because of a transfusion history, accept.

d) If the donor has been diagnosed with Right Bundle Branch Block (RBBB), and the donor has been clinically assessed and found to have no evidence of cardiac or pulmonary disease, accept.

e) If the donor has been diagnosed with First Degree Heart Block, and the donor has been clinically assessed and found to have no evidence of cardiac disease, accept for whole blood donation.

f) If the donor has been found to have coronary atheroma as an incidental finding during routine investigations and

- if the donor has not been advised to take antiplatelet agents (e.g. aspirin) and/or cholesterol lowering medication, and
- there is no history of chest pain or other cardiac symptoms,

accept.

See if Relevant

Arrhythmias
Blood Pressure - High
Cardiac Surgery
Central Nervous System Disease
Cerebrovascular Disease and Intracranial Haemorrhage
Endocarditis
Shunts,Stents and Devices
Superficial Thrombophlebitis
Thrombosis and Thrombophilia

Additional Information A history of 'Cardiovascular Disease' means that removing blood from their circulation may put the donor at risk of having a heart attack, stroke or other vascular incident.

Patent Foramen Ovale (PFO) is a normal variant found in up to 40% of the population at post mortem. If it is asymptomatic and no treatment or surgery is planned for this atrial septal defect, donors can be accepted.

Incidental heart murmurs and valve abnormalities are increasingly being found due to the sensitivity of new testing regimes. If the abnormality is of no clinical significance, i.e. the donor is asymptomatic and does not require treatment or follow up, the donor may be accepted.

RBBB and first degree heart block can be diagnosed in individuals in the absence of heart disease. Provided the donor has been clinically assessed and there is no evidence of cardiovascular or pulmonary disease, the donor can be accepted. If there is any uncertainty about the diagnosis or the results of investigations, refer to a DCSO.

Reason for change Guidance on berry aneurysms has been moved to the Cerebrovascular Disease and Intracranial Haemorrhage entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Catarrh

1. Acute

See Infection - Acute

Additional Information Catarrh may be due to infection or to allergy. If the problem is new, it should be treated as an infection.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change Additional Information' has been added.

2. Chronic

Obligatory **Must not donate if:**
Taking prescribed medication for catarrh other than antihistamines, a nasal decongestant or nasal steroids.

Discretionary If using antihistamines, a nasal decongestant or nasal steroids only, accept.

See if Relevant Allergy
Infection - General
Steroid Therapy

Additional Information Chronic catarrh may be due to infection or to allergy. A decision will need to be made as to the underlying cause.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change A reference to antihistamines have been added to 'Obligatory' and 'Discretionary'.

A link has been added to 'Allergy' and 'Steroid Therapy'. 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Central Nervous System Disease

Excludes Cerebrovascular disease and all forms of intracranial haemorrhage.

Obligatory

Must not donate if has or has had:
a) Dementia (e.g. Alzheimer's disease).

b) A history of CNS disease of unknown aetiology or suspected infective origin. These include, but are not limited to, neurodegenerative conditions, multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, and transverse myelitis.

c) Malignant tumour.

d) Parkinson's Disease

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, once investigated and discharged from specialist follow-up even if they have residual paralysis, accept.

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

c) If diagnosed with Idiopathic (benign) intracranial hypertension (IIH) and

- the donor is aymptomatic, and
- if the donor is taking diuretics (e.g. Acetazolamide) for IIH and the dose has not changed in the last four weeks,

accept.

d) If diagnosed with restless legs syndrome, and

- any underlying cause does not preclude donation, and
- the donor does not have significant side effects from medication, if used,

accept.

See if Relevant

Cardiovascular Disease
Cerebrovascular Disease and Intracranial Haemorrhage
Epilepsy
Infection - General
Neurosurgery
Pituitary Disorders
Prion Associated Diseases
Steroid Therapy
Urinary Catheterisation

Additional Information

Donor safety:

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.

Idiopathic or benign intracranial hypertension is a raised intracranial pressure where no mass or other disease is present.

Restless legs syndrome is a common condition characterised by an irresistible urge to move the legs or arms, sometimes associated with abnormal sensations and jerking movements of the limbs. In the majority of cases there is no obvious cause, but it can be associated with iron deficiency or kidney failure. If required, restless legs syndrome can be treated with dopamine-receptor agonist drugs such as ropinirole, pramipexole or rotigotine. Donors taking these medications for treatment of restless legs syndrome can be accepted, provided they don’t have significant side effects such as hypotension or impulse control disorders.

Recipient safety:

It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion. 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.

Reason for change

Addition of guidance for donors with restless legs syndrome, including information regarding dopamine-receptor agonist drugs.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 78

Cerebrovascular Disease and Intracranial Haemorrhage

Includes Diseases of the vasculature of the brain. This includes:

- Stroke or Cerebrovascular accident (haemorrhagic or embolic)
- Transient Ischaemic Attack.
- Vascular Dementia
- Carotid Artery Disease
- Cerebral haemorrhages and haematomas that are intracranial, subdural, subarachnoid, or epidural

Obligatory **Must not donate.**

Discretionary If the donor has had one or more berry aneurysms treated by interventional radiology or surgery and

- the donor has recovered from any associated subarachnoid haemorrhage, and
- there is no residual neurological deficit, such as a stroke, and
- any surgery did not require the use of dural grafts and/or was performed in the UK after 1992,

refer to a DCSO.

If the donor has recovered from a single episode of intracranial haemorrhage due to trauma, and

- there is no underlying cerebral or cerebrovascular disease, and
- there is no underlying bleeding disorder, and
- there is no residual neurological deficit, such as a stroke,

accept.

See if Relevant Central Nervous System Disease
Epilepsy
Neurosurgery
Transfusion

Additional Information A history of thrombotic stroke or cerebral haemorrhage may increase the risk of donor adverse events. In order to reduce this risk, donors with a history of cerebrovascular disease must be deferred.

If the incident was due to trauma, and not intrinsic cerebrovascular pathology, and donor has fully recovered, it may be appropriate to accept the donor.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Cervical Dysplasia

Obligatory **Must not donate if:**
a) Undergoing investigation or treatment.

b) Diagnosed with invasive cervical carcinoma.

Discretionary

a) If the donor had colposcopy treatment for abnormal cervical cells and has been discharged to routine screening, accept. It is not necessary to wait for a normal smear result before donating.

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

Additional Information Cervical screening includes testing for high risk Human Papilloma Virus (HR-HPV). Women who are positive for HR-HPV may be called for routine smear tests at more frequent intervals. They can donate provided they are not undergoing other tests or awaiting colposcopy investigation.

Women with abnormal cells on a smear test are triaged according to their risk of developing cervical carcinoma. Women at higher risk will be referred for investigation and treatment via colposcopy.

A colposcope is an instrument used to view the neck of the womb (cervix). It is not a flexible endoscope so its use is not a reason for deferral if the donor is otherwise eligible to donate.

Abnormalities identified at colposcopy include cervical intra epithelial neoplasia (CIN, Grades 1-3) and cervical glandular intra epithelial neoplasia (CGIN). CIN-3 is also known as cervical carcinoma in situ. By definition, patients with CIN or CGIN do not have invasive cervical carcinoma, so can be accepted once treated, fully healed and discharged. There is no need to wait for the results of their next routine smear, usually at 6 months post treatment, unless the donor has been advised that follow up will be necessary at the colposcopy clinic.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Reason for change Updated to clarify the scope of entry, when donor can return after treatment for cervical dysplasia and the significance of HR-HPV testing.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55.

Chest Pain

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

b) The cause is not known.

Discretionary If donor has been investigated for chest pain and causes that would otherwise result in deferral have been excluded such as ischaemic heart disease, pulmonary embolism or infection, accept.

See if Relevant Autoimmune Disease
Cardiovascular Disease

Additional Information It is important not to take a donation from an individual with ischaemic heart disease as any lowering of blood pressure could result in a heart attack. If the cause of any chest pain has not been investigated it could potentially be due to heart disease and a donation should not be taken.

Reason for change To clarify the discretionary acceptance criteria.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 18.

Chiropody

Also Known As Podiatry.

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

See if Relevant Infection - General

	For fungal infection see: Skin Disease
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 blood, products made from it, or tissues. This is because the bacteria can multiply to dangerous levels during storage.
Reason for change	'Additional Information' has been added together with a link to 'Infection - General' and 'Skin Disease'.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Chondromalacia

Discretionary	Accept.
See if Relevant	Disabled Donor Drug Index - preparations which may affect platelet function Nonsteroidal Anti-Inflammatory Drugs Surgery
Additional Information	This is caused by abnormal softening or degeneration of the cartilage of joints. It especially affects the knee in adolescents and is thought to be related to rapid growth. The condition itself is not a reason to defer but treatment or disability caused by the condition may be relevant to donation.
Reason for change	'Additional Information' and links have been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Chronic Fatigue Syndrome

Also Known As	CFS, myalgic encephalomyelitis (ME), post-viral fatigue syndrome and Systemic Exertion Intolerance Disease (SEID).
Obligatory	**Must not donate**
Discretionary	If donor gives a history of fatigue following a viral infection, e.g. Glandular fever, with no relapse of symptoms and it is at least six months since all symptoms resolved, accept.
Additional Information	CFS is generally diagnosed by excluding other conditions and may follow an infection that may or may not have been viral and which may be carried by the affected individual. It is most common between the ages of 25 and 45 years and women are affected more often than men. It is associated with easily induced and prolonged episodes of fatigue often accompanied by other symptoms. The condition is relapsing by nature and donation may make symptoms worse, or provoke a relapse in an affected individual. Post viral fatigue can occur after an acute viral infection. Symptoms of fatigue can last weeks or months and may follow a relapsing course. It is important that individuals have fully recovered before being accepted to donate.
Reason for change	A discretion to accept donors who have fully recovered from fatigue associated with an acute viral infection has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 69

Clinical Trials

Obligatory **Must not donate if:**

Participating in a clinical trial. This includes the use of drugs of any kind (oral, injected, transcutaneous, etc.) and applies to healthy individuals participating as volunteers - for example in 'phase 1' clinical trials.

Discretionary a) If a **'Designated Clinical Support Officer'** has examined and agreed the trial protocol, accept.

b) If the trial does not involve the use of drugs (e.g. hypnotherapy, physiotherapy) and any underlying condition would not be a reason to defer, accept.

See if Relevant Complementary Therapy
Monoclonal antibody therapy and other Biological Modalities
Transfusion

Additional Information It is important for the Blood Services to know that anything being given to a donor as part of a clinical trial will not affect either the safety of the donor or of any potential recipient.

When a particular drug treatment is being assessed, trial participants may be randomly allocated to receive the treatment or a placebo drug. Participants should know which treatment is under investigation in their trial (or trial arm) but will not know whether they have had the treatment or not. They should be assessed for donation on the basis that they might have done.

Some donors may not recall which treatment was under investigation in their trial (or trial arm). In this case, the donor should be asked to find out and contact us again when they have the information available.

Reason for change Removal of specific details regarding COVID-19 trials. The See if Relevant section has been revised.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Clopidogrel

Obligatory **Must not donate**

Additional Information Clopidogrel is an antiplatelet drug which is used in the treatment and secondary prevention of cardiovascular disease and stroke.
Occasionally Clopidogrel is used for primary prevention in patients who are intolerant of or hypersensitive to aspirin. The risk of bruising after blood donation while on Clopidogrel is not known, so any donor on this medication should be deferred, even if they are otherwise eligible.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55.

Coeliac Disease

Discretionary Accept.

Additional Information Coeliac disease is an abnormal immune response to gluten (contained in some cereals, in particular wheat) that damages the small bowel. This can lead to poor absorption of minerals and vitamins that are necessary to make blood. Avoiding gluten reverses the problem.

The haemoglobin screening test will check that an individual is not significantly anaemic before a donation is taken.

Reason for change 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Communication Difficulties

Obligatory **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.

See if Relevant Central Nervous System Disease
Disabled Donor
Neurobehavioral Disorders

Additional Information The Blood and Tissue Services are aware of their duties under the Equality Act 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 Help Line before attending a donor session to see if their needs can be met. It is however important to note the following.

To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) 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 (Part A 1-13).

b) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15).

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 (Part B 16 (a) - (f)).

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 standardised way of assessing comprehension so this will be a personal judgement made by the qualified health professional.

Guidance on the use of interpreters is presented in Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book)

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

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change The guidance on third party interpreters has been moved to Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).

Update Information This entry was last updated in
WB-DSG Edition 203 Release 77

Complementary Therapy

Obligatory

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

b) It is less than four months from any treatment that involves:
- piercing the skin (e.g. acupuncture)
- drawing blood (e.g. wet cupping)
- an invasive procedure (e.g colonic irrigation)

Discretionary

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

b) For all other therapies

1. Performed within the NHS
If performed by NHS staff on NHS premises including GP surgeries, 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),
General Pharmaceutical Council (GPhC),
Pharmaceutical Society of Northern Ireland (PSNI),
The Health and Care Professions Council (HCPC) (which regulates Physiotherapists, Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Prosthetists and Orthotists, Radiographers 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 expected to follow safe practices.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped 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 the blood services.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The regulatory organisations for Pharmacists in the UK have been added.
The HCPC ceased to be the regulatory authority for Social Workers in England in 2019. The list of health and care professionals regulated by the HCPC has been amended.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 61.

Conn's Syndrome

Excludes

Secondary Hyperaldosteronism

Obligatory

Must not donate

Discretionary

If donor has undergone surgery for a benign adrenal tumour (adenoma), the donor is fully recovered, has been discharged from follow up and is not on medication for Conn's syndrome, accept.

See if Relevant

Blood Pressure – high
Diuretics

Additional Information

Conn's syndrome (primary hyperaldosteronism) is caused by overproduction of aldosterone in the adrenal cortex. Aldosterone is a hormone that regulates potassium and sodium levels

as well as fluid balance in the body thereby maintaining blood volume and blood pressure, helping the body to control stress and maintain a steady metabolic state and normal electrolyte balance.
Secondary hyperaldosteronism is caused by increased adrenal production by medical conditions outside the adrenal gland which stimulates the renin- angiotensin- aldosterone mechanism.

Contraceptive Use

Discretionary Accept.

See if Relevant Anaesthetic
Pregnancy
Surgery

Additional Information If a female donor has been pregnant in the last nine months, see Pregnancy.

The use of contraceptives should not normally be a reason to defer a donor. However if surgery (leaving a wound), a local anaesthetic or sedation was required to introduce a contraceptive within the last seven days, please see the entry on 'Surgery' or 'Anaesthesia' as appropriate.

Reason for change Advice in additional information has been brought in line with that for Surgery and Anaesthesia.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 04 Issue 02.

Coronavirus Infection (COVID-19)

Includes COVID-19 disease due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV.

Definitions **Testing:** PCR (polymerase chain reaction) and rapid lateral flow tests (LFTs), usually by throat and/or nose swab, to detect the presence of SARS-CoV-2. This does not include testing for antibodies to SARS-CoV-2

1. Individuals with confirmed or suspected COVID-19 infection

Includes

- Individuals with confirmed COVID-19 infection, diagnosed by a positive LFT or PCR test.
- Individuals where the results of SARS-Cov-2 testing, if carried out at the request of a health care professional, are awaited.

Obligatory **Must not donate.**

Discretionary If it is at least seven days from the resolution of symptoms, and no further testing is required, accept.

2. Individuals with non-specific symptoms, not confirmed as COVID-19

Includes Individuals who have non-specific symptoms of a respiratory infection, including coughs and cold symptoms.

Excludes Individuals who are awaiting test results for SARS-CoV-2 infection, as requested by a health care professional.

Obligatory See Infection - Acute

3. Post-Covid Syndrome (Long Covid)

Obligatory **Must not donate**

Discretionary If it is at least 6 months since all symptoms, including fatigue, have resolved, accept.

4. Occupational and other routine surveillance

Discretionary Donors who have regular testing for the presence of SARS-CoV-2 (Coronavirus) can be accepted to donate provided they have not had a positive test for SARS-CoV-2 in the last seven days.

This includes donors who work in a Health, Social Care or Educational setting.

See if Relevant Clinical Trials
Immunisation – Non-live
Infection - Acute

Additional Information Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for transfusion recipients. Since 2002 there have been outbreaks in humans of new strains of coronavirus, associated with severe pulmonary infections and mortality rates of 10-35% e.g. SARS and MERS.

COVID-19 is an illness caused by infection with SARS-CoV-2, a new coronavirus first identified in 2019. The guidance within this entry is focussed on COVID-19. Donors who report MERS or SARS, or contact with these infections, should be referred to a DCSO.

Many respiratory illnesses, including COVID-19, share common symptoms. As routine testing for SARS-CoV-2 infection is no longer recommended, most individuals will not have test results to confirm or exclude COVID-19. Where COVID-19 testing is not being undertaken, assessing donors using the Infection – Acute entry ensures that individuals are deferred for the appropriate time based on their symptoms.

Individuals affected by COVID-19 may experience longer term symptoms. Post-Covid Syndrome (PCS), which may also be known as Long Covid, is recognised in individuals who have persistent symptoms for 12 weeks or more. PCS is a multisystem disease; common symptoms include fatigue, breathlessness and ‘brain fog’. Affected individuals may also experience cardiac, musculoskeletal, gastrointestinal and neurological symptoms. As PCS may follow a relapsing course, it is important individuals have fully recovered before being accepted to donate.

Post Donation Information There is no evidence at present that coronaviruses can be transmitted by blood transfusion and therefore these measures are precautionary.

Donors must be provided with information about contacting the blood service if they develop any illness after blood or component donation.

If a donor reports post-donation respiratory illness, refer to Appendix 4 – Management of post donation illness

Reason for change The deferral after COVID-19 vaccination has been removed.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Decompression Illness

Obligatory **Must not donate if:**
a) Undergoing investigation or treatment or are still symptomatic.

b) The illness has been complicated by conditions that exclude the donor from donation.

Discretionary If recompression treatment ended more than 24 hours previously, the donor feels well enough to have returned to work / normal daily activities, neither steroid nor anticoagulant drugs have been taken within the previous 7 days, and:

a) Muscle (e.g. limb pain), skin (e.g. lymphatic swelling), or mild neurological symptoms (such as weakness or numbness) have stabilised and the donor has been discharged, accept.

b) Arterial gas embolism has responded fully to recompression treatment, with no evidence for myocardial or cerebral ischaemic event (heart attack/stroke), accept.

See if Relevant

Anticoagulant Therapy
Cardiovascular Disease
Cerebrovascular Disease and Intracranial Haemorrhage
Disabled Donor
Epilepsy
Investigations
Nonsteroidal Anti-Inflammatory Drugs
Urinary Catheterisation
Steroid Therapy
Vertigo

Additional Information

Decompression illness incorporates "Decompression sickness" (the bends) and arterial gas embolism. Most events reported by potential donors are likely to relate to diving incidents. The symptoms are caused by bubbles of inert gas (either nitrogen or helium) forming within the tissues (skin, muscle, nerves), or within the circulation, due to inappropriately rapid ascent from depth. This can lead to a broad spectrum of symptoms from mild muscle cramps at one end, to paralysis, heart attack or stroke at the other.

Treatment is a combination of re-pressurising the patient, and increasing the inspired partial pressure of oxygen, which facilitates the gradual removal of the retained inert gas. Additional treatment with nonsteroidal anti-inflammatory drugs (NSAIDs), steroids and anticoagulants may sometimes be used.

Complete relief of symptoms occurs in 50 to 98% of individuals depending on the severity, and period of time between development of symptoms and treatment. Donors who have suffered significant medical problems (heart attack, stroke, paralysis etc.) would be deferred on the basis of this outcome.

Donors with milder symptoms which have either resolved completely, or are considered by the treating physician to have improved as much as they are going to, can be accepted as long as they meet the above criteria, and they have felt well enough to return to normal activities of daily life (housework, employment, driving etc.).

Reason for change

Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Dental Treatment

Obligatory

Must not donate if:
a) Less than seven days since root canal treatment, dental capping (crown or veneer), dental implants 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 or the donor has been on antibiotics within the last seven days.

e) Allogeneic human tissue (bone) has been used.

f) Less than three months since any invasive dental treatment outside of the UK and Republic of Ireland (ROI).

g) Receiving, or waiting for, treatment for periodontal gum disease.

Discretionary

a) If inspection, dental impressions or re-cementing of an existing crown or veneer only, with no requirement for further drilling or local anaesthetic, accept.

b) If the donor has received an autologous bone graft within the UK or ROI, accept. An autologous graft is derived from the donor's own bone.

c) If the donor has been treated within the UK or ROI with graft material derived from a non-biological or approved non-human source, accept.

d) If donor has received graft materials during dental treatment outside the UK and ROI, refer to a **Designated Clinical Support Officer (DCSO).**

e) If the donor has completed any treatment for periodontal gum disease, is well with no symptoms of gum disease, and they are only attending a dentist or dental hygienist for cleaning to maintain gum heath no more than once every three months, accept.

See if Relevant

Infection - General
Surgery
Tissue and Organ Recipients

Additional Information

Dental extractions, other treatments and active gum disease 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.

Gum disease is common. Symptoms include pain, swelling, ulcers and difficulty eating. Donors may declare that they have gingivitis which is inflammation of the gums and which may be acute or chronic, but more chronic or extensive inflammation is usually called periodontal disease. If left untreated, disease can spread to the underlying bones causing teeth to become lose and/or require removal.

Referral to a periodontal specialist may be required, but active significant gum disease will usually be managed to prevent progression, by frequent visits to a dentist or dental hygienist for a course of intensive deep cleaning. Once this course of periodontal treatment is completed then the usual regular schedule of dental hygienist cleaning three-monthly to maintain gum health will resume and continue. Gum disease can be associated with e.g. diabetes or pregnancy, and so care must be taken to ensure a donor is also otherwise eligible.

As there may be uncertainty about infection risks for invasive dental treatment performed outside the UK and ROI, a deferral period of three months is required. Invasive treatments include root canal treatments, dental capping, dental implants and tooth extractions.

Graft materials used in dental procedures are highly processed products, derived from autologous bone, other human bone (allogeneic), animal bone or non-biological materials.

In the UK and ROI, any animal-derived graft material used in dental treatment are approved by regulatory authorities and can be regarded as free from known infection risks. If the donor knows that they received a product derived from an animal, or non-biological) source, the donor can be accepted. If the donor is unsure, advise them to check with their dentist.

For dental surgery performed elsewhere in the world, it may be necessary to request more information about any graft products which were used.

Donors who have had more extensive surgery on their jaw may have received a standard human bone graft. If in doubt, refer to a **DCSO**.

Reason for change

Guidance for donors receiving treatment for periodontal disease has been added.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Dermatitis

Includes

Eczema

Obligatory

Must not donate if:

a) The venepuncture site is affected.

b) Large areas of skin are affected.

c) Taking steroid tablets, injections, or applying steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas.

d) The donor has needed long term (six months or more) steroid treatment within the last 12 months.

e) The affected areas are infected.

f) Less than four weeks from the last dose of Alitretinoin (Toctino®).

Discretionary

a) If the area affected is small, the venepuncture site is not affected and using topical treatment only, accept.

b) If the donor:

- has been established on oral treatment for their skin disease with only one of the following drugs: Methotrexate, Sulfasalazine, Hydroxychloroquine or Azathioprine, and
- the dose of the drug has not increased in the previous 6 months, and
- their skin disease is controlled by medication, and
- the venepuncture site is not affected, and
- the donor is well,

accept.

c) If there is any uncertainty about the diagnosis or the nature of treatment, refer to a DCSO.

See if Relevant

Allergy
Autoimmune Disease
Infection - General
Monoclonal antibody therapy or other Biological Modalities
Steroid Therapy

Additional Information

Dermatitis refers to a group of skin conditions characterised by epidermal change. It may involve both allergic and non-allergic processes. Because of damage to the skin, local infection is a common problem. For this reason the venepuncture site must not be affected.

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation. Long term steroid therapy may also cause temporary adrenal dysfunction. A waiting period of 12 months from the last dose allows time for the adrenal glands to recover.

Some of the treatments used to treat eczema can affect the immune system (e.g. azathioprine (Imuran®), ciclosporin, hydroxycarbamide (hydroxyurea, Hydrea®), mycophenolate (CellCept®)) and so can mask signs of infection. This is why systemic treatments (taken by mouth or injection and so affecting the whole body) requires a 12 month deferral period from the time the treatment stops. Under normal circumstances the use of topical treatment with steroid, tacrolimus (Protopic®) or pimecrolimus (Elide®) will not result in blood levels which cause systemic suppression of the immune response. Systemic suppression is more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Reason for change

A discretion to accept donors on oral medication has been added and the text has been updated to ensure consistency with other DSG references to immunosuppression.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 71

Diabetes Insipidus

Obligatory **Must not donate.**

Additional Information Diabetes insipidus is an unusual condition (about 1 in 25,000 people are affected) where the body cannot retain enough water. It is very different from diabetes mellitus (sugar diabetes). Because of the difficulty in maintaining a normal fluid balance it is considered unwise for a person with this condition to be a donor.

Reason for change 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Diabetes Mellitus

Also Known As Sugar diabetes and type I (1) and II (2) diabetes.

Obligatory **Must not donate if:**
a) Requires treatment with insulin.

b) Diabetes 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 renal impairment.

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

g) Has or has had gangrene.

h) Has or has had ulcers or wounds related to a loss of sensation.

i) Has had a transplant of pancreatic tissue.

Discretionary a) If diagnosed with pre-diabetes or gestational diabetes but not requiring treatment, accept.

b) If controlled by diet or oral medication or injectable medication other than insulin, e.g. Exenatide (Byetta®) or Liraglutide (Victoza®), that has not been changed in type or dose in the last four weeks, accept.

c) If previous treatment with insulin (including bovine insulin) was stopped more than four weeks ago, accept.

d) 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.

e) If a donor has a glucose monitoring device to manage their diabetes and is otherwise eligible according to the above criteria, then as long as there is no inflammation or infection at or around the site of the skin sensor, accept.

See if Relevant
Cardiovascular Disease
Cerebrovascular Disease and Intracranial Haemorrhage
Chiropody
Infection - General
Pregnancy
Shunts, Stents and Devices

Tissue and Organ Recipients
Wounds, Mouth and Skin Ulcers

Additional Information

In the UK about one in twenty individuals has diabetes. The majority of cases do not require treatment with insulin. Many people with this type of diabetes (often called type II (2)) are in good health and are fit to donate blood.

It is however important that complications due to diabetes are carefully assessed and, where necessary, donors are excluded from donating (e.g. those at risk of postural hypotension due to autonomic neuropathy, or those at risk of bacteraemia due to unhealed ulcers).

The rationale for not accepting donors on oral medication for diabetes mellitus 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 diabetes that required treatment.

It is a requirement of the Blood Safety and Quality Regulations not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.

Diabetic donors should be informed that blood donation will lower their HbA1c (glycated haemoglobin) levels. This blood test is used to monitor their diabetic control. Donors should inform their diabetic team that they are blood donors so this can be taken into account when reviewing HbA1c levels. Blood donation should preferably be performed after HbA1c testing.

HbA1c decreases under conditions which shorten the life-span of red blood cells (RBC). HbA1c is made when the glucose (sugar) in the body sticks to the RBC. As the body can't use the sugar properly more of it sticks to the RBC and builds up in the blood. RBC are active for around 3 months. By measuring HbA1c, clinicians are able to get an overall picture of what a patient's average blood sugar levels have been over a period of weeks /months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.

According to national guidelines people with type 1 diabetes should be offered a continuous glucose monitor (CGM) or flash glucose monitor (e.g. FreeStyle Libre). Some people with type 2 diabetes may also be offered a CGM or flash glucose monitor. Care should be taken to ensure donors are eligible in regard to their diabetes as most will be using insulin, often via a pump, which would preclude them from donation, and/or will be having difficulties monitoring or controlling their blood glucose levels and donation at that time would not be advisable.

Glucose monitoring devices are available to buy and donors with stable diabetes not treated with insulin may have chosen to buy a device to use.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Disabled Donor

Obligatory

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 infections that may affect its suitability for use.

c) 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).

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

Central Nervous System Disease
Urinary Catheterisation
Neurobehavioral Disorders
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 a disability are advised to seek advice from their local Blood Service Help Line before attending a donor session to see if their needs can be met. It is however important to note the following.

Some donors, especially those with spinal cord injuries can have significant problems with regulating their blood pressure and as such may be at a greater risk of vasovagal events following blood donation. People who are in wheelchairs are more at risk if they suffer a delayed vasovagal event in the chair, and are alone, as they could remain upright and may suffer prolonged cerebral hypoxia. This can result in permanent brain injury or in extreme circumstances death. For this reason donors must not donate from a wheelchair. Some potential donors may have indwelling shunts and/or catheters in situ which will mean that they are not eligible to donate.

To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) 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 (Part A 1-13).

b) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15).

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 (Part B 16 (a) - (f)).

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. 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 standardised way of assessing comprehension so this will be a personal judgement made by the qualified health professional.

Guidance on the use of interpreters is presented in Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).

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

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The guidance on third party interpreters has been moved to Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).

Update Information

This entry was last updated in
WB-DSG Edition 203 Release 77

Diuretics

Also Known As

Water tablets.

Obligatory **Must not donate if:**
a) Taken for heart failure.

b) Taken for kidney failure.

Discretionary a) If taken for pre-menstrual syndrome, accept.

b) If taken to treat hypertension as either the only drug or with other anti-hypertensive medication, accept.

See if Relevant Blood Pressure - High
Cardiovascular Disease
Kidney and Bladder Disease

Additional Information Diuretics (water tablets) are used for many different reasons. If they are taken for a serious condition such as heart or kidney failure the donor should not be accepted.

Reason for change 'Obligatory' and 'Additional Information' entries have been added together with links to 'Cardiovascular Disease' and 'Kidney Disease'.

The 'Discretionary' entry has been amended to be consistent with the change to 'Blood Pressure - High'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 22.

Diverticular Disease

Obligatory **Must not donate if:**
a) Has symptoms of diverticulitis.

b) Less than seven days from completing systemic antibiotic treatment.

Discretionary If the donor has no symptoms other than mild abdominal pain or constipation, accept.

See if Relevant Endoscopy
Infection - General
Investigations
Stoma
Surgery

Additional Information Diverticula are pouches sticking out of the side of the large bowel (colon). They become more common as a person ages (50% of people have them by the age of 50, and 70% by the age of 80). Often they are an incidental finding when the large bowel is examined. This is known as diverticulosis and is not a problem. About a quarter of people who have diverticula have symptoms and this is known as diverticular disease. Symptoms are commonly related to pain and constipation but the condition can lead to infection (diverticulitis) and bleeding. Some people may require surgery.

Reason for change This is a new entry. The previous entry on diverticulosis did not deal with any of the complications of diverticular disease.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Donor Weight

Definitions **EBV – Estimated Blood Volume.** This is calculated using the Nadler formula (Ref: Chapter 3.7 Guidelines for the Blood Transfusion Services in the UK).

ECV – Extra Corporeal Volume. This is the total volume outside the donor's circulation at any time during a donation procedure. It includes all blood, plasma and components in the collection packs, the machine harness and testing samples.

Obligatory **Must not donate if:**

a) Under 65 kg (10 stone 3 pounds)

b) The donor weight means that they have difficulty in getting onto or off the donation couch.

c) Venous access is very difficult.

d) The safe weight limit of the bleeding couch/chair is exceeded.

e) They are a double red cell donor and weigh under 70 kg (11 stone).

Discretionary

a) If male and over 50 kg of weight (7 stone 12 pounds), accept.

b) If female, 20 years of age or older and over 50 kg of weight (7 stone 12 pounds), accept.

c) If female, less than 20 years of age with an EBV of 3500 mL or greater (as per Appendix 1), accept.

Component Donation

During any planned component donation procedure, the donor's ECV must not exceed 16% of their EBV at any point in the procedure.

Careful consideration should be taken when calculating the EBV for transgender donors to ensure the most appropriate chart is selected.

See if Relevant

Appendix 1 – Estimated Blood Volume for Female donors (after Nadler) by height and weight
Appendix 3 – Maximum permitted ECV for component donation
Sleep Apnoea
Weight Loss Medication

Additional Information

Limits on donation volume are in place to protect the donor from adverse effects such as fainting.

There is a minimum legal donor weight of 50 kg at which a donation can be accepted. In young women there is a significant risk of fainting if their donation exceeds 15% of their EBV thus a minimum EBV of 3500 mL is needed.

For individuals with a body mass index greater than 40, there is a risk that the formula used to calculate blood volume may result in an overestimation of EBV.

The 50 kg lower weight limit is not appropriate for double red cell donations because of the increased volume and iron that is being taken from the donor.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005. Other parts are related to research into the reasons why donors faint.

Reason for change

Guidance on the use of weight loss medication has been moved to a new entry.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 78

Drug Index

See

Drug Index - preparations which may affect platelet function

Reason for change

This is a new entry to link with the Drug Index.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

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 A-Z index entry for the disease being treated or the drug taken.

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.

The number of different drugs taken should not of itself make a donor ineligible.

See if Relevant

Acne
Alopecia
Anti-Androgens
Antibiotic Therapy
Autoimmune Disease
Drug Index - preparations which may affect platelet function
Immunodeficiency
Immunoglobulin Therapy
Lichen Planus
Nonsteroidal Anti-Inflammatory Drugs
Prostate Problems
Psoriasis
Steroid Therapy

Additional Information

In most circumstances it is the condition that a drug is being taken for, rather than the drug itself, that will lead to deferral. This is because the amount of drug that will be transfused will be very small.

Some drugs are however known to cause birth defects even in tiny amounts. As we do not know who may receive donated blood (it may be transfused directly into an unborn baby) people taking these drugs must be deferred.

It is also important to be certain that a particular drug will not stop platelets from working properly. The blood of anyone who has taken drugs in the last seven days that can interfere with platelet function can be used for red cells but may not be suitable for preparing platelets.

If a specific drug is not indexed individually, or as a group (e.g. Nonsteroidal Anti-Inflammatory Drugs and Steroids), and the reason for treatment is not a cause for deferral, the donor should be accepted. If in doubt contact a **'Designated Clinical Support Officer'**.

Reason for change

Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Ehlers Danlos Syndrome

Obligatory

Must not donate if:
a. there is history of excessive bleeding or bruising
b. there is a history of repeated joint dislocation involving the upper limbs
c. there are complications due to effects on the heart, cardiovascular system and other organs, e.g. heart valve disease or aortic root involvement, or the donor is under active investigation, treatment or follow up by a specialist
d. there is active periodontal disease

Discretionary

If the condition is mild and donor is not prone to excessive bruises or bleeding, even if taking analgesics for joint pain, accept

See if Relevant

Autoimmune Disease
Cardiovascular Disease
Drug Index

Additional Information

Ehlers Danlos syndrome is usually a mild condition which typically presents with hypermobility of joints, joint pains and tendency to bruising. Most donors are treated symptomatically, usually with analgesics for joint pains.

Ifthere isdoubt about the diagnosis or severity, refer to aDesignated Clinical Support Officer.

Endocarditis

Includes Subacute bacterial endocarditis (SBE).

Obligatory **Must not donate if:**
a) Has active infection.

b) Has a heart defect that limits activity.

See if Relevant Cardiac Surgery
Cardiovascular Disease
Infection - General
Transfusion

Additional Information People with heart problems that may lead to endocarditis (inflammation of the heart lining, heart muscles and heart valves) may not be fit to donate because of either their heart defect or because of treatment for it. This may have included surgery and transfusion.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

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.

The entry has also been changed from the previous entry for 'Subacute Bacterial Endocarditis'. In particular, any risk of developing endocarditis as a result of venepuncture is now considered insignificant. There has also been a NICE review of when antibiotics are needed for prophylaxis against endocarditis. This has resulted in the guideline no longer referring to taking 'antibiotics when having dental treatment' as this is no longer advised.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Endometriosis

Discretionary Accept.

See if Relevant Drug Index - preparations which may affect platelet function
Endoscopy
Nonsteroidal Anti-Inflammatory Drugs
Surgery

Additional Information Endometriosis is a common condition affecting women in their reproductive years. It is caused by the type of cells that usually line the womb occurring elsewhere in the body - usually in the pelvis, outside of the uterus. The cells outside of the womb undergo the same cyclical changes as the ones lining the womb. The commonest symptom is pain and discomfort around the time that a period would be expected. Endometriosis should not normally affect donation but it is important to check if the donor is taking pain killers that might prevent a donation being used for platelet production.

Reason for change Links and 'Additional Information' have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Endoscopy

Excludes Colposcopy - see Cervical Dysplasia

Obligatory **Must not donate if:**
Less than four months from a procedure involving a flexible endoscope.

Discretionary

If the procedure involved a rigid endoscope and the donor is

- well, and
- not waiting for further tests or results, and
- the diagnosis does not preclude donation,

accept.

See if Relevant

Malignancy
Surgery

Additional Information

For the purposes of donor selection:

- any endoscopic procedures performed through a surgical incision (e.g. arthroscopy) can be considered a rigid endoscopy.
- proctoscopy (also called rigid sigmoidoscopy) involves the use of a rigid endoscope.
- any endoscopy performed outside of the UK and ROI should also be assessed using the Surgery entry.

Flexible endoscopes can be difficult to disinfect. There have been cases where infection has been passed from person to person by examination and biopsy using this type of instrument. This excludes disposable flexible equipment that may be used through a rigid endoscope e.g. to obtain biopsies.

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

The procedure of 'Virtual endoscopy' is a radiographic technique that does not involve the use of an endoscope just a disposable tube; it is not in itself a reason for deferral.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005 in accordance with EU regulation, but the risk within the UK and ROI is minimal.

Reason for change

Clarification of rigid and flexible endoscopy, and the risk in the UK and ROI.
Removal of reference to colposcopy, referring user to the appropriate entry for guidance.
Change to refer to endoscopy as a procedure rather than an examination.
Inclusion of associated considerations for donor selection.

Update Information

This entry was last updated in
WB-DSG Edition 203, Release 76

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:
If a person with a past history of epilepsy has, for the past three years, neither required anticonvulsant therapy, nor been subject to fits, accept.

See if Relevant

Malignancy
Neurosurgery

Additional Information

Faints following donation can lead to epileptiform convulsions. This is caused by 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.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The 'Discretionary' entry has been modified and further 'Additional Information' has been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Erectile Dysfunction

Obligatory

See:
Is there an entry for the cause of the condition?

Must not donate if:

1. Injectable medication is not prescribed by a registered practitioner.
2. Used for malignancy or other condition which precludes donation.

See if Relevant

Blood Pressure - High
Cerebrovascular Disease and Intracranial Haemorrhage
Diabetes Mellitus
Prostate Problems
Testosterone Replacement Therapy

Additional Information

Treatment for erectile dysfunction (including self-injection of UK prescribed drugs) should not normally prevent donation but the underlying cause of the erectile problem might.

Drugs obtained while travelling abroad or from non-regulated sources may pose unknown health risks.

Reason for change

Clarification of guidance relating to injectable medication and underlying cause of ED. Addition of link for new 'Testosterone Replacement Therapy' entry.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 79

Etretinate

Obligatory

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

See if Relevant

Acne
Lichen Planus
Psoriasis
Skin Disease

Additional Information

Etretinate (Tigason®) is no longer prescribed in many countries because it is highly teratogenic (causes birth deformities) and stays in the body for an extremely long time. It has largely been replaced by acitretin (Neotigason®) which also has restrictions - please follow the relevant link in the index.

As it is not possible to know if a donation may be given to a woman in the early stages of pregnancy, individuals who have ever been exposed to this drug cannot donate.

Reason for change

A link has been added to Skin Disease.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 10 Issue 01

Exercise

Discretionary

Providing the donor is well hydrated, recovered from recent exercise and appropriate advice is given concerning post-donation exercise, accept.

Additional Information

People who are planning to undertake exercise after giving blood should be advised that donation may affect their performance and may also increase the risk of bleeding from the venepuncture (needle entry) site and of other adverse events such as fainting. They may wish to wait until the following day so as to avoid any problems.

Individuals who undertake sport at high levels of performance should be aware of both the

short term affect of blood donation on performance and the possible long term affects if they should become short of iron. They may wish to seek specialist advice on how to avoid adverse affects on their performance from donation.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Eye Disease

Obligatory

Must not donate if:
a) Active ocular inflammation or infection (including conjunctivitis, acute glaucoma, iritis or scleritis).
b) History of malignancy.
c) Ocular tissue transplanted.
d) Within seven days of receiving injected treatment for age-related macular degeneration (AMD).

e) The donor declares a history of optic neuritis.

Discretionary

a) If chronic glaucoma treatment is with tablets or drops only, accept.

b) Non-injection treatment for age-related macular degeneration (AMD), accept.

c) Most donors with poor vision can be accepted but see 'Disabled Donor' if they are not able to read.

d) If more than seven days from intravitreal injection treatment for age-related macular degeneration (AMD), accept.

e) If completed course of any eye drops following surgery for a benign condition not requiring ocular tissue transplant and there is no active infection or inflammation, accept.

See if Relevant

Autoimmune Disease
Diabetes Mellitus
Disabled Donor
Indwelling Shunts and Stents and Implanted Devices
Infection - General
Laser Treatment
Malignancy
Steroid Therapy
Thrombosis and Thrombophilia
Tissue and Organ Recipients
Central Nervous System Disease

Additional Information

Allogeneic (from another person) ocular tissue may be transplanted in operations other than corneal transplants, including surgery for glaucoma. If surgery was performed after 1997 and any transplanted ocular material was supplied through UK Transplant, this information will be stored on the National Transplant Database held by NHS Blood and Transplant.

There is a risk of bacterial infection and other complications following injection treatment for age-related macular degeneration (AMD). This is why a seven day deferral is required.

Intravitreal injection treatment for wet/age-related macular degeneration is with anti-vascular endothelial growth factor (anti-VEGF) therapy, these include Bevacizumab (Avastin®), Ranibizumab (Lucentis®) and Pegaptanib sodium (Macugen®).

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change An entry re Optic Neuritis has been added as well as a link to Central Nervous System Disease

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 38 Issue 01

Faints

Definitions

Delayed Faint:
Is a faint that occurs after the donor has left the donation venue.

Obligatory

Must not donate if:
a) History of an unexplained delayed faint.

b) Two consecutive faints following or during donation.

Discretionary

A donor with a history of a feeling faint on more than one occasion may be accepted following a thorough assessment by a Registered Health Care Professional.

If a donor with a history of fainting is accepted, careful observation is required.

Additional Information

Vasovagal events can range in severity.

When assessing a donor's eligibility to continue to donate following a previous vasovagal event, the Registered Health Care Professional should consider:

- Any contributory factors before and after the donation?
- Was there prolonged recovery after the previous vasovagal event?
- Did the donor sustain an injury?
- Did the donor require treatment from a Health Care Professional outside the blood service?

An unexplained delayed faint occurs when there is no obvious reason for the faint, other than the history of donation. Events that might contribute to a delayed faint would be exertion, dehydration, exposure to an unpleasant situation, or standing for prolonged periods.

A previous history of faints increases the likelihood of a severe adverse reaction to donation.

Reason for change

Updated to include guidance on assessing donors who report a previous vasovagal reaction during or after blood donation.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Familial Pseudohyperkalaemia

Obligatory

Must not donate

Discretionary

If the donation will not be used to manufacture red cell components for Intrauterine Transfusion (IUT) or transfusion to neonates and infants, accept

Additional Information

Familial pseudohyperkalaemia (FP) is a red cell disorder characterised by altered permeability of the red cell membrane. This is an asymptomatic condition which causes increased leakage of potassium from red cells when stored at refrigerated temperatures. High levels of potassium in stored red cell units are a particular risk for transfusion recipients less than one year of age.

The most common FP variant affects about 1 in 400 of the UK donor population (although it is less common in donors from non-European ethnic groups).

Reason for change

New entry

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 44

Fertility

Obligatory

Must not donate if:

a) Under investigation for infertility.

b) Any underlying cause or reason for fertility treatment precludes donation.

c) Undergoing current fertility treatment and monitoring for pregnancy.

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

e) The donor knows that they have ever been treated with Metrodin HP®.

Discretionary

a) If the donor:

- is not undergoing fertility investigation or treatment, and
- is fully recovered from any fertility-related procedure as applicable, and
- is not being monitored for pregnancy, and
- does not have any underlying or associated condition that precludes donation, and
- has never received treatment with human gonadotrophin of pituitary origin, and
- has never received any other treatment that precludes donation,

accept.

b) If a recipient of donated egg(s), embryo(s) and/or sperm is otherwise eligible in regard to fertility investigation and treatment and any underlying or associated condition, accept.

See if Relevant

Prion Associated Diseases
Surgery

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.

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. There is no need to confirm that the donor was not treated with Metrodin HP®. Donors may have received other non-pituitary derived gonadotrophins which are acceptable.

Recipients of donated eggs, embryos and sperm are eligible to donate. This is in accordance with the SaBTO Microbiological Safety Guidelines.

Donors who have undergone egg donation, egg collection for fertility preservation, and surgical sperm retrieval should be assessed regarding any hormone treatment they have received and using the Surgery entry.

Fertility preservation is available for:

- Individuals undergoing treatment (for cancer but also for some benign conditions) that puts them at risk of becoming infertile.
- Individuals considering gender transitioning.
- Elective social egg freezing; for individuals who wish to delay fertility.

Reasons that donors may be undergoing treatments and procedures for fertility include Polycystic Ovary Syndrome (PCOS), Endometriosis, testicular problems, genetic conditions. For one in four individuals the cause of their fertility problems may not be known. Sensitive questioning may be needed to establish any underlying cause or associations that may be relevant to the donor's health and eligibility.

Donors with inherited conditions e.g. mitochondrial disease may undergo fertility-related diagnostic and assistance treatments and procedures. Unaffected carriers may be eligible to donate if they otherwise fulfil the criteria.

Reason for change

The eligibility of recipients of donated eggs or embryos is now specified. Inclusion of criteria and additional information regarding any underlying or associated conditions.

Replacement of reference to specific drugs with criteria to preclude donation whilst being monitored for pregnancy.

Addition of link to Surgery entry to facilitate assessment of donors who have had fertility-related procedures.

Inclusion of additional information for donors who have had a fertility-related procedure not due to a primary fertility problem.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 72

Fibromyalgia

Also Known As Fibromyositis or fibrositis.

Discretionary Accept.

See if Relevant Disabled Donor
Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs
Steroid Therapy

Additional Information Fibromyalgia is a common problem affecting soft tissues (muscles, tendons and ligaments) rather than bones or joints. The cause is not known but it is often linked to sleep disorders.

Reason for change The link to 'Inflammation' has been replaced with more appropriate links.

'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Frequency of Donation

Discretionary

1. Whole Blood:

A minimum interval of 12 weeks between donations should normally be observed.

Donors who regularly attend at intervals of less than 16 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 16 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 12 weeks.

2. Components:

a) Double Red Cells:

A minimum interval of 26 weeks between donations should normally be observed.

Donors who attend at intervals of less than 32 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 32 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 26 weeks.

b) Apheresis Platelets and/or Plasma:

A minimum interval of two weeks between donations should normally be observed. The combined total of platelet and plasma donations in any 12-month period should not be more than 26.

Donors of convalescent plasma can donate at weekly intervals, provided they meet all other requirements for plasma donation. They should not donate more than 26 donations in any 12-month period.

Donors who attend at intervals of less than four weeks may be at increased risk of iron deficiency.

c) Stem Cell Donors:

A donor should not give any routine donations for six months following bone marrow harvest and for three months following peripheral blood stem cell harvest or lymphocyte donation.

d) Donors who change donation type:

Care must be taken to ensure that limits on the frequency of donation are maintained for donors who move between donation types.

The following deferral periods should be applied:

Donors moving from whole blood to component donation (except double red cells):

4 weeks

Donors moving from platelet or plasma component donation to whole blood:

4 weeks since last component donation (and at least 12 weeks since the most recent whole blood donation)

Donors moving from whole blood to double red cell donation:

12 weeks.

Donors moving from double red cell donation to other component donation:

8 weeks.

Additional Information

The various intervals are to minimise the risk of developing iron deficiency, except for the deferral periods following stem cell or lymphocyte donation «which are in place to allow the donor to be available for further stem cell or lymphocyte donations should this be required.

Stem cells and lymphocytes are collected by apheresis.

Reason for change

The deferral periods after bone marrow or stem cell donation have been reduced in keeping with WMDA guidelines.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 68

Gall Bladder Disease

Obligatory

Must not donate if:
a) Symptomatic.

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

Discretionary If recovered from symptomatic disease or has asymptomatic gallstones not associated with an inherited haemolytic anaemia, accept.

See if Relevant
Endoscopy
Haemolytic Anaemia
Infection - General
Malignancy
Surgery

Reason for change Links have been added for 'Endoscopy', 'Haemolytic Anaemia' and for 'Malignancy'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Gastroenteritis

Definitions

Acute:
Lasting for a limited duration only.

Chronic:
Continuing or prolonged.

Obligatory

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

b) Less than two weeks since full recovery.

Discretionary If due to irritable bowel syndrome, accept.

See if Relevant
Diverticular Disease
Infection - General
Inflammatory Bowel Disease
Irritable Bowel Syndrome

Additional Information Acute gastroenteritis is usually caused by an infection. The Blood Safety and Quality Regulations 2005 require a two week deferral from the time of recovery. Chronic gastroenteritis is most likely to be caused by inflammatory bowel disease or irritable bowel syndrome.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change This is an updated entry which encompasses several previous entries, including 'Diarrhoea' and 'Gastric Flu'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Gastrointestinal Disease

Obligatory

Must not donate if:
a) Ulcerative colitis

b) Crohn's disease.

c) Malignant.

Discretionary

a) Other conditions may be acceptable but carefully consider the suitability of individuals liable to iron deficiency through impaired iron absorption or blood loss.

b) Coeliac disease, accept.

See if Relevant
Anaemia - 1. Iron Deficiency
Diverticular Disease
Gastroenteritis
Indwelling Shunts and Stents and Implanted Devices
Infection - General
Inflammatory Bowel Disease

Irritable Bowel Syndrome
Surgery
Transfusion

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Relevant links have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Giardiasis

Discretionary Accept.

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

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Glycogen Storage Disease

Obligatory **Must not donate if:**
Suffers from a Glycogen Storage Disease.

Discretionary If the potential donor suffers from type 0 (glycogen synthase deficiency), type V (McArdle disease), type XI (Fanconi-Bickel syndrome), type XII (Red cell aldolase deficiency), or type XIII Glycogen Storage Disease (Beta-enolase deficiency), accept.

Additional Information Glycogen storage disease (GSD) is the result of defects in the processing of glycogen synthesis or breakdown within muscles, liver, and other cell types. GSD in humans is genetic caused by an inborn error of metabolism (genetically defective enzymes) involved in these processes.

A position statement on Glycogen storage disorders is available in the JPAC Document Library

Update Information This entry was last updated in:
WBDSG-CB Edition 203, Release 36

Gout

Obligatory **See:**
Is there an entry for any underlying condition?

Must not donate if:
Related to malignancy.

Discretionary If any underlying condition is not of itself a reason to defer, even if on treatment, accept.

See if Relevant Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs
Malignancy

Additional Information Gout is due to high levels of uric acid. This will not affect the quality of the blood but taking nonsteroidal anti-Inflammatory drugs may affect the suitability of the donation for platelet production. Gout may be secondary to malignancy or its treatment.

Reason for change The entry has been modified to include an 'Obligatory' entry, additional links and 'Additional Information'.

Update Information This entry was last updated in:

DSG-WB Edition 203, Release 01.

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.

See if Relevant Prion Associated Diseases

Additional Information The use of human growth hormone of pituitary origin had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change 'Additional Information' on the use of human growth hormone of pituitary origin has been added. The date that this ceased to be used in the UK has been revised from 1987 to 1986.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Guillain-Barre Syndrome

Obligatory **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-Barre syndrome that recovered completely within 12 months.

d) **Refer to a 'Designated Clinical Support Officer'** before accepting a donor.

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

Additional Information The cause of Guillain-Barre syndrome is not known but it often follows an infection or immunization. It probably is associated with auto-antibodies to parts of the peripheral nervous system. This guideline is intended to prevent transferring antibody to a person receiving a transfusion that could then affect their nervous system.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Haematological Disease

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

b) A clonal disorder, e.g. primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).

Discretionary a) If following specialist investigation a polycythaemia is not diagnosed as Polycythaemia Rubra Vera, or another myeloproliferative neoplasm, and no treatment or further investigation is planned, accept

b) If following specialist investigation a thrombocythaemia, or another myeloproliferative neoplasm, is not diagnosed as Essential Thrombocythaemia and no treatment or further investigation is planned, accept

See if Relevant

Anaemia
Haemochromatosis
Haemoglobin Disorders
Haemolytic Anaemia
Immune Thrombocytopenia
Malignancy
Polycythaemia and Raised Haemoglobin

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.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The discretionary and see if relevant sections have been updated to include the revised Polycythaemia and Raised Haemoglobin entry.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 58

Haematuria

Obligatory

Must not donate if:
a) Due to infection.

b) Due to malignancy.

c) Not fully investigated.

See if Relevant

Kidney and Bladder Disease
Infection - General
Malignancy
Prostate Problems

Additional Information

Haematuria has many causes and most will require an individual to be deferred. If a person has not been fully investigated for the cause of their haematuria, they may have an underlying problem that would lead to deferral.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The need to be fully investigated has been added under 'Obligatory'.

Links have been added for 'Infection - General', 'Malignancy' and 'Prostate Problems'.

'Additional Information' has been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 22.

Haemochromatosis

Obligatory

Refer to a 'Designated Clinical Support Officer' if:
Therapeutic venesection has been required or is planned.

Discretionary

1. If the donor does not currently require therapeutic venesection, and has not been venesected in the past, accept.
   Previous blood donation is not considered to be the same as clinical venesection.

2. If the donor has been approved to donate by a DCSO and is otherwise eligible to donate, accept.
   Minimum intervals between donations for approved donors will be determined by individual blood services.

See if Relevant

Cardiovascular Disease
Liver Disease
Diabetes Mellitus
Hormone Replacement Therapy

Additional Information

Genetic Haemochromatosis (GH) is an inherited condition that can cause the body to accumulate too much iron. The standard treatment for GH is removal of blood through venesection. Individuals with GH will usually be monitored for iron overload through their GP or hospital clinic, and will be offered venesection if required.

Blood from an individual with GH is safe for transfusion as long as the donor meets all other donor selection criteria. However, it is important that GH patients are not under any additional pressure to donate blood. They must be under the care of an appropriate physician who can offer alternative venesection facilities if the donor is unable to donate. For this reason any patient with GH who has been venesected or who currently requires venesection must be approved by a 'Designated Clinical Support Officer' prior to acceptance.

Someone who has a diagnosis of GH following genetic testing but who has no iron overloading may be advised by their physician to donate blood, as this will reduce the likelihood of venesection being needed in the future. Donors in this situation can be accepted without DCSO referral, as long as they have not been venesected in clinic.

Reason for change

Clarification of when referral to DCSO is required prior to donation.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 55.

Haemoglobin Disorders

Obligatory

Must not donate if:
a) Sickle cell syndrome.

b) Thalassaemia syndrome.

c) Has a high affinity haemoglobin.

Discretionary

a) Donors with symptomless traits for abnormal haemoglobin, accept. **Note**, there is special guidance for donors with sickle trait.

b) Donors with thalassaemia trait, accept but advise they may fail the haemoglobin screening test.

See if Relevant

Anaemia
Polycythaemia and Raised Haemoglobin
Sickle Cell Trait
Transfusion

Additional Information

People with traits for abnormal haemoglobin and thalassaemia may be able to donate if they pass the haemoglobin screening test at the session and have no other problems associated with the trait.

Some individuals with thalassaemia trait have levels of haemoglobin lower than that required to pass the screening test required by the Blood Services. Although this is normal for them, they may never be able to donate.

Individuals with certain 'high affinity' haemoglobins develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons they should not be accepted.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The see if relevant section has been updated.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 58

Haemoglobin Estimation

Obligatory

The haemoglobin concentration should be estimated each time a potential donor presents.

Lower limits

1. Whole Blood Donors
Must not donate if the haemoglobin concentration is less than:
a) Female donors: 125 g/L
b) Male donors: 135 g/L
c) Not disclosed*: 125 g/L

2. Double Red Cell Donors
Must not donate if the haemoglobin concentration is less than:
All donors: 140 g/L

3. Component Donors who will only donate plasma
Must not donate if the haemoglobin concentration is less than:
a) Female donors: 120 g/L
b) Male donors: 130 g/L
c) Not disclosed*: 125 g/L

4. All other Component Donors
Must not donate if the haemoglobin concentration is less than:
a) Female donors: 125 g/L
b) Male donors: 135 g/L
c) Not disclosed*: 125 g/L

Upper limits

All Donors
Must not donate if the haemoglobin concentration is greater than:
a) Female donors: 165 g/L
b) Male donors: 180 g/L
c) Not disclosed*: 180 g/L

If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.

Discretionary

a) Potential donors whose haemoglobin concentration is estimated to be below the acceptable level may be asked to give a further sample of blood for testing by alternative means. If the haemoglobin concentration is not less than the levels shown above, accept.

b) If the haemoglobin concentration is above the upper limits listed above, refer to the Polycythaemia and Raised Haemoglobin entry.

See if Relevant

Hormone Replacement and Sex Hormone Therapy
Polycythaemia and Raised Haemoglobin
Transgender and Non-Binary Individuals

Additional Information

* Blood Services should have donor selection processes that are inclusive of transgender and non-binary individuals. These may be based on asking donors their Sex Assigned at Birth or asking donors about their gender identity and transgender history. For the purposes of this entry, ‘not disclosed’ criteria apply to donors who are not comfortable to answer these details. It is important to ensure donors understand the rationale for asking these questions.

Transgender and Non-binary donors may take gender affirming hormone therapy to support their transition. This may change the haemoglobin level in their blood and consideration can be given to changing the Haemoglobin criteria used to assess the donor, based on the therapy the donor is taking. See Transgender and Non-binary Individuals.

A 500 ml donation of whole blood contains about 250 mg of iron. It can take months for the average donor to replace this loss of iron from the diet. Taking a donation from a person with a haemoglobin concentration below the recommended value may make them anaemic.

The lower haemoglobin acceptance limits apply only to plasmapheresis donors who will only

donate plasma by apheresis. If it is anticipated that red cells or platelets will be collected during the procedure the donor must be assessed against the limits for 'all other component donor's above.

Component donors giving double units of red cells lose twice as much iron and so it is even more important that they start with a good haemoglobin concentration.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change The entry has been revised to include guidance on assessing transgender and non-binary donors. The See if Relevant section has been revised.

Update Information This entry was last updated in:
DSG-WB Edition 203 Release 70

Haemolytic Anaemia

Includes Red cell disorders:

- Enzyme abnormalities e.g. G6PD deficiency, pyruvate kinase deficiency
- Membrane abnormalities e.g. hereditary spherocytosis, hereditary elliptocytosis
- Paroxysmal nocturnal haemoglobinuria

Immune causes:

- Transfusion-related
- Drug-induced
- Autoimmune conditions

Other causes:

- Infection
- Toxins
- Venom
- Trauma e.g. march haemoglobinuria
- Liver disease – e.g. cirrhosis, Wilson's disease, pregnancy-induced including HELLP syndrome
- Malignancy

Excludes For sickle cell syndrome, thalassemia syndrome – see Haemoglobin Disorders

Obligatory **Must not donate.**

Discretionary a) If there is a known cause for the haemolysis that does not otherwise preclude donation (e. g. an adverse reaction to a medicine, march haemoglobinuria or a venomous bite) and the individual is completely recovered, accept.

b) Hereditary elliptocytosis not causing haemolysis or requiring splenectomy, accept.

See if Relevant
Autoimmune Disease
Haemoglobin Disorders
Liver Disease
Monoclonal antibody therapy and other Biological Modalities
Splenectomy
Steroid Therapy
Transfusion

Additional Information Causes of haemolytic anaemia include red cell and haemoglobin disorders.

Affected red cells are more likely to break down after collection. This could make the stored blood dangerous to transfuse.

Most cases of hereditary elliptocytosis do not affect red cell survival and may be accepted

Haemolytic anaemia can also be caused by immune reactions and other triggers. Care should be taken to establish the cause or associated condition and any treatment which may preclude donation or affect eligibility e.g. malignancy, splenectomy, transfusion, steroid or monoclonal antibody therapy. Only individuals who have otherwise had a distinct episode

from which they have fully recovered, with no ongoing problems, no risk of recurrence and no ongoing specialist follow-up will usually be eligible.

Reason for change Addition of causes and associated conditions in a new 'Includes' section and into the 'See if Relevant' and 'Additional Information' sections with reference to treatments that may also affect eligibility. Addition of 'Excludes' section for clarification.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Haemorrhoids

Obligatory **Must not donate if:**
Regular or severe bleeding is reported.

Discretionary If asymptomatic or occasional mild bleeding only, accept.

See if Relevant Anaemia - 1. Iron Deficiency
Endoscopy
Surgery

Additional Information Regular bleeding from haemorrhoids can lead to a shortage of iron. This would be made worse by donation and is likely to cause anaemia.

Reason for change The 'Discretionary' entry has been modified, a link has been added to 'Endoscopy' and 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Hair Removal

Discretionary Unless the technique has lead to wounds or infection, accept.

See if Relevant Infection - General
Wounds, Mouth and Skin Ulcers

Additional Information There are many different ways of removing hair, including creams, waxing, electrolysis and the use of co-cyprindiol (Dianette®). Providing there are no wounds or infection, the donor may be accepted.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Hazardous Activity

Definitions **Hazardous Activity:**
Is something that may put either the donor or others at high risk of serious injury or death if the donor were to suffer a delayed faint following donation. Such events are uncommon but not unknown.

This is of necessity a risk reduction exercise rather than an elimination of risk. As an example, the consequences of a driver loosing control of a large goods vehicle is likely to be worse than if they were at the controls of a car or light van. Some occupations have a requirement not to return to duty until a defined period of time has passed. For others it is sensible to recommend a night's rest before undertaking something that may be considered a hazardous activity.

Obligatory **Must not donate if:**
a) Required to undertake a hazardous activity, following donation, on the same working day - donors must be advised of the risks of delayed faints and advised not to perform a hazardous occupation or hobby on the same day.

Discretionary

Hazardous occupation:
If going off duty, accept.

Exposure to hazardous material:
If the donor is well and has not been exposed by inoculation or mucous membrane exposure to potentially infective biological material, accept.

See if Relevant

Air Crew and Air Traffic Controllers
Health Care Worker
Non-Consented Exposure to Human Body Fluids

Additional Information

Examples of hazardous activities include but are not limited to:
climbing, diving (all types), flying, motor sport, parachuting.

Examples of hazardous occupations include but are not limited to:
air traffic controller, climbing ladders or scaffolding, crane or heavy machine operator, diver, emergency response vehicle driver, fire crew, flying, large goods vehicle driver (LGV, HGV over 7.5 tonnes maximum authorised mass), miner working underground, public service vehicle driver (excluding vehicles with less than eight passenger seats), train driver.

The suggested driving restrictions would not normally apply to drivers restricted to a category B or C1 licence.

Many occupations expose individuals to hazardous materials. In some cases this may require statutory monitoring e.g. exposure to certain types of radiation or to high levels of lead. Provided the individual is well and they have not been directly exposed by inoculation or mucous membrane exposure to potentially infective biological material they should be accepted.

Reason for change

The See if Relevant section has been revised.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 66

Headache

1. Occasional

Discretionary

Accept.

See if Relevant

Drug Index - preparations which may affect platelet function
Migraine
Nonsteroidal Anti-Inflammatory Drugs

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change

Links have been added to 'Drug Index' and 'Nonsteroidal Anti-Inflammatory Drugs'.

2. Regular

Obligatory

Must not donate if:
Not investigated.

Discretionary

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

See if Relevant

Drug Index - preparations which may affect platelet function
Migraine
Nonsteroidal Anti-Inflammatory Drugs

Additional Information

Headache has many causes and some will require an individual to be deferred. If a person has not been fully investigated for the cause of their headache, they may have an underlying problem that would lead to deferral.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change

Links have been added to 'Drug Index' and 'Nonsteroidal Anti-Inflammatory Drugs'.

'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Health Care Worker

Definitions Non-Consented Exposure to Human Body Fluids:
A non-consented injury or assault in which an individual is exposed to potentially infective material that could be transferred through donation. The causes may range from a sharps injury to bites, punches and abrasions or sexual assault where mucous membranes have been contaminated with human blood or other body fluids. It also applies to any inoculation injury with abnormal prions from any species.

1. History of Non-Consented Exposure to Human Body Fluids

See Non-Consented Exposure to Human Body Fluids

2. No History of Non-Consented Exposure to Human Body Fluids

Discretionary Accept.

See if Relevant Infectious Diseases - Contact With
Non-Contagious Diseases - Contact With

Additional Information Health care workers should normally be accepted. It is however important to ensure that they have not suffered any relevant events that might put them at risk of infection.

It is also important to ensure that they have not been put at significant risk of infectious diseases through patient or sample contact that may prevent them from donating. Such contact would be exceptional and they should be aware of any potential threat to their own health.

Contact with MRSA and other common hospital acquired infections should not normally prevent donation.

Reason for change The ‘Definitions’ section was updated as part of the implementation of recommendations from the FAIR study.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 57.

Henna Painting

Also Known As Hina and mehndi.

Discretionary Accept.

See if Relevant Body Piercing

Additional Information Traditional henna painting (also known as mehndi or hina) is sometimes referred to as tattooing but it does not involve skin piercing and so does not represent a transfusion hazard. The dye binds permanently with proteins in the skin and so the effect can last several months.

Reason for change 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Hepatitis

Obligatory **See:**
Any specific A-Z index entry for the cause of the hepatitis.

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

See if Relevant
Addiction and Drug Abuse
Autoimmune Disease
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Hepatitis of Unknown Cause

Additional Information Hepatitis has many causes, including alcohol abuse, autoimmune disease, infection (viral, bacterial and parasitic) and inflammation caused by drugs and toxins.

The major concern is with viral hepatitis that can be transmitted by transfusion. Individuals who have fully recovered from non-viral hepatitis may donate if they fully comply with all other selection criteria.

Reason for change The entry has been re-written to make it clear that there are many different causes of hepatitis.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Hepatitis A

1. Affected Individual

Obligatory **Must not donate if:**

- less than 6 months from recovery of symptoms, and
- less than 6 months since the donor was diagnosed with hepatitis A infection following laboratory testing.

See if Relevant Travel

2. Current or Former Sexual Partner of Affected Individual

Obligatory **Must not donate if less than 6 months:**

- since a current sexual partner has recovered from symptoms of hepatitis A, or
- since a current sexual partner tested positive for hepatitis A RNA, or
- since last sexual contact with a former sexual partner who had hepatitis A.

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
- since a person sharing a home tested positive for hepatitis A RNA.

4. Immunisation

Obligatory

Known exposure:
Must not donate.

Discretionary

No known exposure:
If it is more than 14 days from the date of the most recent dose of vaccine, accept.

Known exposure:
If more than six months after the last know contact with the affected individual, accept.

See if Relevant

Hepatitis B - 4. Immunisation
Travel

Additional Information

Hepatitis A is a viral infection of the liver, usually spread by the faecal -oral route or by sewage-contaminated food and water. It is rare in the UK with most cases occurring in people returning from travel to endemic countries. Household contacts of cases are at risk of infection. It can also be spread sexually. Transfusion-transmitted infection is known to occur.

Hepatitis A usually presents with malaise, fever and abdominal symptoms followed by the onset of jaundice, although some individuals may be asymptomatic. Most people recover after a few weeks but in a small number of cases, infection can lead to more severe liver disease and death. Hepatitis A does not cause long term infection. People who have recovered from hepatitis A have life-long immunity.

Blood services may screen for hepatitis A infection using a test for hepatitis A virus RNA. Donors who are diagnosed with hepatitis A infection following blood donation screening or as part of an outbreak investigation must be deferred for 6 months, even if they do not have any symptoms of the disease. After 6 months, they can return to donate without further testing.

Hepatitis A immunisation is often given before travel to parts of the world which also have a risk of infections such as malaria or tropical viruses. The donor's travel history should be checked if they have had hepatitis A vaccine.

Sensitive assays for Hepatitis A may be reactive following recent immunisation against HAV. A reactive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor

Hepatitis A immunisation is sometimes given in combination with hepatitis B immunisation. Refer to the Hepatitis B entry if necessary.

Reason for change

The deferral after HAV immunisation has been increased.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 78

Hepatitis B

Definitions

HBV: Hepatitis B virus
HBsAg: Hepatitis B surface antigen
Anti-HBs: Antibody against hepatitis B surface antigen
Anti-HBc: Antibody against hepatitis B core antigen

Active hepatitis B infection refers to an individual with circulating HBsAg and/or HBV DNA. This term includes acute and chronic hepatitis B infection.

Recovered hepatitis B infection refers to an individual who was previously diagnosed with hepatitis B infection but has subsequently cleared HBV from their circulation.

Current exposure refers to an individual who has recent household or sexual contact with an individual with active or recovered hepatitis B infection. 'Recent' is defined as the last 4 months for household contacts or the last 3 months for sexual contacts.

Previous exposure refers to an individual who has been a household contact more than 4 months ago, or a sexual contact more than 3 months ago, of someone with active or recovered hepatitis B infection.

The longer time period specified for household contact is a requirement of the Blood Safety

and Quality Regulations (BSQR).

Hepatitis B (HBV) Testing: Unless otherwise stated, HBV testing refers to routine HBsAg and pooled HBV DNA (NAT) testing.

1. Active or recovered hepatitis B infection

Obligatory **Must not donate**

This includes donors who are identified as anti-HBc positive by Blood Transfusion Service testing.

Discretionary a) If:

- The history of HBV infection is not certain, and
- It is more than 12 months from recovery, and
- A test for Anti-HBc will be performed,

accept for donation or take samples for testing, as directed by local procedures.

b) If the donor has been tested previously by the Blood Transfusion Service and no new risks are disclosed, accept.

Post-session review of results a) **anti-HBc positive donors.**
Must not donate

b) **anti-HBc negative donors who reported hepatitis B infection. If:**

- more than 12 months from recovery, and
- The donor is negative for all markers (HBsAg, screening HBV DNA and anti-HBc negative)

accept.

Additional Information SaBTO have recommended that all donors are tested at least once for anti-HBc, which is a marker of hepatitis B infection. Individuals who have recovered from hepatitis B will remain anti-HBc positive. There is a risk that reactivation of hepatitis B virus in such an individual could give rise to occult hepatitis B infection which is not detected by routine testing. For this reason, donors who are anti-HBc positive are deferred from donation.

SaBTO included in their recommendations a discretion that anti-HBc positive donors could be accepted if (1) they have adequate immunity to HBV, as demonstrated by an anti-HBs result of greater than 100 iu/l in a validated assay within 24 months of donation and (2) all of their donations will be tested by individual HBV DNA testing. UK Blood Transfusion Services are not currently implementing this approach. These guidelines will be revised should any service implement this additional testing at a future date.

It is likely that donors who are anti-HBc negative have not had hepatitis B in the past. They do not require any additional testing once the diagnosis of hepatitis B has been excluded.

2. Individuals with current exposure to someone with active HBV infection

Obligatory **Must not donate.**

Additional Information Donors who have a sexual partner or household contact with active HBV infection may be at risk of acquiring HBV. Current guidelines do not allow a donor with a recent or ongoing risk of exposure to HBV to give blood, even if the donor is fully vaccinated against HBV.

3. Individuals with current exposure to someone with recovered HBV infection

Obligatory **Must not donate**

Discretionary

a) If:

- it is at least 3 months after a sexual partner recovered from hepatitis B, and
- it is at least 4 months after a household contact recovered from hepatitis B, and
- a test for Anti-HBc will be performed,

accept for donation or take samples for testing, as directed by local procedures.

b) If the donor has been previously tested by the Blood Transfusion Service, and no new risk is disclosed, accept.

Post-session review of results

a) If the donor is negative for all hepatitis B markers, including anti-HBC, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk.

b) If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Section 1: Active or recovered hepatitis B infection.

Additional Information

The risk of acquiring hepatitis B infection from someone who has recovered from hepatitis B is very low. Testing for anti-HBc will rule out the possibility that the donor picked up HBV at an earlier stage when their sexual or household contact may have been infectious.

If the sexual or household contact has no history of hepatitis B but has been told they are anti-HBc positive, indicating previous infection only, it is likely that several months have elapsed since the contact cleared the virus from their circulation. The donor can be accepted for donation if anti-HBc testing will be undertaken on the donation, as long as their contact has not had an unexplained illness consistent with hepatitis B in the previous 3 months (sexual partner) or 4 months (household contact). There is no requirement to test the sexual partner or household contact.

4. Individuals with previous exposure to someone with active or recovered hepatitis B

Obligatory

Must not donate

Discretionary

a) If:

- it is at least 3 months since sexual contact, and
- it is at least 4 months since household contact, and
- a test for anti-HBc will be performed on the donation,

accept for donation or take samples for testing, as directed by local procedures.

b) If the donor has been tested previously by the Blood Transfusion Service and no new risks are disclosed, accept.

Post-session review of results

a) If the donor is negative for HBV and Anti-HBc all hepatitis B markers, including anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk.

b) If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Section 1: Active or recovered hepatitis B infection

5. Individuals undergoing Hepatitis B immunisation

Obligatory

a) Known Exposure:
Must not donate.

b) No Known Exposure:
Must not donate.

Discretionary

a) Known Exposure:
If it is more than 4 months from the date of exposure, samples can be taken for HBV and anti-HBc testing. No donation should be taken.

b) No Known Exposure:
If it is more than 14 days from the date of the most recent dose of vaccine, accept.

Post-session review of results

a) If the donor is negative for HBV and Anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk.

b) If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Section 1: Active or recovered hepatitis B infection.

See if Relevant

Hepatitis A – 4. Immunisation
Immunoglobulin Therapy

Additional Information

Specific HBV immunoglobulin may be used in the management of individuals who have been exposed to hepatitis B.

Administration of hepatitis B vaccine can lead to low level reactivity in HBsAg screening assays. For this reason, donors must be deferred until at least 14 days after receiving a dose of vaccine, even if they have not been exposed to HBV.

Hepatitis B vaccine is sometimes given in a combined vaccine with hepatitis A vaccine.

Reason for change

The deferral after HBV immunisation has been increased.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 78

Hepatitis C

1. Person with current Hepatitis C infection

Obligatory

Must not donate.

See if Relevant

Blood Safety Entry

Additional Information

Hepatitis C Virus (HCV) is a serious 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.

2. Person with treated Hepatitis C infection

Includes

Individuals who have received successful treatment for HCV.

Obligatory

Must not donate.

Discretionary

Blood services can consider samples for blood donation screening if:

a) six months has elapsed from the completion of therapy, and

b) the individual has been told their treatment has cleared their HCV infection, and

c) the donor is otherwise eligible with regards to the cause of HCV.

Donors should be aware that samples will include screening for HCV antibodies. Most individuals who have been successfully treated for HCV remain HCV antibody positive for many years. Therefore, most donors with past HCV will not be eligible to donate.

See if Relevant Blood Safety Entry
Transfusion

Additional Information Individuals who have been successfully treated will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before blood can be issued, an individual who has HCV antibodies will not be eligible to donate.

3. Current or Former Sexual Partner of Affected Individual

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

Discretionary Donors who have a current sexual partner with a history of previous HCV infection may be able to donate, depending on the status of their partner:

1. If the partner has been treated for HCV infection, and has been free of therapy for six months, and is in sustained remission, accept.
2. If the partner has evidence of previous HCV infection (HCV RNA negative, anti-HCV positive), and has been fully assessed by an appropriate clinician who has confirmed that there is no current HCV infection, accept.

See if Relevant Blood Safety Entry

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

Individuals who remain HCV RNA negative six months after completing treatment are likely to have been ‘cured’, with a risk of relapse of less than 1%.

In the United Kingdom the risk of 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.

All donations in the UK undergo HCV NAT screening so that the chance of a window period donation escaping detection is also exceedingly low (estimated residual risk for HCV transmission from a UK blood donation for 2014-2016 is 1 in 95.8 million donations).

Sexual Partners of anti-HCV positive, PCR negative donors
Individuals who have cleared an acute HCV infection naturally are sometimes identified through HCV testing, including testing of a blood donation. Such individuals will be HCV RNA negative but HCV antibody positive. Unlike people who have been treated for HCV infection, they may not have received appropriate clinical follow up, including repeat HCV RNA testing several months after the original negative result. Unless the individual has undergone specialist assessment and been given the assurance that they are not currently infected, their partner is not eligible to donate.

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

Discretionary Accept.

See if Relevant Current or Former Sexual Partner of Affected Individual, 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.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Clarification regarding eligibility of individuals with treated HCV, and link to 'Transfusion' entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 78

Hepatitis E

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

Discretionary If less than 6 months from recovery and documented HEV RNA negative and anti HEV IgG positive, accept.

See if Relevant Travel

Additional Information Hepatitis E is an infectious hepatitis that is usually spread through contaminated food or water. Infection may be associated with travel to countries with poor hygiene/sewage conditions but increasingly, cases of hepatitis E are being identified in the UK usually due to consumption of undercooked contaminated meat. Hepatitis E can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion. Infection in healthy individuals is often symptom free but in people with underlying problems in their immune systems it can be serious and occasionally fatal.

Reason for change The deferral for household and sexual contacts has been removed.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 41

Hepatitis of Unknown Cause

Definitions **HBV:** Hepatitis B virus
HBsAg: Hepatitis B surface antigen
Anti-HBs: Antibody against hepatitis B surface antigen
Anti-HBc: Antibody against hepatitis B core antigen

1. Person with Hepatitis of Unknown Cause

Obligatory **Must not donate.**

2. Person with previous (recovered) Hepatitis of Unknown Cause

Obligatory **Must not donate if:**

Less than 24 months from recovery.

Discretionary a) If:

- it is more than 12 months from recovery, and
- a test for Anti-HBc will be performed,

accept for donation or take samples for testing, as directed by local procedures.

b) If the donor has undergone previous testing by the Blood Transfusion Service, accept.

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

Post-session review of results

a) anti-HBc positive donors
Must not donate

b) If the donor is negative for all HBV markers (HBsAg, screening HBV DNA and anti-HBc, accept.

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 previously ensures anti-HBc testing is carried out, to exclude hepatitis B infection.

After 24 months, donation testing for anti-HBc will be carried out routinely, as it will be at least two years since the donor last gave a blood donation or samples for testing by the transfusion service. These guidelines will be revised if policy for anti-HBc testing changes.

3. Household or Sexual Contact of someone with Hepatitis of Unknown Cause

Obligatory

a) Must not donate if:

- Less than 12 months from last household or sexual contact; or
- if ongoing household or sexual contact, less than 12 months from recovery of the sexual or household contact

b) If the household or sexual contact is thought to have had hepatitis B infection, refer to the Hepatitis B entry

See if Relevant

Hepatitis B

Additional Information

The 12-month deferral period is to avoid transmission of any infection through transfusion.

There are different rules for contact with someone who has had hepatitis B. These should be followed if the donor reports that a household or sexual contact was most likely to have had hepatitis B.

Reason for change

The entry has been updated to use a similar structure to the entry for HBV.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 68

Herpes Simplex

Includes

Genital and oral herpes.

Obligatory

Must not donate if:
Fresh lesions.

Discretionary

a) If lesions are healing (scabbing over) and there is no tingling, accept.

b) If the donor is not immunosuppressed but taking long term prophylaxis with oral antiviral agents, accept.

See if Relevant

Immunodeficiency

If there is a history of other sexually transmitted infections, see:
Sexually Transmitted Disease

Additional Information The herpes simplex viruses (HSV 1 and 2) can cause both cold sores and genital herpes. When the virus is actively multiplying it can cause tingling in the affected area and sores. There is a theoretical risk that the virus, or any secondary infection, could be passed on through transfusion. This is why donors with an active infection are not allowed to donate.

There is no need to defer donors who have a sexual partner with Herpes.

Reason for change Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

HIV

Includes AIDS.

1. Affected Individual

Obligatory **Must not donate.**

See if Relevant Blood Safety Entry

Additional Information HIV (Human Immunodeficiency Virus) infection can destroy the immune system and lead to AIDS (Acquired Immunodeficiency Syndrome). It is known to be transmitted by transfusion. In the early stages of infection the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change See below

2. Current or Former Sexual Partner of Affected Individual

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

See if Relevant Blood Safety Entry

Additional Information HIV infection can be spread through sexual activity, including oral and anal sex. It may however not be transmitted for a long time into a relationship. This could be because the infection becomes more active in the infected partner, the uninfected partner acquires another infection or injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (condoms etc.). In the early stages of infection the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion.

Waiting three months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change See below

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

Discretionary Accept.

See if Relevant 2. Current or Former Sexual Partner of Affected Individual above.

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

Reason for change See below

Reason for change This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 50.

Hormone Replacement Therapy

Includes **Hormone Replacement Therapy (HRT):**
Includes tablets, patches or topical gels as treatments for menopausal symptoms.

Excludes Masculinising or feminising hormones taken to support gender transition. See Transgender and Non-Binary Individuals.

Testosterone replacement therapy for treatment of male testosterone deficiency. See Testosterone Replacement Therapy.

Obligatory **See:**
Is there an entry for the condition for which the hormones are being given?

Must not donate if:

1. Used for malignancy.
2. A recipient of human gonadotrophin of pituitary origin.
3. A recipient of human pituitary growth hormone.
4. A recipient of replacement adrenal steroid hormones.

Discretionary

1. If treatment is for the menopause, its symptoms, or for osteoporosis prevention, accept.
2. If treated with growth hormone that was exclusively recombinant, accept.
3. If treated with gonadotrophins that were exclusively non-pituitary derived, accept.

See if Relevant
Adrenal Failure
Anti-Androgens
Haemochromatosis
Malignancy
Prion Associated Diseases
Steroid Therapy
Testosterone Replacement Therapy
Thyroid Disease
Transgender and Non-Binary Individuals

Additional Information There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual.

If there is a risk to the safety of the donor, as may be the case with a deficiency of adrenal steroid hormones, then a donation should not be taken.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Guidance for gender affirming therapy and male testosterone deficiency has been removed from this entry. Users are now directed to the 'Transgender and Non-Binary Individuals' and 'Testosterone Replacement Therapy' entries.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 79

HTLV

1. Affected Individual

Obligatory **Must not donate.**

See if Relevant Blood Safety Entry

Additional Information HTLV (Human T Cell Lymphotropic Virus I and II) infection can cause serious blood and nervous system disease. It is known to be transmitted by transfusion. In the early stages of infection the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change See below

2. Current or Former Sexual Partner of Affected Individual

Obligatory **Must not donate**

Discretionary 1. If it is more than three months since last sexual contact and a validated test for anti-HTLV antibodies is to be undertaken on the donated component(s), accept
2. If it is more than three months since last sexual contact, the donor has been previously tested for anti-HTLV antibodies by the blood service and this test was performed at least three months after the last sexual contact, accept

See if Relevant Blood Safety Entry

Additional Information HTLV infection can be spread through sexual activity. It may however not be transmitted for a long time into a relationship. This could be because the infection becomes more active in the infected partner, the uninfected partner acquires another infection or an injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (condoms etc.). In the early stages of infection the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion.
Waiting three months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services.
Blood services in the UK are not required to test all donations for anti-HTLV antibodies. Blood services will need to identify at risk donors at health screening and consider options for discretionary HTLV testing. Otherwise, donors who report sexual contact with an affected individual must be deferred.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change See below

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

Discretionary Accept.

See if Relevant 2. Current or Former Sexual Partner of Affected Individual above.

Additional Information	HTLV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons household contacts do not need to be deferred.
Reason for change	See below
Reason for change	This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 50

Huntington's Disease

Also Known As	Huntington's chorea.
Obligatory	**Must not donate if:** Symptomatic.
Discretionary	Asymptomatic carriers, accept.
Additional Information	Huntington's disease (HD), is an inherited disorder of the central nervous system. It used to be known as Huntington's chorea or HC. Huntington's disease usually develops in adulthood and can cause a very wide range of symptoms including involuntary movements and memory problems. Involuntary movements could cause problems during the donation process and memory problems could interfere with the selection process.
Reason for change	'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Hydrocephalus

Obligatory	**Must not donate if:** Has an indwelling shunt.
See if Relevant	Neurosurgery Spina Bifida
Additional Information	Indwelling shunts can be a source of bacterial infection. This can be present without symptoms. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
Reason for change	'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Hypercholesterolaemia

Obligatory	**Must not donate if:** a) Has caused symptomatic disease. b) Associated with cardiovascular disease. c) Is currently being treated with systemic monoclonal antibody therapy e.g. Evolocumab (Repatha®), Alirocumab (Praluent®). d) Has been treated with Evolocumab (Repatha®) or Alirocumab (Praluent®) in the last 4 months.

e) Has been treated with any other monoclonal antibody therapy or biologic treatments in the last 6 months.

Discretionary

a) If has not led to symptomatic disease, even if currently on treatment (other than monoclonal antibody therapy), accept.

b) If it is more than 4 months since cessation of treatment with Evolocumab (Repatha®) or Alirocumab (Praluent®), accept.

c) If it is more than 6 months since cessation of treatment with any other monoclonal antibody therapy or biologic treatment, accept.

See if Relevant

Cardiovascular Disease
Cerebrovascular Disease and Intracranial Haemorrhage

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 oral drugs.

Treatment may be with monoclonal antibodies which are administered by subcutaneous injection; these can affect the immune system making individuals more susceptible to infections and/or masking the usual symptoms of an infection, thus increasing the chance that a donor may unknowingly have an infection present at the time of donation. This effect may last until the drug is cleared from the body. Observing a deferral period after cessation of treatment with monoclonal antibody therapy will minimise this risk. The deferral periods advised take into account the characteristics of these drugs, including the time it takes for them to be cleared once treatment stops.

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 other neurological problems the donor should not be accepted, even if their cholesterol has returned to normal levels.

It is important to ensure that donors on treatment for hypercholesterolaemia do not have any associated cardiovascular disease.

Reason for change

The deferral period following treatment with other monoclonal antibody therapy has been modified to be consistent with the Monoclonal antibody therapy and other Biological Modalities entry. Reference to other biologic treatments has also been included for the same reason.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 74

Hypnotics

Also Known As

Sleeping tablets or sedatives.

Discretionary

Accept.

Additional Information

Many people take various preparations to aid sleep. This should not normally be a reason not to accept a donor, provided they are otherwise well.

Reason for change

'Additional Information' has been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Immune Thrombocytopenia

Obligatory

Must not donate if:
a) Symptomatic.

b) Donor reports platelet count below 120 x 10^9/l.

c) Recovered but less than five years from recovery.

This applies to both adult and childhood disease.

Discretionary Individuals who have had a splenectomy and fulfil the other requirements, even if on prophylactic antibiotics, accept.

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

If treated with immunosuppressive therapy:
Autoimmune Disease

Additional Information Donors with reduced platelet counts may suffer from increased bleeding and bruising following a donation. This may have serious consequences.

Individuals who do not have problems with bleeding or bruising but know that their platelet count is less than 120 x 10^9/l should not donate, as they also may have problems following venepuncture. There is no need to check the platelet count before whole blood donation if the potential donor has been asymptomatic for more than five years and has been told that their platelet count has recovered to greater than 120x10^9/l..

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change The links have been revised.

The phrase 'Recovered but has ever had a recurrence' has been removed as this was considered too restrictive. This means individuals who have been splenectomised may be acceptable.

The term 'Chronic' has been changed to a numerical value of 120 x10^9/l.

'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Immunisation

1. Non-Exposed

See if Relevant
Immunisation - Live
Immunisation - Non-Live
Smallpox Immunisation

If you do not know if an immunisation is live or not, see the A-Z index entry for the type of immunisation or:
Refer to a 'Designated Clinical Support Officer'

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change A link has been added to 'Smallpox Immunisation'.

2. Post Exposure

Obligatory **1. BCG:**
See
Immunisation - Live

2. Hepatitis A:
See
Hepatitis A - 4. Immunisation

3. Hepatitis B:
See
Hepatitis B - 4. Immunisation

4. Rabies:
See
Rabies - 2. Immunisation - Post Exposure

5. Smallpox:
See
Smallpox Immunisation

6. Tetanus:
See
Tetanus - 2. Immunisation

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change There have been changes to the layout but not to the actions required.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Immunisation - Live

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

b) The inoculation site has not yet healed.

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

See if Relevant Smallpox Immunisation
Tuberculosis

Additional Information Live immunisations 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 immunisation should have been controlled and so should not be passed on through donated material. There are special rules for smallpox immunisations.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

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 at time of blood or component donation for live immunisations other than smallpox.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 05.

Immunisation - Non-Live

Definitions The day of immunisation is Day 0.
Day 1 commences at one minute past midnight on the day after immunisation.

Obligatory **1. Post Exposure:**
See: Immunisation – 2. Post Exposure

2. Immunisation for Hepatitis A (HAV), Hepatitis B (HBV) or Japanese Encephalitis (JEV):
Must not donate.

Discretionary

For HAV, HBV and JEV immunisation:
If the donor:

- is well, and
- has not been exposed, and
- at least 14 days have passed since immunisation,

accept.

For all other non-live vaccines:
If the donor is well on the day and has not been exposed, accept.

See if Relevant

Appendix 2 – Table of Immunisations
Hepatitis B

Additional Information

Sensitive assays for Hepatitis A, Hepatitis B or West Nile Virus may be reactive following recent immunisation against HAV, HBV or JEV, respectively. A reactive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor.

Note, Hepatitis A immunisation may be combined with Hepatitis B immunisation.

'Non-Live' immunisations do not use material that can cause infection. This means there is no risk to people receiving donated material from a recently immunised non-exposed donor.

Information

This entry is compliant with the Blood Safety and Quality Regulations 2005.

Reason for change

A definition section has been added. The deferral after HBV vaccination has been increased. A deferral after HAV and JEV vaccination has been added.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 78

Immunodeficiency

Includes

Immunosuppression

Obligatory

Must not donate if:

a) Diagnosed with a congenital or acquired condition causing immunodeficiency with increased susceptibility to infection.

b) Immunosuppressed due to drug treatment.

Discretionary

1. Donors taking immunosuppressive or immunomodulatory therapy to treat autoimmune disease
Refer to the Autoimmune Disease entry.

2. Donors with recovered immunosuppression
If the underlying cause does not preclude donation, refer to the DCSO.

3. IgA deficiency
If not experiencing frequent infections, accept.

See if Relevant

Autoimmune Disease
Immunoglobulin Therapy
Monoclonal antibody therapy and other Biological Modalities
Steroid Therapy

Additional Information

Immunodeficiency can mask the body's normal response to some infectious and inflammatory conditions. This could result in diseases that may be transmitted by donation from being missed by the Blood Services. If a donor reports recovery from

immunodeficiency or, if the underlying cause was unclear, refer to a **'Designated Clinical Support Officer'**.

IgA deficiency is relatively common. Most people with this condition are healthy but some individuals may experience frequent infections, especially of the ears, sinuses, gut and lungs. Some blood services may screen donors for IgA deficiency to provide a supply of IgA-deficient blood components.

Reason for change Entry reworded, with addition of a discretionary section to improve clarity and provide guidance for donors with IgA deficiency. New links added.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Immunoglobulin Therapy

Obligatory

1. Must not donate if:
a) After January 1st 1980 the donor has been treated with intravenous or subcutaneous human immunoglobulin.

b) The donor has received multiple intramuscular injections of high dose immunoglobulin.

c) Immunosuppressed.

2. Donors with recovered immunodeficiency:
Refer to a **'Designated Clinical Support Officer'**.

Discretionary

a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.

b) If given routine ante- or post-natal anti-D immunoglobulin only(even if received more than one dose), accept.

c) If single dose prophylactic immunoglobulin has been given, accept.

See

If treated with intravenous or subcutaneous human immunoglobulin:
Transfusion

See if Relevant

Hepatitis A - 4. Immunisation
Hepatitis B - 4. Immunisation
Immunodeficiency
Prion Associated Diseases
Rabies - 2. Immunisation - Post Exposure
Tetanus - 2. Immunisation

Additional Information Immunoglobulin used before 1980 is unlikely to be affected by vCJD (a prion associated disease).

Single dose intramuscular immunoglobulin is unlikely to pose a significant risk of transmitting vCJD.

Information This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

Reason for change Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Infection - Acute

Definitions

Acute:

Lasting for a limited duration only, with no long lasting carrier stage

Systemic:
Any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.

Obligatory

See:
Is there is a specific A-Z index entry for the condition 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.

Contact with:
See:
Infectious Diseases - Contact With
Or
Non-Contagious Diseases - Contact With

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

Chikungunya Virus
Endocarditis
Giardiasis
Herpes Simplex
Malaria
Rabies
Rheumatic Fever
SARS
Sexually Transmitted Disease
Steroid Therapy
Surgery
Tetanus
Thrush
Viral Haemorrhagic Fever
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.

In some situations, although the infection may not be transmissible by donation, there is a duty of care to prevent infection passing to other donors or staff, e.g. an infestation of head lice.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Definitions of 'Acute' and 'Systemic' have been added.

A reference to 'contact with' has been added under 'Obligatory'.

The links in 'See if Relevant' have been extended.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Infection - Chronic

Definitions

Chronic:
Continuing, or possibly continuing, infection, even without symptoms or signs of infection.

Systemic:

Any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.

Obligatory

Must not donate.

Contact with:
See:
Infectious Diseases - Contact With
Or
Non-Contagious Diseases - Contact With

Discretionary

1. Acne:
Most donors with acne can be accepted but this depends on the type of treatment and lack of any secondary infection.

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
Endocarditis
Hepatitis
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Herpes Simplex
HIV
HTLV
Malaria
Osteomyelitis
Prion Associated Diseases
Sexually Transmitted Disease
Skin Disease
South American Trypanosomiasis
Steroid Therapy
Surgery
Syphilis
Thrush
Toxoplasmosis
Tuberculosis

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. Some infections may appear to have resolved but are only controlled by the person's immune system. If material from them is given to a recipient without immunity, severe infection may result. 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 entry for Typhoid and Paratyphoid.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 18.

Infection - General

Definitions

Acute:
Lasting for a limited duration only with no long lasting carrier stage

Chronic:
Continuing, or possibly continuing, infection, even without symptoms or signs of infection.

Infectious Diseases:
Are infections that can easily be passed from person to person, either through casual or intimate contact.

Non Contagious Disease:

Is a disease which is not transmitted person to person without the aid of a vector (e.g. a mosquito) or is a disease that is the result of an environmental issue which may be shared e. g. food poisoning.

Obligatory

See:
Is there a specific A-Z index entry for the condition?

If not, see as appropriate:
Infection - Acute
Infection - Chronic
Pyrexia

Contact with:
See:
Infectious Diseases - Contact With
Non-Contagious Diseases - Contact With

Discretionary

Symptomless carriers of Staphylococcus aureus (including methicillin resistant Staphylococcus aureus (MRSA)), accept.

See if Relevant

Coronavirus Infection (COVID-19)
Endocarditis
Giardiasis
Hepatitis
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Herpes Simplex
HIV
HTLV
Malaria
Osteomyelitis
Parvovirus B19
Prion Associated Diseases
Pyrexia
Rabies
Rheumatic Fever
Sexually Transmitted Disease
South American Trypanosomiasis
Syphilis
Tetanus
Thrush
Toxoplasmosis
Tropical Viruses
Tuberculosis
Viral Haemorrhagic Fever
West Nile Virus

Reason for change

A link to the Pyrexia entry has been added and the See if Relevant section has been updated.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Infectious Diseases - Contact With

Definitions

Infectious Diseases:
Are infections that can easily be passed from person to person, either through casual or intimate contact.

Obligatory

See:
Is there a specific A-Z index entry for the condition 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

a) If the infection is known to lead to permanent immunity (e.g. chickenpox, measles, mumps, rubella, whooping cough) and there is a definite history of past infection with the disease with which contact has occurred, accept.

b) Contact with common upper respiratory tract infections such as colds, sore throats, influenza, norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept.

c) Contact with skin conditions which are not transmissible by donated material (e.g. scabies, ringworm, tinea) if no signs of infection, accept.

d) Individuals who have been prescribed prophylactic antibiotics after contact with meningitis, anthrax or chlamydia, provided they are symptom free, accept.

See if Relevant

Hepatitis
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
HIV
HTLV
Non-Contagious Diseases - Contact With
SARS
Sexually Transmitted Disease
Smallpox Immunization
Syphilis
Tuberculosis

Additional Information

Many infectious diseases can be passed on through donated material, even before a potential donor develops any symptoms of the infection. This may lead to serious infection in the person receiving a donation.

Many diseases are not infectious and so are not normally a risk.

Contacts with meningitis or anthrax are often prescribed prophylactic antibiotics. These should prevent the disease from developing, so provided the potential donor is well, they may be accepted.

If in doubt contact a **'Designated Clinical Support Officer'**.

Reason for change

A discretion has been added for contact with norovirus and other causes of diarrhoea and vomiting.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 10 Issue 01

Inflammatory Bowel Disease

Also Known As

IBD.

Includes

Crohn's disease, ulcerative colitis, microscopic colitis, collagenous colitis, lymphocytic colitis.

Obligatory

Must not donate.

Discretionary

If diagnosed with microscopic colitis, collagenous colitis, lymphocytic colitis only, accept if:

- asymptomatic for more than four months, and
- any deferral required for steroid or immunosuppressive therapy has passed.

See if Relevant

Autoimmune Disease
Immunodeficiency
Steroid Therapy

Additional Information

Crohn’s disease and ulcerative colitis usually have a chronic, relapsing course and require long-term treatment. These diseases will often have systemic effects, e.g. Fatigue or anaemia, and there can be association with other disorders, e.g. arthritis, which effects the donor’s general health.

Lesions in the gastrointestinal tract of individuals with Crohn’s disease and ulcerative colitis caused by the disease can increase the risk of bacteria entering the blood stream. Bacteria

in donated material can multiply to dangerous levels during storage.

Microscopic colitis and its subtypes (collagenous colitis and lymphocytic colitis) are classified as inflammatory bowel diseases. However, there is a lower likelihood of relapsing disease and longer-term complications. Individuals with microscopic colitis can donate once their symptoms have settled and they feel well. A four-month deferral ensures the donor's recovery is maintained. Care should be taken to ensure that, as well as complete cessation of gastrointestinal symptoms, donors are not experiencing any extra-intestinal symptoms such as fatigue, arthralgia or myalgia that affect normal activities of daily living.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Inherited Diseases

Obligatory **See:**
Is there an A-Z index entry for the condition?

Additional Information If there is not an index entry for the condition and neither the symptoms nor any treatment are a reason for deferral, the donor is probably acceptable. If in doubt contact a **'Designated Clinical Support Officer'**.

Reason for change The need to refer a to a **'Designated Clinical Support Officer'** when there is not a specific entry for the condition has been removed.

'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Investigations

Definitions **Radionuclides:**
These are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.

Obligatory **Must not donate if:**
Waiting for investigation or the results of investigations for an undiagnosed condition which might lead to deferral.

Discretionary If for 'routine' investigations, such as attending for a cervical smear, mammogram, a well person clinic when no abnormality is expected, or for the routine monitoring of a condition, such as diabetes controlled by diet or oral medication, which of itself would not be a cause for deferral, accept.

See if Relevant Endoscopy
Prostate Problems
Radionuclides

Additional Information Investigations may lead to the diagnosis of a condition that would lead to deferral. For this reason any investigations for an undiagnosed condition must lead to deferral until the results are known by the potential donor. A decision can then be made as to if the person can be accepted as a donor.

Reason for change A 'Definition' of 'Radionuclides' has been added.

Entries have been added under 'Discretionary', 'See if Relevant' and 'Additional Information'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Irritable Bowel Syndrome

Also Known As IBS.

Discretionary If the condition has been diagnosed as irritable bowel disease, even if on medication, accept.

See if Relevant Endoscopy
Inflammatory Bowel Disease

Additional Information Irritable bowel syndrome is due to hyper-activity/sensitivity of the large bowel. It should not be confused with 'Inflammatory Bowel Disease' which would not allow donation.

Reason for change There has been a change to the wording of 'Discretionary' to improve clarity, a link has been added to 'Inflammatory Bowel Disease' and 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

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 A-Z index entry for that condition.

c) If the jaundice was related to malignancy or to its treatment.

d) If the cause of the jaundice was not known, treat as Hepatitis of Unknown Cause.

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 and not visibly jaundiced, accept.

See if Relevant Gall Bladder Disease
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Hepatitis of Unknown Cause
Liver Disease
Malignancy

Additional Information Transfusion laboratories are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.

Many things can cause jaundice. The concern is with infectious causes that might be passed on by a transfusion.

Reason for change A new 'Obligatory' entry for jaundice related to 'Malignancy' has been added together with links to 'Hepatitis of Unknown Cause' and to 'Malignancy'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Kidney and Bladder Disease

1. Acute Nephritis (to include Pyelonephritis, Acute tubular interstitial nephritis and Glomerulonephritis)

Definitions **Pyelonephritis**: acute nephritis due to ascending infection.

Acute tubular interstitial nephritis: acute nephritis caused by an 'allergic reaction' to medication, rarely as part of a systemic often autoimmune disease.

Glomerulonephritis: May be primary intrinsic to the kidney or secondary, associated with certain infections, drugs, systemic disorders (SLE, vasculitis), or diabetes.

Obligatory **Must not donate if:**
If under active investigation, treatment or specialist follow-up by a specialist.

Discretionary If well, on no treatment and is discharged from follow-up, accept.

See if Relevant Autoimmune Disease

Additional Information Self-limiting renal disease e.g. single attacks of glomerulonephritis or pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.

If there is doubt about the diagnosis refer to a **'Designated Clinical Support Officer'**.

2. Chronic Nephritis

Obligatory **Must not donate.**

3. Infection

Obligatory **Must not donate if:**
a) Has active infection
b) Under investigation
c) On antibiotics to prevent urinary tract infection

Discretionary If the donor has taken a single dose of an antibiotic after sexual intercourse to prevent urinary tract infection, is symptom-free on the day of donation, and does not have an underlying condition that prevents donation, accept.

See Infection - General

See if Relevant Antibiotic Therapy

Additional Information Donors may be taking prophylactic antibiotics long-term or as single post-coital doses. Anatomical anomalies within the urinary tract can make individuals more prone to recurrent infections. If a donor is accepted in accordance with the Discretionary guidance above, the importance of informing the relevant blood service of symptoms suggestive of urinary tract infection occurring within 14 days of donation must be emphasised with the donor.

Donors on long-term antibiotics may have ongoing urinary tract infection without having any symptoms. As an active infection at the time of donation cannot be ruled out, these donors must not be accepted.

4. Kidney Failure

Obligatory **Must not donate if:**
a) Has renal impairment requiring dialysis.

b) Using erythropoietin or similar drugs to increase the haemoglobin concentration.

c) Is either under active investigation, or continued follow up by a specialist for renal impairment, or has any associated cardiovascular complications.

d) Has had a kidney transplant.

Discretionary If a kidney transplant was of a non stored autologous organ, accept.

See if Relevant Autoimmune Disease
Blood Pressure - High
Diabetes Mellitus

Immunodeficiency
Tissue and Organ Recipients

If treated with blood or blood products, immunoglobulin, plasma exchange or filtration:
Transfusion

Additional Information People with significant kidney failure usually have a high risk of anaemia. This, together with other factors, make them unsuitable as donors.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

5. Polycystic Kidney Disease

Discretionary A diagnosis of polycystic kidney disease does not necessarily prevent donation. If otherwise well, accept.

See if Relevant
Blood Pressure - High
Infection - General
Kidney Failure above.

Additional Information Polycystic kidney disease is usually genetic. It varies markedly in its severity and many people will not run into problems until later in their lives. Before this happens, provided they are otherwise well, there is no reason why affected individuals should not donate. Often they will have higher haemoglobin concentrations than normal.

6. Renal Colic, Kidney and Bladder Stones

Obligatory
Must not donate if:
a) Symptomatic.

b) Under investigation.

See if Relevant Infection - General

Additional Information Renal colic is most commonly caused by solid material (crystals or a stone) passing through the tube that connects the kidney to the bladder (the ureter). It is commonly associated with infection.

It is important to wait until the donor is fully recovered and any investigations have been completed. This should avoid a donation being taken from an individual with infection. Infection can lead to bacteria contaminating any donated material. This can be dangerous because bacteria can multiply to dangerous levels in the stored donation.

Kidney and bladder stones have many causes and may be associated with infection. It is important to ensure that there is not an underlying cause that would prevent donation.

7. Interstitial Cystitis

Obligatory
Must not donate if:
a) Under investigation

b) Has an associated condition which would prevent donation

c) Has required catheterisation within the last 7 days.

d) On treatment with Pentosan polysulfate sodium (Elmiron)

Discretionary If investigations are complete, there are no associated conditions or treatments which would prevent donation, symptoms are controlled even if on medication other than Pentosan polysulfate sodium (Elmiron), the potential donor has not required catheterisation within the last 7 days and any treatment with Pentosan polysulfate sodium was completed more than seven days ago, accept.

See if Relevant	Autoimmune Disease Chronic Fatigue Syndrome Endoscopy Infection -General Surgery Urinary Catheterisation
Additional Information	Interstitial Cystitis or Painful Bladder Syndrome is a condition which causes chronic or recurrent pain in the bladder and in the pelvic region due to damaged bladder lining or urothelium. The cause is unknown but may be associated with other conditions such as Irritable Bowel Syndrome, Fibromyalgia, Chronic Fatigue Syndrome, Autoimmune Disease and Anxiety Disorder It may also be caused by traumatic injury to the bladder and precipitated by infection. The diagnosis of IC or PBS is one of exclusion. Treatment can be through diet modification, bladder training techniques, exercise and stress management. It can include oral medication with analgesics, antidepressants, and Cimetidine. Treatment can also be with Pentosan polysulfate sodium (Elmiron) which can be associated with increased bleeding and bruising. The condition can also be treated by interventional methods including catheterisation, surgery and botulinum toxin injections. Investigation and treatment can involve cystoscopy. Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 61.
Reason for change	Obligatory and discretionary guidance has been added for Infection, including for donors taking antibiotics to prevent urinary tract infection. Relevant links have been included. For Interstitial Cystitis, Obligatory and Discretionary have been amended to avoid repetition, the relevant links have been updated, and reference to the use of cystoscopy has been added to Additional Information.
See if Relevant	Indwelling Shunts and Stents and Implanted Devices
Reason for change	Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section of **4. Kidney Failure**.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 61.
Update Information	This entry was last updated in: WB-DSG Edition 203 Release 73

Klinefelter's Syndrome

Discretionary	Accept.
Additional Information	Klinefelter's syndrome is caused by a chromosomal abnormality that affects males. It may cause low levels of testosterone so that affected men, not on replacement therapy, may have haemoglobin levels in the female range. This may lead to them failing the haemoglobin screening test.
Reason for change	'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Laser Treatment

Obligatory

Must not donate if:
a) For malignancy.

b) Any wounds are not healed.

Discretionary

a) If for basal cell carcinoma (a type of malignancy), 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, when healed, accept.

d) If for varicose veins, when healed, accept.

e) If laser treatment to the eye, when healed, accept.

See if Relevant

Cervical Carcinoma in Situ
Diabetes Mellitus
Eye Disease
Malignancy
Surgery
Wounds, Mouth and Skin Ulcers

Additional Information

Medical lasers can be used in many different situations. Their action is through heating and burning. The concern is when they are used for treating malignancies and when they leave areas of tissue damaged and susceptible to infection. Provided the reason that the laser was used is not of itself a reason to defer the donor, once all wounds are healed, so that there is no further infection risk, the donor may be accepted.

If used for diabetic retinopathy it is likely that the donor will need to be deferred and reference should be made to Diabetes Mellitus.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The need for all wounds to be healed has been added under 'Obligatory'.

Laser eye treatment has been added under 'Discretionary'.

Additional links have been added under 'See if Relevant' together with 'Additional Information'.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Liver Disease

1. Non-AlcoholicFatty Liver Disease (NAFLD)

Excludes

Alcoholic Fatty Liver Disease (AFLD)

Obligatory

Must not donate if diagnosed with:

- Non-alcoholic steatohepatitis (NASH)
- Cirrhosis

Discretionary

A diagnosis of non-alcoholic fatty liver disease does not necessarily prevent donation. If the donor is otherwise well and managed with diet and lifestyle changes such as exercise, accept.

Additional Information

NAFLD is a commonmedical condition, causedmainly bylifestyle factors suchasweight, type 2 diabetes, high blood pressure and high cholesterol. There is no drug treatment for this condition. It is usually managed with diet and lifestyle changes along with treatment of any associated medical conditions. Regular monitoring of the condition, e.g. blood tests and liver scans, should not preclude donation.

NASH is an advanced form of NAFLD. It is caused by an excessive accumulation of fat in the liver. This can progress to chronic liver inflammation and can result in cirrhosis if untreated.

2. Alcohol-Related Liver Disease

Obligatory **Must not donate.**

Discretionary If the donor is well, and

- not under specialist follow up, and
- has not been diagnosed with alcohol related hepatitis or cirrhosis,

accept.

Refer to a **Designated Clinical Support Officer (DCSO)** if there is uncertainty about the diagnosis or the extent of liver damage.

See if Relevant Addiction and Drug Abuse

Additional Information Alcohol-related liver disease is common but preventable liver damage that is caused by drinking too much alcohol. It is reversible in the early stages when it is characterised mainly by fatty liver changes. In some individuals it may progress to alcoholic hepatitis and alcoholic cirrhosis.

3. Infective Liver Disease

Includes Liver abscess, Glandular fever, Viral hepatitis

Obligatory Refer to the WBDSG entry for the condition.
If there is no specific entry, **must not donate**

Discretionary If the donor is fully recovered and there is no specific guidance for the condition, refer to Infection – General

See if Relevant For GlandularFever see Infection - Acute
Infection - General
Hepatitis

4. Autoimmune Liver Disease

Includes Autoimmune Hepatitis (AIH), Primary Biliary Cholangitis (PBC) and Primary Sclerosing Cholangitis (PSC)

Obligatory **Must not donateif:**

- under active investigation or treatment, or
- associated with Inflammatory Bowel Disease

Discretionary a) If well, even if on treatmentto control symptoms. e.g. Cholestyramine (Questran) or Ursodeoxycholic acid (also known as Ursodiol), accept.

b) If well and taking treatment to suppress the condition, refer to the Autoimmune Disease entry

See if Relevant Autoimmune Disease
Hepatitis
Steroid Therapy

Additional Information Autoimmune liver disease in its early stagesmay be asymptomatic or present with mild symptoms such as itchy skin (pruritis) and fatigue. The donor may require no treatment or treatment for symptom control only for an extended period.

Autoimmune liver disease may be diagnosed during investigation for other conditions, especially other autoimmune conditions Treatment to suppress these diseases may include steroids, Azathioprine and other immunosuppressants. If there is doubt about the diagnosis and treatment, refer to a **DCSO.**

5. Drugor PregnancyInduced Liver Disease

Includes Acute Liver Failure

Obligatory **Must not donate if**

- Under active investigation, treatment or follow up by a specialist
- Has received a liver transplant
- Has chronic liver failure

Discretionary If the donor has recovered, is not on treatment and has been discharged from follow up, accept.
If there is doubt about the diagnosis, refer to a **DCSO.**

See if Relevant Addiction and Drug Abuse
Tissue and Organ Recipients

Additional Information Liver failure may be acute or chronic. Acute liver failure (also known as fulminant liver failure) can be caused by drugs, such as paracetamol overdose, prescription medications, herbal preparations and ingestion of toxins. Liver problems can also occur during pregnancy e.g acute fatty liver of pregnancy (AFLP) and intrahepatic cholestasis of pregnancy (ICP). Acute liver failure can occur in an individual with no pre-existing liver disease. It is often reversible with full recovery if adequately treated.

Chronic liver failure is caused by longstanding liver disease such as autoimmune liver disease, hepatitis, alcohol related liver disease, liver cirrhosis, haemochromatosis and Wilson's disease.

6. Liver Cirrhosis

Obligatory **Must not donate**

Additional Information Cirrhosis can be caused by many different conditions and by several different liver conditions in combination. Transmissible viruses, some of which are not detected in transfusion service testing, can cause some cases. Because cirrhosis is a sign of worsening or progressive liver disease, it is considered safest not to accept individuals with cirrhosis.

7. Liver Tumours

Includes Liver Cancer, Hepatocellular Carcinoma, Bile Duct Cancer

Obligatory **Must not donate.**

Discretionary Donors with benign liver cysts or adenomas who are fit and well, even if regularly monitored, accept.

See if Relevant Malignancy

Additional Information If in doubt about the diagnosis, refer to a **DCSO.**

8. Inherited Diseases Affecting the Liver

Obligatory Refer to WBDSG entry for the condition.
If there is no specific entry, **must not donate**

Discretionary a) If the donor is well and stable on treatment for Wilson's Disease, accept.

b) If the donor has Gilbert's Syndrome and is not visibly jaundiced, accept

c) For other conditions, see the Inherited Diseases entry

See if Relevant Inherited Diseases
Haemochromatosis

Additional Information Wilson's disease is caused by an excessive accumulation of copper in the liver and other organs. e.g. brain. If diagnosed and treated early with chelating agents, such as Penicillamine and Trientine, and avoidance of high copper foods, the prognosis is good and individuals can lead a normal life. If there is uncertainty about the donor's health or treatment, refer to a **Designated Clinical Support Officer.**

Alpha-1-antitrypsin deficiency can occasionally cause liver disease in adults. This may lead to liver failure and the need for liver transplantation.

Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice (yellowing of the whites of the eyes). Blood banks are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 66

Malaria

Excludes Donors who will only donate plasma for fractionation. See Malaria - plasmapheresis donors

Obligatory **Must not donate if:**

a) The donor has ever had malaria.

b) The donor has had an undiagnosed fever (which 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 **a) Donors who have had malaria diagnosed in the past:**
If more than three years have passed since anti-malarial therapy has been completed and symptoms caused by malaria have resolved and a validated test for malarial antibody is to be performed, 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 malarial antibody is to be performed, accept.

b) Donors who have EVER had an undiagnosed fever that could have been malaria while in a malarial area or within four months of leaving a malaria endemic area:
If at least four months have passed since the donor returned from the malarial 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 malarial antibody is to be performed, 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

c) Donors who have EVER been resident in a malarial endemic area for 6 months or more:
If at least four months has passed since the date of the last potential exposure to malaria, and a validated test for malaria antibody is to be performed, accept.

d) 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 malarial antibody is to be performed, accept.

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

Additional Information Cases of transfusion transmitted malaria 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. Although this is uncommon, 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. Transfusion transmitted malaria is often fatal.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Entry updated to exclude donors who will only donate plasma for fractionation.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Malaria - plasmapheresis donors

For donors who will donate whole blood, platelets and other cellular components see Malaria

Excludes This entry only applies for donors who will only donate plasma for fractionation. It should not be used for donors who will donate whole blood, platelets and other cellular components.

Obligatory **Must not donate if:**

The donor has been diagnosed with malaria and the donor has not fully recovered from their illness.

Discretionary In all other cases, the donor may be accepted after their return from malaria risk area if they are well.

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

Additional Information Cases of transfusion transmitted malaria have occurred. This is mainly a problem in people who have had repeated episodes of infection with malaria. Transfusion transmitted malaria is often fatal.

The processes used to fractionate plasma include several measures that inactivate or remove malarial parasites. This means that malarial risks described in the GDRI do not need to be applied for donors who will only donate plasma for fractionation. Malarial antibody testing is not required for these donors.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Malignancy

Obligatory **Must not donate.**

Discretionary a) If this was a non metastasized basal cell carcinoma (rodent ulcer) and local treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required and has been completed at least 24 months previously, accept.

b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli 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 been cured of a carcinoma in situ (CIS) and discharged from follow-up, accept. Donors who have been returned to screening following treatment for CIS can be accepted.
Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS), prostatic intraepithelial neoplasia (PIN) and squamous cell CIS of the skin (also known as intraepithelial squamous cell carcinoma or Bowen's disease).

d) If the potential donor has had a diagnosis of melanoma in situ (including Lentigo Maligna), refer to DCSO to confirm they have not had an invasive melanoma (eg Lentigo Maligna Melanoma). Donors who have already been cleared by a DCSO can be accepted.

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), or on routine follow up, accept.

See if Relevant

Haematological Disease
Surgery
Cervical Dysplasia

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.

Basal cell carcinoma (rodent ulcer) does not spread through the blood, therefore people who have had successful treatment may donate.
The term carcinoma in situ (CIS) refers to a group of abnormal cells which have not invaded deeper tissue or spread to another part of the body. Donors who have been cured and discharged from follow up may donate. For cervical CIS, donors can be accepted if treatment is complete and any follow up smear, if performed, 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. Clonal blood disorders are dealt with differently - see Haematological Disease.

Melanoma in situ which has been cured by excision is not associated with a risk of metastasis. Patients with a confirmed diagnosis of melanoma in situ (ie Breslow thickness of 0 and no regression) do not require ongoing follow up beyond the initial post-operative appointment.

Lentigo Maligna is a form of melanoma in situ found on the head and neck. It should be distinguished from Lentigo Maligna Melanoma which is a true malignant melanoma.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Addition of the terms squamous cell carcinoma in situ of the skin and intraepidermal squamous cell carcinoma.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 61.

Marfan's Syndrome

Obligatory

Must not donate if:
Has heart or blood vessel involvement.

Discretionary

If there is no heart or blood vessel involvement, accept.

See if Relevant

Cardiac Surgery
Cardiovascular Disease

Additional Information	This a genetic disorder of connective tissues. Some individuals with Marfan's syndrome have heart and blood vessel problems that can be serious. These are screened for routinely in people who have been diagnosed with this condition. Donations should not be taken from people with heart or blood vessel problems as there may be an increased risk of serious adverse events.
Reason for change	The 'Obligatory' deferral has been changed from 'Cardiac involvement' to 'Heart or blood vessel involvement.' Relevant links have been added together with 'Additional Information'.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Meniere's Disease

Discretionary	If well on the day, even if on treatment to prevent attacks, accept.
Additional Information	Meniere's disease affects about one in a thousand people and is due to middle ear damage. Attacks can be accompanied by vertigo (a feeling of dizziness and of things spinning around). It is not thought that donation causes attacks. Providing a person with Ménière's disease is well at the time of donation, and there are no other factors that would lead to their deferral, they should be accepted.
Reason for change	The statement, 'even if on treatment to prevent attacks,' has been added to 'Discretionary'. 'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Menopause

Discretionary	Even if on hormone replacement therapy (HRT) or other treatment to control menopausal symptoms, accept.
See if Relevant	Malignancy
Reason for change	The 'Discretionary' entry has been extended to include all therapies taken to control menopausal symptoms. A link has been added to 'Malignancy' as the menopause can be secondary to treatment for cancer.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Mental Health Problems

Obligatory	**Must not donate if:** 1. 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. 2. On treatment with sodium valproate or valproic acid.
See if Relevant	Communication Difficulties Valproate and Topiramate
Additional Information	Many people have mental health problems that are 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.

Occasionally donors are on medication such as Clozapine and are under close monitoring. They should be accepted as long as they pass the Hb test.

Reason for change Link updated from 'Valproate' to 'Valproate and Topiramate' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Migraine

Obligatory **Must not donate if:**
1. Migraine is severe.

2. Migraine occurs more than once a week.

3. On prophylactic treatment with sodium valproate (valproic acid), topiramate or a monoclonal antibody therapy.

Discretionary If the donor's migraine is not severe, and

- it occurs less than once per week, and
- any treatment does not preclude donation,

accept.

See if Relevant Headache
Monoclonal antibody therapy and other Biological Modalities
Nonsteroidal anti-inflammatory drugs
Valproate and Topiramate

Additional Information Migraine is caused by a disturbance in the normal blood flow to parts of the brain. Severe forms can be associated with focal neurological signs and symptoms, such as hemiplegia, or result in the frequency and duration of symptoms limiting normal activities.

By not accepting people with the more severe forms of migraine we hope to prevent precipitating an attack through the process of donating blood.

Care should be taken to assess any medication the donor has taken, either as prophylaxis or as relief for a migraine. Such medication may include Valproate, Topiramate or new monoclonal antibody treatments that may mean the donor is not eligible to donate.

Monoclonal antibody (MAb) therapy may be given to patients with frequent migraine where other preventative treatment has failed. MAb therapies are given by injection or by infusion. They include Eptinezumab (Vyepti®), Erenumab (Aimovig®), Fremanezumab (Ajovy®), Galcanezumab (Emgality®).

Any donor who has had migraine associated with giving blood on more than one occasion should be advised not to continue as a donor.

Reason for change The entry has been revised including the addition of an obligatory deferral for prophylaxis with topiramate or monoclonal antibody therapy. The ‘See if Relevant’ section has been updated.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Monoclonal antibody therapy and other Biological Modalities

Includes Systemic treatment with monoclonal antibody (MAb) treatments

Obligatory **Must not donate.**

Discretionary a) If an individual monoclonal antibody treatment is listed in the entry for the underlying condition, apply guidance as per that entry.

b) If the underlying condition does not preclude donation, and it is more than 6 months from last treatment, accept.

See Is there is a specific A-Z index entry for the treatment and/or condition you are concerned about?

See if Relevant
Asthma
Autoimmune Disease
Clinical Trials
Dermatitis
Eye Disease
Hypercholesterolemia
Migraine
Osteopenia
Psoriasis

Additional Information The use of monoclonal antibody and other biological therapies continues to expand. Care should be taken to understand the type of treatment and the indication, which may not be included in the 'See if Relevant' section.

Current scientific literature does not provide conclusive evidence to reject concerns that individuals on these treatments are more prone to infection. Until further clarity is provided in the literature, donors on these medications are withdrawn, unless otherwise stated.

Reason for change Links to conditions that are currently commonly treated with monoclonal antibody therapies have been added to the 'See if Relevant' section, with reference to the expansion in types of treatment and use of these treatments within the 'Additional Information' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Mpox (Monkeypox)

1. Affected Individuals

Obligatory **Must not donate**

Discretionary If the donor has recovered from confirmed or suspected Mpox infection and

- It is at least 28 days since the diagnosis of Mpox was made, and
- It is at least 14 days since recovery and the donor remains well, and
- It is at least 14 days since all skin lesions have healed, and
- It is more than seven days since completing any antiviral or antibiotic therapy, and
- The donor has been discharged from all follow up (including public health surveillance),

accept.

2. Contact with an individual with Mpox

Includes Individuals who have been identified by public health teams as a close contact of an individual with Mpox.

Obligatory **Must not donate**

Discretionary If it is more than 21 days since last contact and,

- the donor has no symptoms of Mpox and
- the donor has completed any isolation period, and

- the donor has been discharged from all follow-up (including surveillance by public health), and
- the donor fulfils the criteria in section 3 below regarding vaccination if applicable,

accept.

3. Immunisation for contact or risk

Excludes Individuals who have received vaccination because they work in a health care setting – see section 4 below.

Obligatory **Must not donate.**

Discretionary If the donor fulfils the criteria in section 2 above and

- it is more than four weeks since the most recent dose of a non- live or attenuated smallpox vaccination e.g. Imvanex, and
- the course of vaccination (if more than one dose) is complete,

accept.

4. Immunisation – no known contact

Includes Individuals who have received vaccination because they work in a health care setting.

Discretionary An individual who has received routine vaccination with Imvanex or another third-generation smallpox vaccination in an occupational setting, can be accepted provided that they are not deemed to be at risk due to an exposure episode.

See if Relevant Immunisation

Additional Information Mpox was previously known as Monkeypox. In November 2022, WHO recommended Mpox as the new name for Monkeypox disease. Mpox is endemic in some African countries. During 2022 a multi-country outbreak was identified with cases in the UK, Europe, North America and other regions.

The incubation period of Mpox is up to 21 days. The initial symptom are fever, myalgia, fatigue and headache. These symptoms are followed by a rash starting from the site of the primary infection, this rash develops into vesicles and pustule followed by scabs. Infectivity may start during initial symptoms and lasts until the rash clears and all scabs have dropped off.

Staff should be alert for donors who report rashes and illnesses consistent with Mpox, regardless of sexual behaviour, travel history or other risk factors.

Mpox does not spread easily between people. Human-to-human transmission occurs through contact with:

- infectious material from skin lesions
- respiratory droplets in prolonged face-to-face contact
- virus-contaminated objects such as bedding or clothing

During the 2022 multi-country outbreak, the predominance of cases among men who have sex with men and the distribution of the Mpox skin rash at presentation, suggests Mpox transmission is associated with direct contact during sex.

Contacts may have received vaccination, to reduce the risk of serious illness. Usually vaccination will be with Imvanex or other third generation vaccine against smallpox. Contacts are eligible to donate once they satisfy the requirements of Sections 2 and 3 above.

Health care workers may also have received vaccination to protect against Mpox in the

event of possible exposure to monkeypox during their work. They will be working in accordance with Infection Prevention and Control policies and with suitable Personal Protective Equipment, which if not breached means they are eligible to donate.

Other recipients of vaccination for Mpox must be assessed according to section 3 above.

Imvanex is a live attenuated non-replicating third generation Smallpox vaccination. For donor selection purposes this can be assessed as a non-live vaccine but primarily donors must be assessed according to their individual risk of exposure to Mpox. The deferral of some donors for four weeks from the date of a non-live vaccination allows symptoms of Mpox from prior exposure to become evident (incubation period up to 21 days) and encompasses the time for maximum efficacy of the immunisation (up to four weeks). Donors should be deferred until completion of a course of vaccination.

Reason for change Inclusion of sections for donors who have received vaccination either because they are or could be a contact or because they work in a health care setting.
Additional Information applicable for the whole entry contained within one section.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 67

Narcolepsy

Obligatory **Must not donate** if:
Sleep attacks or cataplexy in the previous 12 months
On treatment with Modafinil (Provigil)

Discretionary If free from sleep attacks or cataplexy for 12 months or more, and it is more than 7 days from the last dose of modafinil, accept.

Additional Information Narcolepsy is a rare neurological condition that affects the brain's ability to regulate the normal sleep-wake cycle. This can lead to symptoms such as disturbed night-time sleep, excessive daytime sleepiness and cataplexy. Consequently, narcolepsy is often thought of as a sleep disorder, but its underlying cause means that it is better classified as a disorder of the central nervous system.

Some affected individuals may fall asleep without warning (sleep attacks) or lose muscular control that can result in falling to the ground (cataplexy). In some cases cataplexy may have the appearance of a stroke, though recovery usually occurs within minutes.

Modafinil is a drug used to treat excessive daytime sleepiness in some patients with narcolepsy. It is associated with an increase in congenital abnormalities if taken during pregnancy. Individuals taking Modafinil are deferred to avoid the risk of components made from their donation being transfused to someone who is pregnant.

Some individuals only have minor narcolepsy symptoms that should not interfere with donation. Sleep attacks and cataplexy may obviously cause problems during and after the donation process. However, some individuals have good control of symptoms through lifestyle adaptations and/or taking medication. If these problems are well controlled (no attacks for 12 or more months) the donor may be accepted. This includes individuals on medication to prevent attacks, with the exception of anyone taking Modafinil.

Reason for change A deferral for individuals treated with Modafinil has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 63

National Help Lines

Information Donors requiring assistance who have donated, or intend to donate:
In England please contact the:

NHS Blood and Transplant (NHSBT)

Telephone: 0300 123 23 23
Website: www.blood.co.uk

In Northern Ireland, please contact the:

Northern Ireland Blood Transfusion Service (NIBTS)
Telephone: 028 9032 1414
Website: www.nibts.org

In Scotland, please contact the:

Scottish National Blood Transfusion Service (SNBTS)
Telephone: 0345 90 90 999
Website: www.scotblood.co.uk

In Wales, please contact the:

Welsh Blood Service (WBS)
Telephone: 0800 252266
Website: www.welsh-blood.org.uk.

Reason for change Changes made to the National Help Lines after the move of North Wales from NHSBT to Wales

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 36.

Neurobehavioral Disorders

Obligatory Must not donate if on treatment with Modafinil

Discretionary If the potential donor is able to give valid consent; their disorder will not interfere with the collection process, and they have not taken Modafinil (Provigil) for 7 days, accept.

See if Relevant Communication Difficulties

Additional Information If the donor suffers from involuntary movements (tics) it is important to ensure that these will not interfere with the donation process.

Donors can usually be accepted even if on medication to treat a neurobehavioral disorder.

Modafinil is licensed for the treatment of narcolepsy but can be used off-licence for other disorders including ADHD. Modafinil is associated with an increase in congenital abnormalities if taken during pregnancy. Individuals taking Modafinil are deferred to avoid the risk of components made from their donation being transfused to someone who is pregnant.

Reason for change A deferral has been added for donors on treatment with Modafinil.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 63

Neurofibromatosis

Also Known As Von Recklinghausen's disease.

Obligatory **Must not donate if:**
History of malignant change.

Discretionary Otherwise accept.

See if Relevant Blood Pressure - High
Epilepsy
Malignancy

Additional Information	Neurofibromatosis is an inherited condition that causes tumours (swellings) on nerve tissue. These tumours are usually not cancerous but occasionally may become malignant. If they are in the brain they may cause epilepsy.
Information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	Links have been added together with 'Additional Information'.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Neurosurgery

Obligatory	**Must not donate.**
Discretionary	a) If burr hole surgery only, accept. b) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept. c) If it can be shown that dura mater was not used during surgery in the UK prior to 1992 and there is no evidence of malignancy, the donor may be accepted by a **'Designated Clinical Support Officer'**.
See if Relevant	Cardiovascular Disease Disabled Donor Indwelling Shunts and Stents and Implanted Devices Malignancy Prion Associated Diseases Urinary Catheterisation Surgery
Additional Information	Dura mater has led to the spread of prion related diseases (CJD). It should not have been used in the UK after 1992. The situation in other countries varied so specific dates cannot be given.
Information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	The See if Relevant section has been revised.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 61.

Night Sweats

Obligatory	**Must not donate if:** Unexplained.
Discretionary	If due to the menopause, accept.
See if Relevant	Infection - General Malignancy Menopause
Additional Information	Unexplained night sweats may be an indication of an undiagnosed infection or malignancy. Both would be a reason to defer a potential donor.
Reason for change	Links and 'Additional Information' have been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Non-Consented Exposure to Human Body Fluids

Definitions

Non-Consented Exposure to Human Body Fluids:
A non-consented injury or assault in which an individual is exposed to potentially infective material that could be transferred through donation. The causes may range from a sharps injury to bites, punches and abrasions or sexual assault where mucous membranes have been contaminated with human blood or other body fluids. It also applies to any inoculation injury with abnormal prions from any species.

1. Affected Individual

Obligatory

Must not donate if:
a) The incident involved any 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 human blood or body fluids.

c) Under ongoing investigations following exposure.

See if Relevant

Animal Bite (Non-Human)
Blood Safety Entry
Hepatitis
HIV
HTLV
Prion Associated Diseases
Xenotransplantation

Additional Information

Prion related diseases can be symptom free for many years. During the incubation stage, infection may be passed on by donated material.

Human blood or body fluids may be contaminated with infective material that may be passed on by donated material. Waiting four months (if a validated test for HBV, HCV HIV NAT is negative) helps to ensure that any infection is not passed on. This includes donors where the contact has Hepatitis B infection or is a recipient of blood derived coagulation factor concentrates.

If an individual is undergoing further tests or follow up following an exposure, donation should be deferred until all follow up is complete and above criteria apply.

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

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

2. Current or Former Sexual Partner of Affected Individual

Obligatory

Must not donate if:
The donor's sexual partner is being monitored for evidence of transmitted infection following exposure to a known infected individual.

Discretionary

a) If the partner has not been exposed to known infective material, accept.

b) If the partner was exposed to known infective material and has been told that they are not infected and no longer require to be monitored, accept.

c) If a former sexual partner and it is more than three months since the last sexual contact, accept.

See if Relevant

Hepatitis
HIV
HTLV
Prion Associated Diseases

Reason for change

The wording of this entry has been revised to improve clarity.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 57

Non-Contagious Diseases - Contact With

Definitions

Non Contagious Disease:
This is a disease which is not easily transmitted from person to person. It may be a zoonotic infection or it may result from a shared environmental issue e.g. food poisoning or a common travel history.

Zoonotic infection:
The WHO defines this as any disease or infection that is naturally transmissible from vertebrate animals to humans.

Obligatory

Refer to the specific entry for the disease. If there is no specific entry, and/or no instruction for contacts, use the guidance below.

Must not donate if:
a) Diagnosed with, or showing symptoms of, the disease.

b) Under investigation or monitoring for potential infection with the disease. This includes any deferral period recommended by Public Health.

c) The donor has been exposed to the same circumstances that led to infection in another human. This might include a common travel history or, in the case of food poisoning, to the consumption of the same food.

Discretionary

If the donor:
- Is well and has no symptoms of infection, and
- Is not being investigated or monitored, and
- Is not considered to be at high risk of infection,

accept.

See if Relevant

If there is a shared risk for a transfusion transmissible infection, see the index entry for that condition.

Additional Information

Many infections are not easily spread from one person to another. In other situations, the infection with which there has been contact will not represent a risk to recipients and staff. Donors reporting such contact can normally be accepted but the nature of the contact should be assessed. For instance, has the potential donor had the same risk factors as an infected individual e.g. travelled to the same place or eaten the same food. If they have, the risk of the potential donor also being infected must be considered together with any appropriate deferral.

For some zoonotic infections, people in contact with affected animals may be followed up by health protection teams. This can include a period of monitoring for potential transmission of the infection. Individuals in this situation should not be accepted to donate until further review or testing is no longer required, and any deferral period stipulated by the health protection team has elapsed.

If in doubt:
Contact a **'Designated Clinical Support Officer'**.

Reason for change

Guidance and information has been added for donors under investigation or monitoring following contact with a zoonotic infection.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 61.

Nonsteroidal Anti-Inflammatory Drugs

Also Known As

NSAIDs or nonsteroidals

Excludes

Topical preparations

Obligatory

Assess the reason for treatment and see if there is a relevant index entry.

1. Must not donate if:
Taken for a serious long-term illness including cardiovascular disease.

2. Platelets:
If the donor has taken an NSAID drug in the 48 hours before attending, their donation must not be used for the preparation of platelets and other blood components intended to treat thrombocytopenia and/or platelet dysfunction.

Discretionary If medication is self-prescribed, the donation will not be used to prepare platelets and other blood components intended to treat thrombocytopenia and/or platelet dysfunction, and the donor meets all other criteria, accept.

See if Relevant Cardiovascular Disease
Drug Index - preparations which may affect platelet function

Additional Information Nonsteroidal anti-inflammatory drugs can stop platelets (small fragments of cells that help control bleeding) from working properly. Platelets may be manufactured from whole blood or component (apheresis) donations. Blood Services may produce other components that included functional platelets, including some forms of whole blood. As these are used to control or prevent bleeding in patients, it is essential that they do not include platelets affected by nonsteroidal anti-inflammatory drugs.

Taking these drugs will not affect the use of a donation for red cell transfusion (the commonest use) but the reason they are being taken might.

Topical treatment with NSAIDs includes creams and gels. These forms of medication are unlikely to have a significant effect on platelet function.

Reason for change An exclusion for topical preparations has been added.

Update Information This entry was last updated in
WB-DSG Edition 203 Release 76

Nose Bleeds

Discretionary If the potential donor passes the haemoglobin screening test, accept.

See if Relevant Anaemia - Discretionary 1. Iron deficiency
Bleeding Disorder
Transfusion

Additional Information Severe or regular nose bleeds lead to a loss of iron from the body and this can cause iron deficiency anaemia. Donating blood also causes the body to loose a substantial amount of iron. The combination of the two will make anaemia much more likely.

Reason for change Links to 'Anaemia - Discretionary 1. Iron deficiency' and 'Transfusion' have been added together with 'Additional Information'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Oseltamivir

Also Known As Tamiflu®.

Obligatory **Must not donate if:**
a) Taking oseltamivir (Tamiflu®) as treatment for influenza.

b) At any time in the seven days prior to, or while taking oseltamivir, the donor has had symptoms of influenza, (a temperature of more than 38 degrees centigrade, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).

Discretionary If the potential donor is taking oseltamivir 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 Oseltamivir 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.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 13.

Osteoarthritis

Obligatory Must not donate if it is less than four months from any invasive treatment or investigation including but not limited to joint injections.

Discretionary If the donor has been treated by joint injection, and

- treatment was performed within the NHS, or treatment was performed by Qualified Health Care Professional (as defined in the Complementary Therapy entry), and
- if it is at least 7 days from any joint injection with steroid, and
- it is at least 4 months from any joint injection with autologous platelet rich plasma (PRP)

accept.

See if Relevant Complementary Therapy (for the approved list of Qualified Health Care Professionals)
Disabled Donor
Drug Index - Drugs and Platelet Donations
Endoscopy
Nonsteroidal Anti-Inflammatory Drugs
Steroid Therapy

Additional Information Donors who have severe pain or disability that makes it difficult for them to get on or off the bleed bed should not donate.

Medicines taken for arthritis may affect platelet function. This can be checked in the Drug Index.

Some individuals may undergo arthroscopy as part of the assessment and investigation of their condition; this is usually performed by a rigid endoscope (see Endoscopy).

Some individuals may receive joint injections to relieve the symptoms of osteoarthritis. These may be intra-articular (into the joint) or periarticular (around the joint). Treatments may include steroids, hyaluronic acid or platelet rich plasma. Individuals who have received autologous platelet rich plasma must wait at least four months before donation. If the donor is uncertain about the treatment that was given, refer to a DCSO.

Reason for change Guidance on the acceptance of donors treated with joint injection has been added. A link to Endoscopy has been added.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 72

Osteomyelitis

Obligatory **Must not donate if:**
Less than 24 months from completing treatment and cure.

Additional Information Sometimes it is difficult to be certain that all infection has been eliminated. Waiting 24 months minimizes the risk of any infection being passed on through donation.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Osteopenia

Obligatory **Must not donate if:**

The donor is being treated with systemic monoclonal antibody therapy e.g. Denosumab (Prolia®). See Monoclonal antibody therapy and other Biological Modalities.

Discretionary If the cause is not of itself a reason to defer, even if on treatment to prevent or treat (other than Denosumab), accept.

See if Relevant
Disabled Donor
Malignancy
Monoclonal antibody therapy and other Biological Modalities
Steroid Therapy
Vitamins and Other Nutritional Supplements

Additional Information Osteopenia occurs when there is decreased mineralization (mainly lack of calcium) of bone. It can occur for many reasons so it is important to ensure that it is not associated with a condition that would require a potential donor to be deferred.

Reason for change The See if Relevant section has been updated.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Paget's Disease of Bone

Also Known As Osteitis deformans.

Discretionary Even if on medication with painkillers or bisphosphonates, accept.

See if Relevant
Disabled Donor
Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs
Surgery

Additional Information Paget's disease of bone is very common in the UK, affecting about one 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 fit to donate.

Reason for change Links have been added to 'Drug Index' and 'Surgery'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Pain Killers

Obligatory Assess the reason for treatment and see any relevant Index entry.

Discretionary If the donor is otherwise fit to donate, regardless of the type of medication, accept.

See if Relevant
Disabled Donor
Drug Index - preparations which may affect platelet function
Indwelling Shunts and Stents and Implanted Devices

Nonsteroidal Anti-Inflammatory Drugs

Reason for change The entry has been revised to improve clarity.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Palpitations

Obligatory **Must not donate if:**
1. The donor has a history of palpitations.

2. A significant arrhythmia or other cardiac cause has been confirmed or is suspected as the cause of palpitations.

Discretionary 1. Donors with a history of palpitations where:

- The donor has consulted their GP and a cardiac cause has been excluded, and
- The donor is not undergoing any investigations, and,
- The donor is symptom-free on the day of attendance;
  Accept, even if on beta blockers to prevent symptoms.

2. Donors with a history of palpitations where a cardiac cause has not been excluded, refer to Arrhythmia entry.

See if Relevant Arrhythmias

Additional Information Donors with ongoing symptoms of palpitations are at risk of a donor adverse event during or after donation.

Many donors will have experienced palpitations at some time in their lives. Symptoms are often associated with anxiety or stress. As long as they are symptom-free on the day of donation and investigations have ruled out a cardiac cause, donors can be accepted, even if on treatment to prevent symptoms.

Reason for change New entry

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 44

Parvovirus B19

Includes Human parvovirus; slapped cheek syndrome; erythema infectiosum; fifth disease

1. Affected Individual

Obligatory **Must not donate.**

Discretionary If it is more than 4 weeks from:

- recovery from systemic symptoms (low-grade fever, malaise, headache, nasal discharge, abdominal pain, sore throat), and
- a positive result for parvovirus B19 DNA, if testing has been carried out,

accept.

2. Close Contact with an Affected Individual

Obligatory **Must not donate if:**
Less than 3 weeks since contact with an individual with suspected or confirmed parvovirus B19 infection. This includes individuals diagnosed through blood donation screening.

Discretionary a) If the donor has a definite past history of parvovirus B19 infection, accept.

b) If more than 3 weeks since last contact with an individual with parvovirus B19 infection, accept.

c) If any contact in the previous 3 weeks has only been with someone in the post-infectious phase, i.e. after the rash has appeared, accept.

See if Relevant Infectious Diseases – Contact With

Additional Information Parvovirus B19 is a viral infection which occurs most commonly in children. The virus can be transmitted through droplet spread (respiratory), or from mother to baby, or via blood transfusion. Outbreaks of parvovirus B19 occur every 3 to 4 years during the late winter / early spring period. Following exposure, the incubation period is 14 to 21 days.

Infection may be asymptomatic or may result in a mild self-limiting illness presenting with fever, malaise, upper respiratory tract symptoms and abdominal pain. Children often develop a bright red facial rash (‘slapped cheek’) one to two weeks later, followed after a few days by a light pink rash on the chest, stomach, arms and thighs. Adults have similar symptoms but are less likely to have a facial rash. Adults are also more likely to have joint pain (polyarthropathy) especially in the hands, wrists, feet and ankles. Rashes and joint pain can persist for several weeks or months after someone has recovered from the infection and do not prevent donation.

Individuals with parvovirus B19 are infectious at the early stage, before and while experiencing systemic and upper respiratory tract symptoms. Once a rash has appeared an individual is no longer infectious. People who have recovered from parvovirus B19 have lifelong immunity to the virus and cannot be reinfected.

Parvovirus B19 may cause more serious illnesses, including anaemia and bone marrow failure, in non-immune individuals who are also immunocompromised. If acquired during pregnancy, parvovirus B19 may result in severe fetal anaemia (hydrops fetalis), miscarriage and stillbirth.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 70

Peptic Ulcer

Obligatory **Must not donate if:**
a) Recent symptoms or on active treatment to heal an ulcer.

b) Associated with malignant change.

Discretionary If not affected by a) or b) above, even if on maintenance treatment, accept.

See if Relevant Anaemia - Discretionary 1. Iron deficiency
Surgery
Transfusion

Additional Information Bleeding is a common problem associated with peptic ulcers. This can be profuse and may require transfusion, or gradual, leading to iron deficiency. Taking blood from a person at risk of bleeding will reduce their ability to compensate for blood loss and may lead to treatment that would not otherwise have been needed.

Reason for change Total gastrectomy is no longer a reason for withdrawal.

Additional links have been added together with 'Additional Information'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Periods

Obligatory **Must not donate if:**
a) Period has been missed.

b) If under investigation for heavy and prolonged periods.

c) Has uncontrolled period pain.

Discretionary a) If a period has been missed, pregnancy can be excluded and the donor is well, accept.

b) If the potential donor is taking supplemental iron to prevent anaemia, is not under investigation for heavy or prolonged periods and understands that donation will make anaemia more likely, accept.

c) If taking medication to decrease blood loss (e.g. etamsylate (Dicynene®), tranexamic acid (Cyklokapron®)), accept.

See if Relevant Anaemia - Discretionary 1. Iron deficiency
Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs
Pregnancy
Surgery

Additional Information It is OK to donate while having a period. However, the combination of blood loss from periods and donation will make iron deficiency anaemia more likely, particularly if the periods are heavy or prolonged. This affect can be minimised by taking supplemental iron.

If the donor feels unwell because of their period, they should not donate but if period pain is well controlled by medication, they may be accepted. It is important that the type of medication taken, and its affect on platelet function is noted.

Reason for change The entry has been rewritten for greater clarity.

A 'Discretionary' entry has been added for donors taking drugs to reduce blood loss.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Perthes' Disease

Discretionary Accept.

See if Relevant Drug Index - preparations which may affect platelet function
Nonsteroidal Anti-Inflammatory Drugs
Surgery

Additional Information Perthes' disease affects about one in 10,000 children between the ages of two and 15 years. It causes damage to the femoral head and will usually heal with conservative treatment. Surgery may be required and there is the possibility of chronic arthritis. This may require treatment with pain killers that might affect platelet function.

Reason for change Relevant links and 'Additional Information' have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Pituitary Disorders

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

b) Part of a multiple endocrine neoplasia (MEN) syndrome.

c) Has had open neurosurgery.

d) Ever received injections of human pituitary extract.

e) Acromegaly or growth hormone excess.

f) Has adrenal failure, or requires treatment with oral steroids.

g) Has cranial diabetes insipidus, or syndrome of inappropriate anti-diuretic hormone (SIADH), even if on treatment.

h) Currently on injectable drug treatment e.g. pegvisomant (Somavert®).

Discretionary

a) If a non secretory or prolactin secreting pituitary tumour (adenoma) has been confirmed as non-malignant and the donor has no symptoms, even if on oral medication and/or underwent neurosurgery in the UK after 1992, accept.

b) If open neurosurgery carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.

c) If it can be shown that dura mater was not used during open neurosurgery in the UK prior to 1992 and there is no evidence of malignancy, the donor may be accepted by a 'Designated Clinical Support Officer'.

d) If treated, exclusively with recombinant-derived growth hormone, accept. (In the UK this has been since 1986).

e) If the donor has undergone trans-sphenoidal surgery for a pituitary tumour, all wounds are healed, accept.

f) If the donor has undergone radiation therapy for a benign tumour, even if on long term follow up, provided there are no complications related to either the treatment received or to the underlying condition, accept.

See if Relevant

Central Nervous System Disease
Epilepsy
Growth Hormone
Neurosurgery
Prion Associated Diseases
Surgery

Additional Information

Pituitary adenomas are quite common and the majority are benign, i.e. not able of spreading to other parts of the body (metastasizing). Two-thirds of pituitary adenomas remain completely confined to the pituitary gland and approximately one-third will expand into tissues in the immediate vicinity of the gland. Less than 1% of pituitary tumours are malignant.

Pituitary adenomas may be non-secretory (25%) or secrete hormones such as prolactin (30%), growth hormone (10-15%, leading to acromegaly), ACTH (leading to Cushing's disease), TSH (leading to thyroid dysfunction) or LH/FSH (leading to fertility problems).

Acromegaly, caused by growth hormone over secretion, is associated with an increased risk of cardiovascular complications, including cardiomyopathy, increase in left ventricular mass, arrhythmias and hypertriglyceridaemia.

Hypopituitarism, with a reduction in levels of one or more pituitary hormones, can result from either the underlying pituitary condition or its medical/surgical management. A deficiency of ACTH may result in adrenal failure. Pituitary hormones are replaced through medication as required.

Patients with posterior pituitary lesions may develop diabetes insipidus or hypothalamic problems, which require careful fluid balance. Donating a unit of blood may compromise this balance.

Sheehan's syndrome is post-partum (after the birth of a baby) pituitary necrosis. It is caused by hypovolaemia from post-partum blood loss. It is likely that the patient will have been transfused.

Reason for change

This is a new entry.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Platelet Count

Obligatory

All donors:
Must not donate if:
a) Under investigation for an abnormal platelet count.

b) The platelet count is known to be less than 150 × 10^9/L.

c) The platelet count is known to be more than 450 × 10^9/L.

d) Any underlying cause precludes donation.

In addition, for Platelet Component Donors only:
Must not donate if:
The predicted post-donation platelet count is less than 100 × 10^9/L.

Discretionary

a) If a donor has been investigated for an abnormal platelet count and

- no underlying cause has been identified that would lead to deferral, and
- the donor does not require any monitoring or follow up,

accept

b) If testing by the blood transfusion service finds a donor to have a platelet count which is outside the normal range, the donor can be accepted if their results comply with local policies and procedures. Blood transfusion services should have a written policy for management of donors who are found to have a platelet count of less than 150 × 10^9/L or more than 450 × 10^9/L during donation testing.

See if Relevant

Haematological Disease
Immune Thrombocytopenia
Platelet Disorder
Thrombosis and Thrombophilia

Additional Information

Taking a platelet donation from a donor with a platelet count lower than 150 × 10^9/L is unlikely to provide a therapeutic dose.

Platelet counts outside of the normal range (i.e. less than 150 × 10^9/L or more than 450 × 10^9/L may be due to an underlying disease process. High platelet counts can also be associated with iron deficiency. Transfusion services should ensure that, where abnormal platelet counts are identified as part of routine donation testing, these are reviewed and managed appropriately. Further investigation may be required for donors with persistently abnormal results.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Additions to the Obligatory and See if Relevant sections.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Platelet Disorders

Includes

Individuals with, or carriers of, an inherited platelet disorder. These include:

- Bernard-Soulier disease
- Glanzmann's thrombasthenia
- Hermansky-Pudlak syndrome
- Jacobsen syndrome
- Lowe syndrome
- Paris-Trousseau syndrome
- Platelet release and storage pool defects
- Thrombocytopenia with absent radius syndrome

Acquired platelet disorders due to an underlying condition.

Excludes Donors taking medications that reduce platelet function e.g. Aspirin, Clopidogrel – see:

- Nonsteroidal Anti-Inflammatory Drugs
- Clopidogrel
- Cardiovascular Disease
- Other entries relevant to reason for treatment

Donors identified as having an abnormal platelet count on testing by the blood transfusion service – see Platelet Count.

Thrombotic thrombocytopenic purpura (TTP) – see Thrombosis and Thrombophilia.

Obligatory **Must not donate if:**
a) The donor has an inherited platelet disorder.

b) The donor is an affected carrier of an inherited platelet disorder.

c) The donor has an acquired platelet disorder due to an underlying condition.

d) The donor had an acquired platelet disorder and the underlying cause precludes donation e.g. malignancy.

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

f) The donor is requiring monitoring and/or follow up.

g) There is any associated immune system or organ involvement e.g. heart, lung, kidney, that precludes donation.

h) The donor has received a transfusion or plasma exchange since 1st January 1980.

i) The donor has a platelet disorder and has ever:

- received blood derived and recombinant products e.g.Factor VIIa, ADAMTS13 and/or
- received or is currently on treatment to reduce or prevent excessive bleeding e.g. desmopressin (DDAVP®), tranexamic acid, oral contraceptive pill and similar hormone therapies, intrauterine device (IUD) and/or
- needed iron supplementation.

j) The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure.

k) The donor has required or been advised they should receive immunisations subcutaneously rather than intramuscularly.

Discretionary 1. If the donor is a non-affected carrier of an inherited platelet disorder and fulfils all other criteria, refer to DCSO.

2. If the donor had an acquired platelet disorder (except immune thrombocytopenia/ITP – see Immune Thrombocytopenia) that has now fully resolved, the underlying condition does not preclude donation and they fulfil all other criteria, refer to DCSO.

See if Relevant
Cardiovascular Disease
Clopidogrel
Haematological Disease
Immune Thrombocytopenia
Nonsteroidal Anti-Inflammatory Drugs
Platelet Count
Transfusion
Thrombosis and Thrombophilia

Additional Information Platelet disorders can be inherited or can be acquired, e.g. due to an autoimmune reaction or malignancy such as leukaemia. Symptoms are similar whether there are too many platelets in circulation, too few platelets in circulation or the correct number of platelets are in circulation but they do not work properly.

These disorders can cause significant bleeding, either spontaneously or in response to even minimal trauma or minor procedures. Nose bleeds, bleeding from the gums and petechiae

are common. Bleeding can lead to iron deficiency anaemia.

Individuals will have been assessed and advised about their condition and bleeding risk. Most would be at increased risk of bruising and other complications from blood donation so affected individuals must not be accepted.

The diagnosis of the milder forms or carrier status of platelet disorders may arise from family screening, or through testing during investigation for menorrhagia (heavy periods), or bleeding during pregnancy or childbirth. Some people with the carrier state have symptoms which may or may not need treatment and/or are at risk of bleeding and therefore would be at increased risk of bruising and other complications from donation so affected carriers must not be accepted. Affected individuals and affected carriers may have been provided with a Bleeding Disorders Information Card.

Carriers who have been diagnosed through family screening, have not had any symptoms and have had their platelet function investigated and demonstrated to be normal may be able to donate once this information has been confirmed with the donor's specialist or GP by a DCSO.

Treatments include plasma products, plasma exchange or more rarely platelet transfusions. Curative treatment with stem cell or bone marrow transplant is an option for the most severe conditions.

The inherited platelet disorders are often part of a multisystem condition, but carriers are less likely to have significant organ involvement.

The guidance contained in this entry is not intended for use for donors without a platelet disorder, for example for someone who may have taken tranexamic acid for heavy periods due to an underlying gynaecological cause.

For donors who are identified as having an abnormal platelet count following testing by the blood transfusion service, refer to the Platelet Count entry.

Reason for change Clarification of the scope of this entry. Expansion of obligatory and discretionary criteria. Addition of relevant links. Additional Information section rewritten to support revised entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Pneumothorax

1. Spontaneous

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

b) Associated with cystic fibrosis.

c) Associated with emphysema.

See if Relevant
Asthma
Infection - General
Respiratory Disease
Surgery
Tuberculosis

Additional Information Spontaneous pneumothorax most often affects tall thin men around the ages of 20 to 40 years. It also affects people with lung disease such as cystic fibrosis, emphysema and tuberculosis. It reduces lung function and so can decrease the amount of oxygen entering the blood. Removing blood from an affected person may worsen or cause breathing problems.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change Cystic fibrosis has been added as a reason not to donate.

Relevant links have been added together with 'Additional Information'.

2. Traumatic

See Accident

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Polycystic Ovary Syndrome (PCOS)

Obligatory If associated with complications such as high blood pressure, diabetes, cardiovascular disease, non-alcoholic fatty liver disease or obstructive sleep apnoea, refer to the relevant entry.

Discretionary If otherwise eligible, accept.

See if Relevant
Cardiovascular Disease
Diabetes Mellitus
Fertility
Blood Pressure - High
Liver Disease
Sleep Apnoea

Additional Information Polycystic ovary syndrome (PCOS) is a common endocrine condition affecting women. Clinical features can include irregular or infrequent periods, excess facial or body hair (hirsutism), hair loss, weight gain, acne and difficulties getting pregnant. The exact cause of PCOS is unknown but the symptoms are related to hormone imbalance, often including increased testosterone activity. Many individuals with PCOS also have raised insulin levels and insulin resistance, putting them at risk of diabetes and metabolic syndrome. Conditions such as cardiovascular disease, sleep apnoea and non-alcoholic fatty liver disease are also associated with PCOS.

A diagnosis of PCOS does not prevent someone from donating. Drugs used to treat PCOS can include the combined oral contraceptive pill, co-cyprindiol, progestogens and anti-diabetic medications such as metformin. Patients may sometimes be prescribed spironolactone to treat acne, hirsutism or hair loss. Provided they are otherwise eligible, donors on any of these medications can be accepted. Care should be taken to assess eligibility against the relevant guideline if the donor has any PCOS-associated complications.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 78

Polycythaemia and Raised Haemoglobin

Obligatory **Must not donate.**

Discretionary If specialist investigation has excluded Polycythaemia Rubra Vera, another myeloproliferative neoplasm, or any other cause which precludes donation, and no treatment or further investigation is planned, the donor can be accepted for whole blood donation or for double red cell donation. Donors with a haemoglobin above the normal range should not usually be accepted for plasma or platelet donation.

See if Relevant
Cardiovascular Disease
Haematological Disease
Haemoglobin Disorders
Haemoglobin Estimation
Respiratory Disease
Testosterone Replacement Therapy

Additional Information

Repeat testing is advised for donors with a haemoglobin concentration of more than 180 g/L in men or 165 g/L in women. If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.

Polycythaemia is commonly linked to malignant or pre-malignant conditions or to the body's response to a shortage of oxygen. Apparent polycythaemia is caused by a decreased plasma volume. All of these are reasons not to accept a donation, either because of the association with malignancy, or because of the potential to harm the donor.

Individuals with 'high affinity' haemoglobins can develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons they should not be accepted.

Individuals taking testosterone therapy for testosterone deficiency can develop polycythaemia. Individuals taking testosterone therapy must have ongoing follow up with a UK registered health practitioner. Blood donation should not be used to prevent medication associated polycythaemia/raised haematocrit. Treatment for polycythaemia includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.

Reason for change

Addition of link and information relating to Testosterone Replacement Therapy.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 79

Porphyria

Obligatory

Must not donate if:
Suffers from porphyria

Discretionary

If the potential donor suffers from Acute Porphyria, Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP) or Hereditary Coproporphyria (HCP), it is 12 months or more since their last acute attack and they have no current skin lesions, accept.

See if Relevant

Hepatitis

Additional Information

Acute porphyrias (AIP, VP and HCP) may be associated with skin lesions and raised blood porphyrins independently of acute attacks. Theoretically the recipient of the blood could develop skin lesions, and we therefore exclude anyone with active skin lesions.

Porphyria Cutanea Tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin. These patients are often treated by venesection, however because of the risk of transmission of the agent that caused the condition the blood is not suitable for transfusion.

With Erythropoietic Protoporphyria (EPP) and Congenital Erythropoietic Porphyria (CEP) the patient is often anaemic because of the condition. Also in these conditions there are porphyrins in the red cells and red cell life span is reduced so the blood is not suitable for donation.

Reason for change

This is a new entry.

Update Information

This entry was last added in:
DSG-WB Edition 203, Release 05.

Pre- and Post-Exposure Prophylaxis for HIV prevention

Obligatory

Must not donate if:
a) The donor has taken oral Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) in the previous three months.

b) The donor has received an injection for PrEP in the previous two years.

Assess any donor using PrEP or PEP for blood safety risks relating to sexual activity.

Discretionary

If:

- it is over three months since the donor last used oral PrEP or PEP, and
- it is over two years since the donor last received an injection for PrEP, and
- there is no other blood safety risk,

accept.

See if Relevant

Blood Safety Entry
HIV
Non-consented Exposure to Human Body Fluids

Additional Information

The use of Pre-Exposure Prophylaxis (PrEP) to prevent HIV is increasing. Individuals taking PrEP are unlikely to be eligible to donate due to criteria within the blood safety entry. However, PrEP is also available via private prescription and/or online pharmacies and may be used by individuals who would not otherwise be deferred.

PrEP is normally given in tablet form but longer-acting injectable PrEP e.g. cabotegravir (Apretude®) may also be used in individuals who are not suitable for oral medication. Cabotegravir injections are given on an 8-weekly basis to ensure adequate HIV protection. Low levels of cabotegravir can be detected for many months in treated individuals, even after injections have been stopped.

Use of PrEP may interfere with testing for HIV by delaying seroconversion or giving unclear results in a positive donor. For this reason, it is important that donors who have taken oral PrEP in the previous three months, or injected PrEP in the previous two years, are not accepted to donate, even if they do not have another blood safety risk.

Post-Exposure Prophylaxis (PEP) has a similar mechanism of action to PrEP and may also interfere with testing results. In the UK PEP is prescribed to people who have been exposed to someone who may have HIV. This includes sexual activity or a needle stick injury. Donors who have received PEP will usually be ineligible to donate for the same reason they were given PEP.

If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

Reason for change

Addition of a two-year deferral for recipients of injectable PrEP.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 77

Pregnancy

Obligatory

Must not donate if:
a) Pregnant.

b) Less than 6 months have passed since delivery or termination.

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.

Discretionary

If the pregnancy ended before the 12th week of pregnancy without significant blood loss, if follow up is complete and it is more than 7 days from last dose of methotrexate (if taken), and it is agreed by a Physician member of the designated clinical support, accept.

See if Relevant

Anaemia - Discretionary 1. Iron deficiency
Malignancy
Surgery
Transfusion
Trying to Conceive

Additional Information

During pregnancy, particularly in the later part, a woman loses a considerable amount of iron to the baby. It is important to allow time for this lost iron to be replaced through the mother's diet. Donating during pregnancy will make it very likely that the pregnant woman

will become short of iron and this may lead to anaemia and even threaten the pregnancy. Iron usage in pregnancy occurs mostly between 12 and 35 weeks either to increase the number of red cell of the mother, or for the growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's irons stores. However if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates.

Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. This method of treatment, if successful, is not associated with significant bleeding but a week is needed for any residual methotrexate to clear the system.

A mother can donate if she is still breast-feeding, provided that a longer period than 6 months from delivery has passed.
If a woman is trying to become pregnant they can donate if they have not missed a period and are not under investigation or on infertility treatment. If they are on treatment or under investigation for infertility see the link for 'Trying to Conceive'.
Hydatidiform moles may be malignant. If they are, the woman will not be able to donate. In other cases it is important for treatment and follow up to be completed so that the possibility of malignancy is excluded.

Repeat anti-HLA, anti-HNA and/or anti-HPA antibody testing should be undertaken when donors return after pregnancy, regardless of duration, when:

- it is intended to collect components for which the blood service has implemented TRALI risk reduction measures based on antibody testing,

or,

- it is intended to collect HPA-matched components

Reason for change Advice to consider repeat HLA, HNA or HPA antibody testing after pregnancy has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 43.

Prion Associated Diseases

Includes Familial, sporadic and variant Creutzfeldt-Jacob 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 their blood or tissues 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 a transfusion or allogeneic human tissue (except recipients of donated human eggs, sperm or embryos).

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 Clinical Support Officer'**.

See if Relevant

Tissue and Organ Recipients
Transfusion
Trying to Conceive

Additional Information

A 'Position Statement on Creutzfeldt-Jakob Disease' is available in the 'Document Library' of 'www.transfusionguidelines.org'.

The use of human gonadotrophin and growth hormone of pituitary origin had stopped in the UK by 1986. Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given.

Recipients of donated human eggs, sperm or embryos can be accepted to donate, provided they meet the other criteria outlined in the ‘Trying to Conceive’ entry.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

It also Includes Department of Health decisions about individuals who have been identified at an increased risk of developing a prion related disease.

Reason for change

The deferral for recipients of donated eggs or embryos has been removed in line with the most recent update of the SaBTO Microbiological Safety Guidelines.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 61.

Proctitis

Obligatory

Must not donate if:
a) Due to ulcerative colitis.

b) Due to Crohn's disease.

c) Requiring treatment.

Discretionary

If other causes do not exclude and not on treatment, accept.

See if Relevant

Inflammatory Bowel Disease
Malignancy
Sexually Transmitted Disease

Additional Information

Proctitis has been linked to stress and food intolerance. It is also associated with infection and this may be sexually transmitted, particularly through anal sex. It may be caused by inflammatory bowel disease (ulcerative colitis and Crohn's disease) and post radiation therapy. The latter is likely to have been given for malignancy so, as with inflammatory bowel disease, will lead to exclusion from donation.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The ‘see if relevant’ section was updated as part of the implementation of recommendations from the FAIR study.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 57

Prostate Problems

Obligatory

Must not donate if:
a) Due to malignancy.

b) The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.

c) On treatment with anti-androgens.

d) Accompanied by infection.

e) Has been referred to a specialist for investigation of a high PSA (Prostate-Specific Antigen) level.

Discretionary

a) For benign prostatic problems, if not requiring treatment, or only taking alpha blockers to relieve symptoms, accept.

b) If PSA (Prostate-Specific Antigen) levels are being monitored but no referral, biopsy or other treatment is planned, accept.

See if Relevant

Anti-Androgens
Infection-General
Malignancy
Urinary Catheterisation
Surgery

Additional Information

Prostate problems become increasingly common as men age. They may cause difficulty in passing water, having to pass water more frequently, or pain and discomfort. Men with benign prostatic hypertrophy (BPH) who do not require treatment, or whose only treatment is with alpha blockers, may donate.

If they are being treated with Anti-Androgens (dutasteride (Avodart®) or finasteride (Proscar®)) special precautions are needed while taking these drugs and for some time afterwards.

Malignancy must lead to permanent deferral.

Infection, or the possibility of infection, associated with catheterisation will also lead to deferral. The interpretation of PSA (Prostate-Specific Antigen) levels depends on a number of factors. If the levels were thought to have been significantly abnormal, the individual would have been referred for biopsy or other investigations or treatment.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 61.

Psoriasis

Includes

Psoriatic Arthritis

Obligatory

Must not donate if:

a) Has ever taken etretinate (Tigason®).

b) Less than 36 months from the last dose of acitretin (Neotigason®).

c) Less than 6 months from the last dose of any treatment that may affect the immune system.

d) Generalised or severe.

e) There is secondary infection.

Discretionary

a) If mild, the venepuncture site is unaffected and only using topical treatment, accept.

b) If the donor:

- has been established on oral treatment for their disease with only one of the following drugs: Methotrexate, Sulfasalazine, Hydroxychloroquine or Azathioprine, and
- their disease is controlled by medication, and
- the dose of the drug has not increased in the previous 6 months, and
- the venepuncture site is not affected, and
- the donor is well,

accept.

c) If the donor:

- is receiving PUVA or UVA therapy for their skin disease, and
- their disease is controlled, and
- the venepuncture site is not affected, and
- the donor is well,

accept.

See if Relevant

Autoimmune Disease
Monoclonal antibody therapy and other Biological Modalities
Steroid Therapy

Additional Information

Psoriasis is primarily a skin condition caused by an autoimmune process. Sometimes the disease is treated with powerful drugs and/or ultraviolet radiation to suppress the underlying autoimmune process. This may be with treatment with PUVA, methotrexate, ciclosporin, hydroxycarbamide etc. and this may alter the body's defence mechanisms to infection.

Etretinate (Tigason®) and acitretin (Neotigason®) 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 blood of a donor. It takes longer to clear some drugs than others.

Reason for change

The text has been further updated to ensure consistency with other DSG references to immunosuppression.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 74

Pyrexia

Also Known As

Fever.

Definitions

Pyrexia:
A temperature of 38.0°C or above.

1. Not Related to Travel

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, but not influenza, from which the donor is now recovered or recovering, accept.

See if Relevant

Infection - Acute
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.

2. Related to Travel

See Malaria
Tropical Viruses
West Nile Virus
Viral Haemorrhagic Fever
The Geographical Disease Risk Index

Reason for change The definitions and scope have been revised. The See if Relevant list in part 2 has been expanded.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 72

Rabies

1. Affected Individual

Obligatory **Must not donate if:**
Diagnosed with Rabies even if now recovered.

Discretionary If exposure to a potentially rabid animal has been managed with passive immunisation and/or immunisation, accept if it is at least 12 months post exposure and fully cleared by the treating physician.

Additional Information Once symptomatic, rabies is almost always fatal. There is not enough information on individuals who have recovered to know if they may still present an infection risk and, if so, for how long.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Reason for change This is a new entry.

2. Immunisation - Post Exposure

Obligatory **Must not donate until:**
At least 12 months post exposure and fully cleared by the treating physician.

See if Relevant Immunoglobulin Therapy

Animal Bite (Non-Human)

Additional Information It is essential that any rabies virus has been eliminated from the system before a donation is accepted. Waiting at least 12 months post exposure and until the individual is fully cleared by the treating physician should make sure that the virus has been cleared.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55.

Reason for change A link has been added to ‘Animal Bite (Non-Human)'.

3. Immunisation - Non-Exposed

Discretionary If non-exposed, accept.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Update Information

This entry was last updated in:
DSG-WB Edition 202, Release 02.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Radiation Therapy

Obligatory

1. Must not donate if:
For malignancy other than basal cell carcinoma.

2. For other treatments:
Refer to a **'Designated Clinical Support Officer'**.

Discretionary

a) If fully recovered and is acceptable according to immunosuppression advice, accept.

b) If for basal cell carcinoma or ductal carcinoma in situ of the breast, all treatment has been completed, the donor has been discharged from follow up and is eligible under the Malignancy Guideline, accept.

See if Relevant

Autoimmune Disease
Immunodeficiency
Malignancy

Additional Information

Radiation therapy is sometimes used for non-malignant conditions, particularly for some skin conditions. It is often used as a substitute for other treatments that work by suppressing the immune system such as high dose steroids and cytotoxic drugs. More information is likely to be required before a decision can be made as to if an individual can donate. This why a referral to a **'Designated Clinical Support Officer'** is required.

Reason for change

Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

Radionuclides

Definitions

Radionuclides:
These are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.

Obligatory

1. Radioactive iodine therapy:
Must not donate if:
a) For malignancy.

b) Administered in the preceding six months for a non-malignant condition.

2. Other treatment or investigation:
Refer to a **'Designated Clinical Support Officer'**.

See if Relevant

Investigations
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. This is because we do not wish to transfuse radio-active material to recipients, particularly where it may affect a child or an unborn baby.

Reason for change A 'Definition' of 'Radionuclides' has been added.

The 'Additional Information' has been extended.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Raynaud's Syndrome

Obligatory **If part of an autoimmune process:**
See:
Autoimmune Disease

Discretionary If not part of an autoimmune process, even if the donor is taking vasodilators, accept.

Reason for change Both the 'Obligatory' and the 'Discretionary' entries have been modified to be consistent with updates to the entries for 'Blood Pressure - High' and 'Autoimmune Disease'.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Respiratory Disease

Obligatory **Must not donate if:**
a) Out of breath on minimal exertion.

b) Has acute or chronic infection including bronchiectasis.

c) Has cystic fibrosis.

See if Relevant
Asthma
Autoimmune Disease
Infection - General
Sarcoidosis
SARS
Steroid Therapy

Additional Information If a potential donor is out of breath on minimal exertion (for instance, climbing a single flight of stairs), taking a unit of blood may reduce the amount of oxygen that can be carried in the blood to a level that makes them unwell. Bronchiectasis is associated with recurrent acute infections and chronic infection. Although these do not usually cause the sufferer harm the transmission of these may result in significant problems for severely ill and often immunocompromised recipients.

Reason for change To clarify the position for potential donors with Bronchiectasis

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 27.

Rheumatic Fever

Obligatory **Must not donate if:**
a) It is less than 24 months from any symptomatic disease.

b) Has caused permanent heart valve damage.

Additional Information The Blood Safety and Quality Regulations 2005 state donation is not allowed until 24 months following the date of cessation of symptoms

Rheumatic fever can cause damage to the heart and this could make it unsafe to give blood.

Information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	The 'Obligatory' entry has been changed and the 'Additional Information' has been amended.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Sarcoidosis

1. 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.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.
Reason for change	New guidance to accept after full recovery and off all treatment for at least five years has been added. 'Additional Information" has been added.

2. 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.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.
Reason for change	'Additional Information' has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

Sex Worker

Obligatory	**Must not donate if:** Has ever received money or drugs for sex.
Discretionary	If three or more months have elapsed since the donor last received money or drugs for sex, accept
See if Relevant	Blood Safety Entry
Additional Information	In this context sex is defined as vaginal, oral or anal sex with or without a condom/protective
Information	This is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June

2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 50.

Sexually Transmitted Disease

1. Affected Individual

Obligatory **Refer to WBDSG entry for the condition.**

If there is no specific entry, must not donate if:
Less than three months from completing treatment.

See if Relevant Blood Safety Entry

For chlamydia (excluding Lymphogranuloma Venereum) see:
Infection - Acute

For genital warts see:
Warts

For genital herpes see:
Herpes Simplex

For syphilis see:
Syphilis

2. Current or Former Sexual Partner of Affected Individual

Obligatory **Refer to WBDSG entry for the condition.**

If there is no specific entry or the entry has no guidance on assessing sexual partners, must not donate if:

a) The potential donor is undergoing, or waiting for, investigations.

b) The potential donor required treatment and it is less than three months since completing that treatment.

c) The potential donor did not require treatment and it is less than three months from the last sexual contact with the infected partner.

Discretionary a) If the donor's sexual partner has been diagnosed with chlamydia, genital warts or genital herpes and the donor is not undergoing treatment or investigation, accept.

b) If there is no WBDSG entry for the condition, or the entry has no guidance on assessing sexual partners, and it is more than three months since the donor's sexual partner completed treatment, accept.

See if Relevant Blood Safety Entry

For chlamydia (excluding Lymphogranuloma Venereum) see:
Infection - Acute

For genital warts see:
Warts

For genital herpes see:
Herpes Simplex

For syphilis see:
Syphilis

Additional Information

Certain sexually transmitted infections, such as gonorrhoea, are more likely to be associated with other sexually transmitted infections and/or blood borne viruses that can be passed on through blood and component donation. A three-month deferral is required so that there is less risk of other infections being missed by the Blood Services and then being passed on to a recipient of donated material.

Reason for change

This entry was updated to support the implementation of recommendations from the FAIR study; the deferral period after a sexually transmitted disease, or treatment after sexual contact with an infected person, has been reduced to three months.

Update Information

This entry was last updated in
TDSG-BM Edition 203, Release 57

Shunts, Stents and Devices

Includes

Shunts

- For hydrocephalus e.g. ventriculo-peritoneal, -atrial, -pleural and lumboperitoneal shunts

Stents

- Vascular stents including coronary artery stents
- Urinary tract stents including ureteric stents
- Ophthalmic stents including nasolacrimal and Schlemm canal stents

Pacemakers

- Cardiac pacemakers
- Gastric pacemakers

Implanted neuromodulator and nerve stimulator devices, used for:

- Neuropathic pain – includes spinal cord and peripheral nerve stimulators
- Bladder dysfunction - includes sacral nerve stimulators
- Gastroparesis – sometimes referred to as gastric pacemakers

Glucose monitoring devices

- Real time continuous glucose monitors (rtCGM)
- Intermittently scanned glucose monitors (isCGM) – flash glucose monitors

Obligatory

Must not donate.

Discretionary

a). If the indication for an implanted neuromodulator device does not preclude donation and the site of implantation is fully healed, accept.

b). If an ophthalmic stent has been successfully inserted with good effect, the area has fully healed and there is no infection, accept.

c) If the reason for using a glucose monitoring device does not preclude donation and there is no inflammation or infection at, or around, the site of the skin sensor, accept.

See if Relevant

Arrhythmia
Cardiovascular Disease
Diabetes Mellitus
Eye disease
Gastrointestinal Disease

Kidney and Bladder Disease
Neurosurgery
Spina Bifida

Additional Information

Some shunts and stents can be a source of bacterial infection due to their location in the body and infection can be present without symptoms.

Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Implanted neuromodulator devices and some stents are not a covert infection risk once the implantation site is fully healed and there are no signs of infection or inflammation.

Care should be taken to ensure that the underlying condition that requires the use of a neuromodulator device does not preclude donation, and that the donor is well at the time of donation.

Care should be taken to ensure that the reason that a glucose monitoring device is being used does not preclude donation or make it inadvisable at that time. These devices are not a covert infection risk as any local infection or inflammation should be apparent. The Diabetes Mellitus entry should always be referred to for diabetic donors using these devices.

Reason for change

Addition of advice for donors with glucose monitoring devices.
Addition of Diabetes Mellitus to See if Relevant section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 72

Sickle-Cell Trait

Obligatory

Whole Blood donor:
Not suitable for intra-uterine or neonatal use.

Discretionary

For adult use only, accept.

Additional Information

The red blood cells from people with sickle cell trait can be safely transfused into most adults. They are however not thought to be suitable for intra-uterine or neonatal use as there is a higher risk of the cells sickling and causing harm to the baby.

For some individuals with sickle cell trait it will not be possible to process their blood. For this reason they may be asked not to donate.

Reason for change

To allow component donors with sickle-cell trait to donate.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 16

Skin Disease

Obligatory

Must not donate if:
a) The donor has a condition that is infected or infectious e.g. scabies.

b) History of malignancy.

c) The venepuncture site is affected.

d) Required application of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas for periods of more than three weeks in the last six months.

e) Ever been treated with Etretinate (Tigason®).

f) Less than 36 months from the last dose of acitretin (Neotigason®).

g) Less than four weeks from the last does of isotretinoin (Roaccutane®) or Alitretinoin (Toctino®).

h) Has any current open skin wounds or infection.

Discretionary

a) If occasional use of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) or other creams over small areas of skin and none of the above apply, accept.

b) If chronic superficial fungal infection (e.g. ringworm, athlete's foot, chronic fungal nail infection or tinea) on local therapy only or has been in contact with an infected individual, accept.

c) If in contact with scabies but not obviously infected, accept.

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

e) If an epidermoid (sebaceous) cyst is uninfected, accept.

f) If no further investigation or treatment is required for a skin-associated dermoid cyst, accept.

g) For donors with Lichen Sclerosus requiring treatment other than topical steroid therapy only, excluding Etretinate (Tigason®):
If more than 24 months from completing treatment, have no areas of open wound or infection, have no history of associated malignancy and symptoms are controlled with or without intermittent use of topical steroid therapy only, accept.

See if Relevant

See: Is there a specific A-Z index entry for the treatment and/or condition you are concerned about?

Acne
Anaemia
Autoimmune disease
Dermatitis
Herpes Simplex
Immunodeficiency
Infection - General
Malignancy
Neurosurgery
Psoriasis
Steroid Therapy
Surgery
Thrush
Thyroid disease
Wounds, Mouth and Skin Ulcers

Additional Information

A donor who has been in contact with scabies but has no symptoms (e.g. itching) does not pose a risk to other donors or staff.

Damaged skin can increase the risk of infection contaminating a donation. For this reason a venepuncture should not be performed through an area of affected skin.

Many malignancies spread through the blood stream. It is therefore considered safer not to accept donations of blood from people who have been diagnosed with malignancy. Treated basal cell carcinoma is an exception to this as it is not spread through the blood stream.

Dermoid cysts of the skin are benign growths which usually appear at birth. They are generally harmless but may be surgically removed if their location or size is problematic for an affected individual. Dermoid cysts occurring in other parts of the body (e.g. intracranial, spinal, ovarian) should be assessed against the Surgery and Neurosurgery entries, as appropriate.

Initial treatment of Lichen Sclerosus is through specialist care with potent steroid therapies.

Treatment can also be with methotrexate and retinoids such as Etretinate (Tigason®) or acitretin (Neotigason®). If taken systemically these 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 blood of a donor. Some drugs take longer to be cleared than others.

Under normal circumstances the use of topical treatment with steroid, tacrolimus and

pimecrolimus will not result in blood levels which cause suppression of the adrenal system or immune response. Side effects are more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Reason for change A discretionary acceptance has been added for Epidermoid Cysts and for skin-associated Dermoid Cysts.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 78

Sleep Apnoea

Obligatory **Must not donate.**

Discretionary If:

- the donor's symptoms are well controlled with lifestyle change and/or treatment, and
- the donor reports no daytime sleepiness (and there is no restriction on activities such as driving), and
- no underlying cause for sleep apnoea has been identified which would preclude donation,

accept.

See if Relevant Central Nervous System Disease
Cerebrovascular Disease and Intracranial Haemorrhage
Donor Weight
Surgery

Additional Information Sleep Apnoea can lead to daytime sleepiness, difficulty in concentration and an increased risk of accidents. Not everyone with sleep apnoea will require treatment. Corrective measures that can improve symptoms include:

- weight loss
- the use of gum shield
- smoking and alcohol reduction/cessation
- sleep hygiene

Surgery may be required for some individuals e.g. tonsillectomy, uvuloplasty, mandibular surgery, or nasal septum surgery.

Some individuals may use CPAP (Continuous Positive Airway Pressure) and BiPAP (Bi-level Positive Airway Pressure) Ventilation devices while sleeping. These use a close-fitting mask to deliver pressurised air to the lungs through the respiratory cycle as treatment for Sleep Apnoea.

Reason for change Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Smallpox Immunisation

1. Immunised 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 immunisation 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 other donors, staff or to people receiving donated material.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

2. Contact

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 from a person who has been intentionally immunised.

Information This entry is compliant with the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 02.

Smoking

Discretionary Accept.

See if Relevant Smoking Cessation

Additional Information Smokers may donate. However all donation sessions have a no smoking policy to comply with the law.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Smoking Cessation

Includes Bupropion (Amfebutamone®, Zyban®), nicotine replacement therapy (Nicorette®, Nicotinell®, NiQuitin®) and varenicline (Champix®).

Obligatory	**Must not donate if:** Experiencing symptoms related to treatment.
Discretionary	Donors using nicotine replacement therapy (patches, sprays etc), bupropion (Amfebutamone®, Zyban®) or varenicline (Champix®), if well, accept.
See if Relevant	Complementary Therapy (includes acupuncture)
Additional Information	Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected, may make these symptoms worse.
Reason for change	Varenicline (Champix®) has been added to the list of anti-smoking treatments.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 01.

South American Trypanosomiasis

Also Known As	Chagas disease.
Excludes	Donors who will only donate plasma for fractionation. See South American Trypanosomiasis - plasmapheresis donors

1. Affected Individual

Obligatory	**Must not donate.**
Additional Information	South American trypanosomiasis is caused by infection with a protozoal parasite, trypanosoma cruzi. It is a persistent infection that is known to be transmitted by transfusion. At present there is no certain cure for the infection, so anyone who has ever been infected cannot donate.

2. Risk

Obligatory	**Must not donate if:** a) Born in South America or Central America (including Mexico). b) Mother was born in South America or Central America (including 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	If at least four months following the date of last exposure (or if transfused prior to 1980) and a validated test for *T.cruzi* antibody is negative, accept.
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 four 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 Mexico) is not considered of high enough risk to merit exclusion.
Information	This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Entry updated to exclude donors who will only donate plasma for fractionation.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

South American Trypanosomiasis - plasmapheresis donors

For donors who will donate whole blood, platelets and other cellular components see South American Trypanosomiasis

1. Affected Individuals

Obligatory **Must not donate**

Additional Information South American trypanosomiasis is caused by infection with a protozoal parasite, Trypanosoma cruzi. It is a persistent infection that is known to be transmitted by transfusion. At present there is no certain cure for the infection, so anyone who has ever been infected cannot donate.

2. Risk

Excludes This entry only applies for donors who will only donate plasma for fractionation. It should not be used for donors who will donate whole blood, platelets and other cellular components.

Discretionary Accept

See if Relevant The 'Geographical Disease Risk Index'

Additional Information The processes used to fractionate plasma include several measures that inactivate or remove *T. cruzi* parasites. This means that the Trypanosoma Cruzi risks described in the GDRI do not need to be applied for donors who will only donate plasma for fractionation. *T. cruzi* antibody testing is not required for these donors.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Spina Bifida

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

b) The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.

c) Has a pressure sore.

See if Relevant Anti-Androgens

Indwelling Shunts and Stents and Implanted Devices

Infection-General
Malignancy
Surgery
Urinary Catherisation

Additional Information

All of the conditions under 'Obligatory' put the potential donor at increased risk of bacteria being present in the blood stream. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection.

Reason for change The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 61.

Splenectomy

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

b) For a myeloproliferative disorder.

c) For haemolytic anaemia.

Discretionary a) If for trauma, when recovered, even if taking prophylactic antibiotics, accept.

b) If for immune thrombocytopenia, if at least five years from recovery, even if taking prophylactic antibiotics, accept.

See if Relevant Haematological Disease
Immune Thrombocytopenia
Malignancy
Surgery
Transfusion

Additional Information If haemolysis is severe enough to require splenectomy, it is likely to significantly reduce affect red cell survival in storage. This may be dangerous for any recipient.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change The permanent deferral of individuals who have had a splenectomy for immune thrombocytopenia has been removed.

Relevant links and 'Additional Information' have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Steroid Therapy

Obligatory **Must not donate if:**

a) Taking steroid tablets, injections, or enemas, or applying creams over large areas for periods of more than three weeks in the last six months.

b) Less than seven days after completing a course of oral or injected steroids for asthma, other disorders associated with allergy or a musculoskeletal condition.

c) A donor has needed long term (six months or more) treatment within the last 12 months.

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.

c) If using steroid eye drops, nasal spray or ear drops for control of allergic symptoms, accept.

d) If more than seven days from completing a course of intramuscular, periarticular or intra-articular injected steroids for a musculoskeletal condition, accept unless the musculoskeletal condition itself would lead to deferral.

See if Relevant

Adrenal Failure
Allergy
Asthma
Autoimmune Disease
Skin Disease

Additional Information

A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

Some individuals have to take replacement steroid hormones because they do not produce enough themselves. The dose of these must be increased during times of stress. It is considered that taking blood from people who need replacement therapy may put them at unnecessary risk.

Long term steroid therapy may cause temporary adrenal dysfunction. Waiting 12 months from the last dose allows time for the adrenal glands to recover.

Reason for change

The text has been updated to ensure consistency with other DSG references to immunosuppression. The see if relevant section has been revised.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 71

Stoma

Obligatory

Must not donate if:
a) For malignancy.

b) Inflammatory bowel disease.

Discretionary

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

See if Relevant

Disabled Donor
Endoscopy
Inflammatory Bowel Disease
Malignancy
Surgery

Additional Information

A stoma is usually performed either for malignancy or inflammatory bowel disease. It may be temporary or permanent.

If it is clear that a stoma has been performed for a different reason, that itself would not lead to deferral (e.g. following an accident or non-malignant obstruction), it is possible that the donor may be accepted. If there is any doubt:
Refer to a **'Designated Clinical Support Officer'**.

Information

This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Additional links and 'Additional Information' have been added.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 01.

Superficial Thrombophlebitis

Also Known As Superficial vein thrombosis; Thrombophlebitis; Phlebitis

Definitions Inflammation of a superficial vein due to a blood clot. For the purposes of donor selection, superficial thrombophlebitis is not considered to be a significant clotting episode unless the clot has extended to a deep vein.

Obligatory **Must not donate if:**
a) It is less than 7 days since recovery and cessation of treatment; or

b) It is less than 14 days since recovery from an associated infection; or

c) The donor is under investigation for recurrent superficial thrombophlebitis; or

d) The donor has a history of recurrent superficial thrombophlebitis associated with thrombophilia; or

e) An underlying cause has been identified which would preclude donation; or

f) It is associated with poor skin integrity of the lower limbs, arising as a complication of varicose veins and/or chronic venous insufficiency.

Discretionary a) If associated with Deep Vein Thrombosis (DVT), refer to the Thrombosis and Thrombophilia entry.

b) Otherwise, if:

- It is at least 7 days since recovery and treatment (including NSAIDs or anticoagulants), and
- It is at least 14 days since recovery from an associated infection, and
- The donor is not under investigation, and
- Any underlying cause does not preclude donation, and
- The donor does not have chronic skin damage which could pose an infection risk,

Accept.

See if Relevant Thrombosis and Thrombophilia
Varicose Veins and Chronic Venous Insufficiency

Additional Information Superficial thrombophlebitis is a common condition usually, but not exclusively, affecting the lower limbs. It is caused by clot formation in a superficial vein which in turn gives rise to inflammation with associated pain, tenderness, redness and hardness of the vein. Usually the condition is mild and self-limiting, settling over a few weeks. Treatment is typically pain relief and NSAIDs. Antibiotics should only be prescribed if there is associated infection.

Superficial thrombophlebitis can sometimes occur in association with DVT. Some patients with thrombophlebitis may be treated with anticoagulants to reduce any risk of the clot extending to a deep vein.

Risk factors for superficial thrombophlebitis include varicose veins; a previous history of thrombophlebitis; IV cannulation; female sex; the oral contraceptive pill or hormone replacement therapy; thrombophilia, increasing age; some autoimmune diseases; and cancer. Provided a serious underlying cause is not suspected or has been excluded, a history of thrombophlebitis on its own is not a reason for deferral. However donors with a history of thrombophilia associated with repeated episodes of thrombophlebitis should be deferred.

Individuals with complications of varicose veins affecting the lower limb are at risk of recurrent superficial thrombophlebitis. It is important that donors with recurrent episodes are asked about any skin damage, such as inflamed venous eczema or skin ulceration, before being accepted. This is to reduce the risk of bacterial contamination of donated blood arising from a breach of the normal skin defences.

Reason for change This is a new entry. It replaces the previous ‘Phlebitis’ entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 68

Surgery

Definitions

Recovery from surgery: Donors can be considered to be recovered if they:

- are well
- are back to activities of daily living (e.g. housework, employment, driving)
- have regained mobility

Major Surgery for the purposes of donor selection:
Any surgical procedure where recovery is not achieved within two months.

Obligatory

Must not donate if:

a) For malignancy or other condition that would preclude donation.

b) All wounds are not healed.

c) There are signs or symptoms of any infection.

d) Not recovered.

e) Less than four months from major surgery.

f) Less than seven days from other surgery.

g) Less than four months from any flexible endoscopic procedure.

h) Requiring post-operative treatment or follow-up, except routine physiotherapy.

i) Received a transfusion since 1st January 1980.

j) If waiting for surgery that is:

- expected to occur within three months, or
- required due to possible malignancy

k) Less than three months from a surgical procedure performed outside of the UK and Republic of Ireland (ROI).

l) Less than seven days after completing postoperative prophylactic anticoagulant treatment.

Discretionary

a) If all other criteria are met and the donor has received a metal-on-metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.

b) If the donor is waiting for surgery that is not required for possible malignancy, and:

- the procedure is not expected to take place within three months, or
- the procedure is minimally invasive and it is not expected to take place within one month,

accept.

c) If the donor has recovered from surgery within the UK and ROI, and:

- it is more than four months since major surgery, or
- it is more than seven days since any other form of surgery, and
- it is more than four months since a flexible endoscopic procedure, and
- there was no malignancy and the reason for surgery does not otherwise preclude donation, and
- the donor did not receive a transfusion since 1st January 1980, and
- all wounds are healed, and
- there are no signs or symptoms of infection, and
- the donor has been discharged from postoperative follow-up, and

- the donor does not require ongoing postoperative treatment except routine physiotherapy, and
- it is more than seven days from finishing any anticoagulant treatment given to prevent postoperative thrombosis e.g. DVT,

accept.

d) If it is more than three months since a surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met (see point c above), accept.

See if Relevant

Anaesthetic
Anticoagulant Therapy
Cervical Dysplasia
Disabled Donor
Dental Treatment
Endoscopy
Eye Disease
Malignancy
Neurosurgery
Tissue and Organ Recipients
Transfusion
Wounds, Mouth and Skin Ulcers
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.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.

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 Services can pick up any infection that they test for that may have been transmitted to the donor through their surgery. As there may be uncertainty about these risks for surgery performed outside of the UK and ROI, a deferral period of three months is required.

Minimally invasive surgery includes superficial skin procedures and procedures performed under infiltration with local anaesthetic agents and/or sedation.
This does not include procedures performed under regional anaesthesia (e.g. spinal, epidural) which may be used where joints and major body cavities may be accessed. The use of general anaesthesia may not indicate the invasiveness of a procedure and should not be used as a substitute to assessment of the donor regarding the procedure and their recovery. Donors can be accepted for donation once it is more than seven days since a surgical procedure as long as they also fulfil all other criteria. Donors who have had minimally invasive surgical procedures are unlikely to have systemic effects from the surgery requiring recovery time. However, care should be taken to ensure that all wounds are dry and healing. An open wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Donors being monitored for chromium or cobalt levels following a metal-on-metal hip replacement can be accepted for donation.

Completion of postoperative monitoring, treatment and follow-up should be confirmed for every donor returning to donate. Thromboprophylaxis may be continued, usually for a few weeks only, after discharge from hospital. Donors who are recovered and are attending only physiotherapy appointments for ongoing rehabilitation can be accepted.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

The entry has been revised to include a definition of recovery and amendment of the definition of major surgery. The deferral after major surgery has been shortened. Information

regarding donor eligibility after non-major surgery has been added. Specific guidance for surgery overseas, donors awaiting surgery and postoperative thromboprophylaxis has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 65

Syphilis

1. Affected Individual

Obligatory **Must not donate.**

See if Relevant Blood Safety Entry

Additional Information Many donors with treated syphilis will persistently test positive to the screening tests used by the Blood Services, even if treated many years ago. This will mean they will not be able to donate.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

2. Current or Former Sexual Partner of Affected Individual

Obligatory **Must not donate if:**

a) The potential donor was diagnosed with syphilis (See 1. Affected Individuals).

b) It is less than three months since last sexual contact with an infected partner.

Discretionary a) If it is more than three months from the last sexual contact with an infected partner, accept.

b) If it is more than three months since the infected partner has completed treatment, accept.

See if Relevant Blood Safety Entry

Reason for change This entry was updated to support the implementation of the recommendations from the FAIR study; the deferral period after sexual contact with an infected person, has been reduced to three months.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 57

Tendonitis

Discretionary If the donor is only taking nonsteroidal anti-inflammatory drugs, accept.

See if Relevant
Disabled Donor
Drug Index - preparations which may affect platelet function
Infection - General
Nonsteroidal Anti-Inflammatory Drugs
Steroid Therapy
Surgery

Additional Information This entry includes inflammatory conditions affecting tendons, their sheaths and bursas. Treatment may be with rest, nonsteroidal anti-inflammatory drugs (these affect platelet function), steroid injections or tablets and surgery.

Reason for change A 'Discretionary' entry has been added. This entry has been expanded to include additional relevant links and additional information.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Testosterone Replacement Therapy

Includes Men taking hormone medication to treat testosterone deficiency.

Excludes Women taking testosterone for menopausal symptoms. See Hormone Replacement Therapy .

Masculinising hormones taken to support gender transition. See Transgender and Non-Binary Individuals.

Obligatory **See:**
Is there an entry for the underlying condition for which the hormones are being given?

Must not donate if:

1. The medication is not prescribed and monitored by a UK registered practitioner.
2. The donor has known polycythaemia, or a raised haematocrit and/or haemoglobin.
3. The medication is used for malignancy or other condition which precludes donation.
4. The donor is a recipient of human gonadotrophin of pituitary origin.

Discretionary If:

1. Treatment is prescribed and monitored by a UK registered practitioner, and
2. The donor is otherwise eligible with regards to the underlying cause of testosterone deficiency, and
3. The donor has a normal haemoglobin and/or haematocrit, and
4. If treated with gonadotrophins, these are exclusively non-pituitary derived, and
5. If donor meets haemoglobin estimation criteria,

accept.

See if Relevant
Addiction and Drug Abuse
Adrenal Failure
Anti-Androgens
Blood Safety Entry
Erectile Dysfunction
Haemochromatosis
Hormone Replacement Therapy
Malignancy
Polycythaemia and Raised Haemoglobin
Prion Associated Diseases
Steroid Therapy
Thyroid Disease
Transgender and Non-Binary Individuals

Additional Information Testosterone deficiency (TD) affects around 2.1% of men aged between 40 and 79 years of age. TD can result from an issue with testicular function, or with parts of the brain that signal testosterone production. Causes of TD include, but are not restricted to, aging, obesity, injury, medications, diabetes, cardiovascular disease, some genetic conditions, haemochromatosis, cancer treatment and anabolic steroid misuse.

Treatment is recommended for men who have symptoms associated with low testosterone levels, e.g. fatigue, low mood or erectile dysfunction. Treatment includes taking testosterone, which may be combined with other hormone medications, e.g. gonadotrophins (HCG) and anastrozole. The use of human gonadotrophin of pituitary origin stopped in the UK by 1986.

Individuals taking testosterone must have ongoing follow up with a UK registered health practitioner (haematocrit monitoring is required because testosterone therapy can cause polycythaemia). Blood donation should not be used to prevent medication associated polycythaemia/raised haematocrit. Treatment for polycythaemia/raised haematocrit includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.

Reason for change	This is a new entry.
Update Information	This entry was last updated in: WB-DSG Edition 203 Release 79

Tetanus

1. Affected Individual

Obligatory	**1. If treated with immunoglobulin:** **See:** Immunoglobulin Therapy **2. Must not donate if:** Not fully recovered
Discretionary	If fully recovered and is acceptable according to immunoglobulin therapy advice, accept.
See if Relevant	Wounds, Mouth and Skin Ulcers
Additional Information	Tetanus is a severe illness and usually requires treatment with high dose immunoglobulin. This may exclude the individual from donation.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.
Reason for change	Additional link added.

2. Immunisation

Obligatory	**Must not donate if:** Less than four weeks from exposure to a tetanus risk injury or receipt of passive immunisation with tetanus immunoglobulin.
Discretionary	a) If not exposed i.e. prophylactic tetanus toxoid Immunisation only or a tetanus toxoid booster, accept. b) If treated with single dose anti-tetanus immunoglobulin (intra muscular) and more than four weeks from exposure, accept.
See if Relevant	Immunoglobulin Therapy Wounds, Mouth and Skin Ulcers
Additional Information	Active or passive immunisation may mask infection. It is important to wait four weeks to ensure that the potential donor is not infected.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.
Reason for change	Additional link has been added.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.
Update Information	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.

Threadworms

Discretionary	Even if on treatment, accept.
Additional Information	Threadworms are a common problem in children but can also infect adults. The infection is usually harmless and should not affect fitness to donate.

Reason for change 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Thrombosis and Thrombophilia

Definitions

Thrombophilia:
This is a condition in which there is an increased tendency for blood clots to form. It is often inherited and may be discovered through family studies. Not all individuals with a thrombophilic condition will suffer from blood clots.

Obligatory

For Acquired Thrombophilia, see:
Is there a specific A-Z entry for the underlying cause?

Must not donate if:
a) Due to atherosclerosis (e.g. coronary thrombosis).

b) Two or more episodes of thrombosis requiring treatment.

c) Less than seven days after completing anticoagulant therapy.

d) Has thrombophilia and has had one or more episodes of thrombosis.

e) Has thrombophilia associated with a history of recurrent superficial thrombophlebitis.

f) History of Vaccine Induced Thrombotic Thrombocytopenia (VITT), Thrombotic Thrombocytopenic Purpura (TTP) or Heparin Induced Thrombocytopenia (HIT).

Discretionary

a) If a first episode of thrombosis, such as deep vein thrombosis (DVT), retinal vein thrombosis or pulmonary embolism (PE):

- If no underlying cause that excludes the donor has been identified, and
- The donor is not known to have thrombophilia, and
- The donor is well and anticoagulant therapy (if used) has been stopped for at least seven days,

accept.

b) If the potential donor has thrombophilia and,

- The donor is not on antithrombotic therapy, and
- The donor has never had an episode of thrombosis, and
- The donor has not been treated with antithrombotic therapy for recurrent pregnancy loss, and
- The donor has never been treated with plasma-derived clotting factor concentrates, and
- If relevant, the underlying cause of an acquired thrombophilia (see additional information) does not exclude the donor,

accept.

c) If the potential donor has a history of Axillary Vein Thrombosis, **refer to a DCSO.**

d) If the donor has a history of superficial thrombophlebitis (superficial vein thrombosis) see Superficial Thrombophlebitis

See if Relevant

Anticoagulant Therapy
Autoimmune Disease
Cardiovascular Disease
Drug Index - preparations which may affect platelet function
Malignancy
Nonsteroidal Anti-Inflammatory Drugs

Superficial Thrombophlebitis

Additional Information

Thrombophilia is a broad medical term which describes a multifactorial condition where the blood has an increased tendency to clot. Individuals with thrombophilia can present with

arterial or venous thrombosis. The causes of thrombophilia include inherited and acquired disorders, and a combination of causes may be present.

Inherited causes of thrombophilia may be discovered through family testing. These include:

- Antithrombin, Protein C and Protein S deficiency
- Factor V Leiden and prothrombin gene mutations

Acquired causes of thrombophilia may present later in life and can be associated with:

- Malignancy including myeloproliferative neoplasms
- Antiphospholipid syndrome and other autoimmune connective tissue disorders. These may be associated with a lupus anticoagulant and/or anti-cardiolipin antibodies on laboratory testing.

Retinal Vein Thrombosis (also known as Retinal Vein Occlusion) is a form of retinal vascular disease and can affect central or branch retinal veins. The condition is uncommon under the age of 60 but becomes more frequent in later life. The condition may be associated with risk factors including hypertension, hyperlipidaemia, diabetes mellitus, atherosclerosis, and smoking.

VITT, TTP and HIT are rare disorders characterised by arterial or venous thrombosis in combination with a low platelet count (due to platelet consumption). Donors who recover from these disorders are unlikely to be eligible to donate due to the therapy they received (e. g the primary treatment for TTP is plasma exchange with FFP) or an underlying condition (e. g. the indication for Heparin therapy that triggered HIT). VITT was recognised as a complication of some SARS-CoV-2 (COVID-19) vaccinations.

Axillary Vein Thrombosis can be precipitated by excessive use of the arm (e.g. sports or working above head level) but other precipitants include venous compression in thoracic outlet syndrome, diabetes, smoking, malignancy and venous canulation. The donor may be eligible to donate if the underlying cause has been identified and corrected, but this should be balanced with the remote risk of local complications from a subsequent donation.

Superficial thrombophlebitis, also known as superficial vein thrombosis, is a common condition usually, but not exclusively, affecting the lower limbs. It is characterised by inflammation in a superficial vein associated with clot formation. This is different to, and less serious than, a deep vein thrombosis (DVT). If the superficial clot extends to where the superficial and deep veins join, a DVT can develop. Superficial thrombophlebitis normally settles within two to six weeks. Some individuals may be treated with anticoagulants to reduce the risk of extension. Recurrent superficial thrombophlebitis is sometimes associated with a diagnosis of thrombophilia.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Revision of guidance and information for superficial thrombophlebitis. Addition of link to the Superficial Thrombophlebitis entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 68

Thrush

Also Known As Candida, candidiasis, moniliasis or yeast.

1. Oral

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

b) Related to immunosuppression.

c) Less than seven days after completion of any treatment.

See if Relevant

Antibiotic Therapy
Asthma
Immunodeficiency

Additional Information

Oral thrush is uncommon, unless there is an underlying illness, or there has been recent treatment with antibiotics. It may also be a problem in people using steroid inhalers or antiseptic mouthwashes.

If the infection returns quickly after stopping treatment, this is very suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any treatment to have been stopped for at least seven days.

2. Genitoanal

Obligatory

Must not donate if:
a) Related to immunosuppression.

b) Less than seven days after receiving systemic (oral) therapy.

Discretionary

If not related to immunodeficiency, even if using local therapy, accept.

See if Relevant

Antibiotic Therapy
Immunodeficiency

Additional Information

Vaginal thrush is common and is not usually a sign of a more serious problem. Penile thrush is less common and is usually a problem in uncircumcised men. Both types of thrush can affect the whole of the perineal area including the anus. The yeast that causes thrush is usually present on everybody's skin so it should not normally be considered as a sexually transmitted infection.

If the infection requires systemic (oral) treatment, and returns quickly after stopping this treatment, it is suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any systemic treatment to have been stopped for at least seven days.

Reason for change

Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 73

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.

e) Less than 8 weeks since commencing thyroid replacement therapy (thyroxine).

Discretionary

If on stable maintenance thyroid replacement therapy (thyroxine) and there have been no dose changes in the last 4 weeks, accept.

See if Relevant

Autoimmune Disease
Malignancy
Surgery

Additional Information

An over or an under active thyroid increases the risk of heart disease.

Treatments used to treat an overactive thyroid are potentially harmful to the unborn child of a transfused mother.

Reason for change

The acceptance criteria for donors on long term thyroxine has been reviewed.

Update Information

This entry was last updated in:
DSG-WB Edition 203, Release 39.

Tissue and Organ Recipients

Excludes

Recipients of donated human eggs, sperm and embryos.

Obligatory

Must not donate if:
1. At any time has:
a) Needed immunosuppression.

b) Had dura mater transplanted.

c) Had a stored autologous tissue, matrix implant or organ transplanted.

d) Had ocular tissue transplanted.

e) Had a Xenotransplant performed.

2. Since January 1st 1980:
Has had an allogeneic human tissue or organ transplant.

Discretionary

a) If before January 1st 1980 an allogeneic tissue or organ transplant, other than those listed above, was performed and there is no other reason to exclude the donor, accept.

b) If at any time a non-stored autologous tissue or organ has been transplanted, accept.

c) If has received an acellular non-human matrix graft, accept.

See

Surgery

See if Relevant

Dental Treatment
Eye Disease
Immunodeficiency
Prion Associated Diseases
Transfusion
Trying to Conceive
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, will be excluded from donation in the same way as recipients of transfusion are. This date is before BSE, which is believed to have caused vCJD, was prevalent.

Following an update to the SaBTO Microbiological Safety Guidelines, recipients of donated human eggs, sperm or embryos can be accepted to donate. Care should be taken to ensure they also meet the other criteria included in the ‘Trying to Conceive’ entry.

Stored autologous tissue has been replaced in the wrong individual. Because of the

associated infection risk these donors are not allowed to donate. It is important to check that any tissue transplanted has not be stored (e.g. chondrocytes).

Information This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

Reason for change Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 73

Topical Medication

Obligatory **Must not donate if:**
a) The site of venepuncture is affected.

b) There is broken or infected skin

Discretionary If the condition being treated does not exclude, accept.

See if Relevant
Acne
Alopecia
Dermatitis
Infection - General
Psoriasis
Steroid Therapy

Additional Information Any area of broken skin can be a means for bacterial entering the blood. This risk is higher if the venesection site is affected. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Reason for change Appropriate links and 'Additional Information' have been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

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.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Entry has been simplified following a risk assessment.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 12.

Transfusion

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) Received treatment with blood derived coagulation factor concentrates. This includes

prothrombin complex to reverse over-anticoagulation.

2. Must not donate if:
Since January 1st 1980:
a) Anywhere in the world the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, cryodepleted plasma, convalescent plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.

b) Has had a plasma exchange performed.

Discretionary

1.
a) If on medical inquiry it is unlikely that the donor has been transfused, accept.

b) If treatment with human immunoglobulin has been limited to specific immunoglobulin given as prophylaxis (e.g. anti-D, anti-tetanus or hepatitis immunoglobulin etc.), accept.

2. Autologous Transfusion in:

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

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

3. Donor transfused before 1st January 1980:
a) If before 1st January 1980 the donor received, or thinks they may have received, a transfusion in a country endemic for malaria or South American trypanosomiasis, check the Geographical Disease Risk Index. If transfused in an at-risk country and a validated malarial antibody test and/or (as appropriate) a validated test for *T.cruzi* antibody is negative, accept.

b) If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept.

See if Relevant

Bleeding Disorder
Geographical Disease Risk Index
Immunodeficiency
Immunoglobulin Therapy
Malaria
Prion Associated Diseases
South American Trypanosomiasis

Additional Information

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

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

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

Donors transfused since 1980:
In the autumn of 2003 a UK recipient of blood, taken from a healthy donor who later developed variant Creutzfeldt-Jakob Disease (vCJD), died from vCJD. Since then there have been several cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD. In view of this, people transfused, or possibly transfused, since 1980 are now excluded from donation. This date is before Bovine Spongiform Encephalopathy, which is believed to have caused vCJD, was prevalent.

Plasma exchange results in a patient being exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.

Donors transfused before 1996 (Infected Blood Inquiry):
The Infected Blood Inquiry (2024) recommended that anyone who received a transfusion before 1996 should be offered hepatitis C testing, unless they have already been tested.

Advise the donor to discuss/seek testing for hepatitis C with their GP or another clinical service if:

- they were transfused before 1996, and
- they are currently deferred from donating blood, and
- they haven't been tested for hepatitis C by a health care provider since, and
- they haven't donated blood since the start of 1996.

Donors who are accepted to donate do not need to see their GP as their blood will be tested as part of routine blood donation screening.

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

Reason for change Addition of guidance for the management of previously-deferred donors, following the recommendation of the Infected Blood Inquiry (2024) regarding hepatitis C testing.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 75

Transgender and Non-Binary Individuals

Definitions

Transgender and non-binary individuals
Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including (but not limited to) transgender, non-binary or gender queer. Gender affirming hormone therapy may be used as part of transition by transgender and non-binary individuals.

Discretionary

a) If the donor is taking masculinising hormone therapy (e.g. testosterone) to support their transition, the donor is well and the donor has been on treatment for more than 12 months, accept.

b) If the donor is taking feminising hormone therapy, and the donor is well, accept.

See if Relevant

Anti-Androgens
Haemoglobin Estimation
Surgery

Additional Information

The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. Testosterone therapy will result in the haemoglobin concentration rising. The opposite will be true if a person is taking feminising therapy. Donors should be counselled regarding the association between sex hormones (both endogenous and exogenous) and haemoglobin, and the significance in terms of ensuring safe haemoglobin assessment. This is particularly important where haemoglobin is being assessed using the wider limits (125 g/L to 180 g/L) for donors who have not disclosed their sex.

Services may offer donors who have been established on gender-affirming hormone therapy a revised haemoglobin screening range. This range should be consistent with their therapy (e.g. haemoglobin 135 to 180 g/L for donors taking testosterone, and 125 g/L to 165 g/L for donors taking feminising therapy). Further guidance for haemoglobin assessment for transgender and non-binary donors is included in the JPAC position statement ‘Donor Selection and Donation Management for Transgender and Non-Binary Donors’ available on the Position Statements page.

Donors should be advised to inform the Blood Service if their treatment changes or discontinues.

A high haemoglobin (polycythaemia) can be a complication of masculinising therapy and blood donation may mean this complication is not recognised. Waiting 12 months after starting masculinising hormone therapy, ensures that donation does not interfere with the assessment and laboratory monitoring of their treatment.

As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming treatment. This may include hormone blockers, such as anti-androgens, which could affect the donor’s eligibility.

For blood services that use leucocyte antibody screening as a TRALI risk reduction measure, donors who were assigned female at birth should be included.

Reason for change Additional information that donors should be counselled regarding the significance of sex and hormone therapy in haemoglobin assessment. Clarification that donors taking either feminising or masculinising therapy may be offered individualised haemoglobin assessment. The See if Relevant section has been updated.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 79

Travel

See if Relevant
Air Crew and Air Traffic Controllers
Geographical Disease Risk Index
Hazardous Activity
Infection - General
Malaria
South American Trypanosomiasis

Additional Information Donating before or after travel should not be a problem provided the donor is well hydrated. Travelling, particularly by plane, can be dehydrating and this may increase the risk of developing a thrombosis. If the donor is dehydrated, they should be advised to delay donating until they are well hydrated to avoid an increased risk of fainting.

If the donor is likely to be exercising in conditions where the amount of available oxygen is low (e.g. at high altitude) it may be sensible to delay donation within two weeks of travel, so as to avoid the possibility of increasing the risk of adverse events.

Reason for change The See if Relevant section has been revised.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 66

Tropical Viruses

Includes
Chikungunya Virus, also known as CHIKV
Dengue Virus, also known as Dengue Fever
Yellow Fever, also known as YF
Zika Virus, also known as ZIKV, and Zika Virus Fever

Excludes Donors who will only donate plasma for fractionation. See Tropical Viruses - plasmapheresis donors

Definitions **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, Yellow Fever 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, Yellow Fever 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, Dengue, Yellow Fever and Zika virus are spread by the day-flying mosquito species Aedes aegypti and Aedes albopictus. As these mosquitos are typically found in tropical and subtropical regions, the main geographical areas affected by tropical virus infection are the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, Southeast Asia, Indian sub-continent, Hawaii and northern parts of Australia. The range of Aedes albopictus is also increasing into more temperate zones leading to outbreaks of tropical virus disease in new areas. There have been outbreaks of Dengue and Chikungunya in parts of Europe.

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.

Chikungunya virus is found in countries in Asia, Africa, Central and South America, and in the islands of the Caribbean. There is no evidence of person-to-person transmission except through blood transfer. Transfusion-transmission from an asymptomatic individual has not been documented. Nevertheless, restrictions after travel to a Chikungunya virus risk area were introduced to reduce any risk of transmission through blood or tissue donation.

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 insect-borne disease worldwide. Dengue is currently considered endemic in approximately 140 countries. Transfusion-transmission has been reported.

Overall, up to 75% of cases are asymptomatic or mild. If symptoms occur, they can range from non-specific acute febrile illness to severe disease including dengue haemorrhagic fever and dengue shock syndrome. Mild cases may be misdiagnosed as other febrile illnesses.

Yellow Fever Virus is a flavivirus which is found in Africa, South America, Central America and parts of the Caribbean. Symptoms of Yellow Fever include high temperature, headache, nausea and vomiting, muscle pains and backache. One in four individuals may suffer from jaundice and bleeding from the gastrointestinal tract and other sites.

Zika Virus is a flavivirus which was known to occur in Africa and parts of Southeast Asia. More recently, Zika Virus has been associated with epidemic outbreaks in the Pacific region and in the Americas. As well as mosquito-borne infection,

Zika Virus can be spread through sexual transmission. Infection is usually asymptomatic or presents as a mild self-limiting febrile illness. More severe disease and hospitalisation are rare but infection during pregnancy carries a high risk of congenital abnormalities in the baby. Zika Virus infection may be mistaken for Chikungunya or Dengue infections as these viruses often co-circulate.

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

Entry updated to exclude donors who will only donate plasma for fractionation.

Update Information

This entry was last updated in:
WB-DSG Edition 203 Release 71

Tropical Viruses - plasmapheresis donors

For donors who will donate whole blood, platelets and other cellular components see Tropical Viruses

Includes

Chikungunya Virus, also known as CHIKV

Dengue Virus, also known as Dengue Fever

Yellow Fever, also known as YF

Zika Virus, also known as ZIKV, and Zika Virus Fever

Excludes This entry only applies for donors who will only donate plasma for fractionation. It should not be used for donors who will donate whole blood, platelets and other cellular components.

Definitions **Tropical Virus Endemic Areas** are shown in the 'Geographical Disease Risk Index' (GDRI) which includes details of the specific viral risks present.

Obligatory **Must not donate if:**
a) It is less than six months from a donor's return from a Yellow Fever risk area and the donor has been diagnosed with Yellow Fever 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 Yellow Fever whilst there or following their return to the UK.

c) The donor was diagnosed with Chikungunya Virus, Dengue Virus or Zika Virus infection and the donor has not fully recovered from their illness.

Discretionary If the donor has returned from a Chikungunya Virus, Dengue Virus or Zika Virus risk area and the donor is well, accept.

If it more than 28 days since the donor has returned from a Yellow Fever risk area, and the donor has been well while there and after their return to the UK, accept.

See if Relevant
Infection – General
Malaria
South American Trypanosomiasis
The 'Geographical Disease Risk Index'

Additional Information Chikungunya, Dengue, Yellow Fever and Zika virus are spread by the day-flying mosquito species Aedes aegypti and Aedes albopictus. As these mosquitos are typically found in tropical and subtropical regions, the main geographical areas affected by tropical virus infection are the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, Southeast Asia, Indian sub-continent, Hawaii and northern parts of Australia. The range of Aedes albopictus is also increasing into more temperate zones leading to outbreaks of tropical virus disease in new areas. There have been outbreaks of Dengue and Chikungunya in parts of Europe.

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.

Chikungunya virus is found in countries in Asia, Africa, Central and South America, and in the islands of the Caribbean. There is no evidence of person-to-person transmission except through blood transfer. Transfusion-transmission from an asymptomatic individual has not been documented. Nevertheless, restrictions after travel to a Chikungunya virus risk area were introduced to reduce any risk of transmission through blood or tissue donation.

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 insect-borne disease worldwide. Dengue is currently considered endemic in approximately 140 countries. Transfusion-transmission has been reported.

Overall, up to 75% of cases are asymptomatic or mild. If symptoms occur, they can range from non-specific acute febrile illness to severe disease including dengue haemorrhagic fever and dengue shock syndrome. Mild cases may be misdiagnosed as other febrile illnesses.

Yellow Fever Virus is a flavivirus which is found in Africa, South America, Central America and parts of the Caribbean. Symptoms of Yellow Fever include high temperature, headache, nausea and vomiting, muscle pains and backache. One in four individuals may suffer from jaundice and bleeding from the gastrointestinal tract and other sites.

Zika Virus is a flavivirus which was known to occur in Africa and parts of Southeast Asia.

More recently, Zika Virus has been associated with epidemic outbreaks in the Pacific region and in the Americas. As well as mosquito-borne infection, Zika Virus can be spread through sexual transmission. Infection is usually asymptomatic or presents as a mild self-limiting febrile illness. More severe disease and hospitalisation are rare but infection during pregnancy carries a high risk of congenital abnormalities in the baby. Zika Virus infection may be mistaken for Chikungunya or Dengue infections as these viruses often co-circulate.

The processes used to fractionate plasma include several measures that inactivate or remove viruses. This means that some travel risks described in the GDRI do not need to be applied for donors who will only donate plasma for fractionation.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Tuberculin PPD Test

Obligatory **Must not donate unless:**
No further investigations or treatment is planned

See if Relevant Sarcoidosis
Tuberculosis

Additional Information The tuberculin PPD Test, sometimes known as a Mantoux test, is used to test for exposure to Tuberculosis, or to see if past immunisation with BCG remains effective. It is may also be used as part of the investigation of sarcoidosis.

Reason for change This is a new entry, replacing the previous entries for the Heaf test (now discontinued) and the Mantoux test.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Tuberculosis

Also Known As TB.

1. Affected Individual

Obligatory **Must not donate if**
a) Infected.

b) Less than 24 months from confirmation of cure.

c) Under follow-up.

Discretionary Donors with a diagnosis of Latent TB can donate, as long as they are not currently undergoing investigation or treatment.

Donors on antibiotic treatment for Latent TB only can donate 7 days after their last dose.

See if Relevant For BCG immunization:
Immunisation - Live
Tuberculin PPD Test

Reason for change Advice and background information on Latent TB has been added.

2. 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 For BCG immunization:
Immunisation - Live

Tuberculin PPD Test

Additional Information Close contacts may have undiagnosed disease.

Reason for change The links and 'Additional Information' have been updated.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55

Turner's Syndrome

Discretionary If in good health, accept.

See if Relevant Cardiovascular Disease
Kidney and Bladder Disease

Additional Information Turner's syndrome is a chromosomal abnormality that occurs in about one in 2,000 female births. There may be associated problems affecting the cardiovascular and renal systems that should be enquired for, as they may affect donor safety.

Reason for change Relevant links and 'Additional Information' has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 22.

Urinary Catheterisation

Includes Self-catheterisation, indwelling urinary catheter

Obligatory **Must not donate if:**
a) Has an indwelling urinary catheter.

b) It is less than seven days since catheterisation.

Discretionary If it is seven days or more since catheterisation, there are no symptoms suggestive of urinary tract infection and the underlying condition does not prevent donation, accept.

See if Relevant Kidney and Bladder Disease

Additional Information Self-catheterisation is usually needed regularly every day for bladder emptying.

Catheterisation including self-catheterisation is also used to administer drugs directly into the bladder. It is important to ensure that the underlying condition requiring this treatment does not prevent donation.

Catheterisation is likely to cause bacteraemia following the procedure. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection. The waiting time after catheterisation is to allow any bacteria that have entered the blood stream to be cleared.

Indwelling urinary catheters are associated with ongoing, sometimes asymptomatic, urinary infection with the associated risk of bacteraemia. The underlying condition may prevent donation.

Reason for change Title changed to allow inclusion of guidance for individuals with indwelling catheters as well as those who undertake self-catheterisation.

Discretionary guidance to be able to accept some donors who require catheterisation periodically has been added, and additional information regarding this has been included.

A link to Kidney and Bladder Disease has been added.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 61.

Valproate and Topiramate

Obligatory **Must not donate.**

Discretionary If it is more than seven days since the last dose of valproate or topiramate, and the reason for therapy does not preclude donation, accept.

Additional Information Sodium valproate (Epilim®, Episenta®) and the related drugs valproic acid (Depakote®, Convulex®) are anticonvulsant medications used in the treatment of epilepsy. They are also used for treatment of bipolar disorder and as prophylaxis for migraine.

Topiramate (Topamax®) is an anticonvulsant medication used in the treatment of epilepsy and as prophylaxis for migraine.

Exposure during pregnancy to either valproate or topiramate is a known cause of birth defects. As it is not possible to know whether an individual donation will be transfused to a pregnant woman, donors taking any form of sodium valproate, valproic acid or topiramate must be deferred until at least one week after stopping treatment.

Reason for change A deferral has been added for donors taking topiramate. The name of the entry has been updated to reflect this.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 74

Varicose Veins and Chronic Venous Insufficiency

Obligatory **Must not donate if:**

a) The donor has inflamed, broken or ulcerated skin.

b) The donor has superficial thrombophlebitis.

c) The donor has chronic venous insufficiency associated with persistent skin changes affecting skin integrity.

d) It is within one week of treatment by injection (sclerotherapy).

e) The donor has had laser therapy which has not yet healed.

Discretionary If fully recovered from any non-surgical treatment and at least seven days after sclerotherapy, accept.
For surgical treatment, refer to the Surgery guideline.

See if Relevant
Laser Treatment
Phlebitis
Superficial Thrombophlebitis
Surgery
Thrombosis and Thrombophilia
Wounds, Mouth and Skin Ulcers

Additional Information

Varicose veins are not a reason for deferral. However if there is active inflammation, thrombosis or ulceration, the donor should be deferred. This is to minimise any risk of thrombosis in the donor or transfer of infection to the recipient.

There are many treatments for varicose veins, including sclerotherapy (injection of material to block the vein), endothermal or laser ablation, and surgery to remove affected veins. Newer treatments may also be available. It is important that the donor is fully recovered from any treatment.

Chronic Venous Insufficiency is a condition where the normal flow of blood from the lower limbs back to the heart is impaired, leading to pooling of blood (stasis) in the legs. It can give rise to persistent inflammation and ulceration of the skin. If this occurs, it is a blood safety risk, due to breach of the normal skin barriers to bacterial infection.

Reason for change Addition of chronic venous insufficiency to the title.

New guidance for donors with persistent skin damage relating to venous insufficiency.

Clarification of deferral requirements after treatment.

Revision of See if Relevant section to reflect other DSG changes.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 68

Vertigo

Obligatory **Must not donate if:**
Experiencing dizzy spells.

Discretionary If the donor has Meniere's disease, if well on the day, even if on treatment to prevent attacks, accept.

See if Relevant Infection - General

Additional Information Vertigo is a feeling of everything spinning around. It can be accompanied by nausea and sickness and lead to the affected person falling. There are many different causes and, if known, the cause should be looked up in the index.

Because faintness after donation can cause similar symptoms it is recommended that people affected by vertigo should only donate if they are not experiencing any symptoms.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 01.

Viral Haemorrhagic Fever

Definitions Includes Crimean-Congo Fever, Ebola Virus Disease, Lassa Fever and Marburg Fever.

Viral Haemorrhagic Fever Endemic Areas are shown in the 'Geographical Disease Risk Index' (GDRI) as a Viral Haemorrhagic Fever Risk. Outbreak information is also listed but is not required for Whole Blood and Components Donor Selection Guideline users.

1. Affected Individual

Obligatory **Must not donate if:**
Ever diagnosed with a Viral Haemorrhagic Fever.

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.

3. Sexual Partners of Affected Individuals

Obligatory **Must not donate if:**
The donor has had sex with an individual who had been diagnosed with a Viral Haemorrhagic Fever at any time before their last sexual contact.

See if Relevant The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk

Additional Information There is evidence of persistent virus in individuals who recover from several forms of Viral Haemorrhagic Fever. For this reason, it is necessary to defer the sexual partners of these individuals.

Reason for change A permanent deferral has been introduced for donors who have had sex with an individual who has been diagnosed with a Viral Haemorrhagic Fever.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 55.

Vitamins and Other Nutritional Supplements

Obligatory **Must not donate if:**
On prescribed medication to treat a deficiency.

Discretionary a) Medication to prevent recurrence, as opposed to treat a deficiency (e.g. B12 for treated pernicious anaemia or folic acid for treated folate deficiency), accept.

b) If on oral self-medication, accept.

c) If on Vitamin D supplement to treat risk of vitamin D deficiency, accept.

See if Relevant Anaemia
Osteopenia

Additional Information People who are on treatment to cure a vitamin or other nutritional deficiency other than Vitamin D supplementation to prevent or treat osteopenia should not donate, even if they pass the haemoglobin-screening test.

Once treatment is completed, even if they then require maintenance treatment, they should be accepted or excluded on the basis of the underlying condition that required treatment. As an example, a person with pernicious anaemia (vitamin B12 deficiency) should not be accepted until their anaemia is fully corrected. Once fully recovered, they may be accepted, even though receiving maintenance treatment to prevent recurrence.

Vitamins and other nutritional supplements are often prescribed to prevent deficiency. For example, this might be for coeliac disease or for people wanting to conceive. Providing any underlying condition is not a reason to exclude the donor, they should be accepted.

Reason for change Advice about Vitamin D supplementation and a link to osteopenia has been added, see the letter from UK Chief Medical Officers of UK Feb 2012:
www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 22.

Warts

Includes Molluscum contagiosum and verrucas.

Obligatory **Must not donate if:**
Treatment has left unhealed areas.

Discretionary If there are no open wounds, even if on treatment, accept.

See if Relevant Sexually Transmitted Disease
Surgery
Wounds, Mouth and Skin Ulcers

Additional Information Warts (including verruca) are caused by infection with the human papilloma virus (HPV) of which there are over 100 different types. They may occur on the skin and mucous membranes. The virus is spread by skin to skin contact and it can be very infectious. Genital warts are possibly the commonest sexually transmitted disease but they do not necessarily indicate high risk sexually activity, so no specific deferral is required.

Molluscum contagiosum is also caused by a virus and can be managed in the same way as warts.

Treatment may lead to unhealed wounds or sores and these pose a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Reason for change This entry was revised to support the implementation of recommendations from the FAIR study; the instruction to discuss the possibility of high risk sexual activity has been removed.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 57

Weight Loss Medication

Includes Oral or injectable drugs for management of weight loss.

Excludes Causes of obesity or related comorbidities. Donors with other conditions must be assessed using the relevant entries.

Obligatory **1. Oral medication**
Must not donate if:
a) The medication used is a reason for deferral in the WB-DSG, or

b) The donor is experiencing significant side effects.

2. Injectable medication
Must not donate if:
a) Injectable medication has not been prescribed for the donor by a UK or Republic of Ireland (RoI) registered prescriber and/or has been obtained from a non-licensed source, or

b) The donor is not using the medication as prescribed: e.g. sharing medication vials, pens or injection equipment with other users, or

c) The donor is experiencing significant side effects.

Discretionary If:

a) The medication is not in itself a reason for deferral, and

b) The donor does not have significant side effects, and

c) Any injectable medication has been prescribed for the donor by a UK or RoI registered prescriber and obtained from a licensed source, and

d) The donor is not sharing medication vials, pens or injection equipment,

accept.

See if Relevant Blood Safety Entry
Diabetes Mellitus

Additional Information Several treatments for weight loss are licensed for use by the NHS including the oral medication orlistat (Alli®, Xenical®) and the injectable medications tirzepatide (Mounjaro®), liraglutide (Saxenda®) and semaglutide (Wegovy®). Donors prescribed any of these through an NHS provider can be accepted provided they are well and are using the medication correctly. It is important to check the WB-DSG entry for any underlying health conditions that the donor may have. Donors who are diabetic should be assessed using the Diabetes Mellitus entry.

Patients who are not eligible for NHS treatment may obtain weight loss medications from private providers. As long as the treatment has been prescribed by a health care professional registered in the UK or RoI and issued through a licensed pharmacy, the donor can be accepted. Donors who have obtained injectable medication from a non-licensed source (including from friends or family) should be managed through the Blood Safety Entry. It is important that donors are not accepted who may be sharing medication vials, pens or injecting equipment.

Donors who have acquired treatments online can be accepted provided they meet the conditions outlined above. If staff are unsure whether a provider meets these criteria, refer to a DCSO.

Some oral weight loss treatments obtained abroad or online may require deferral under the medication rules within the WB-DSG. For example, topiramate is approved for weight loss in the USA and is marketed as Qsymia® (in combination with phentermine).

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 78

West Nile Virus

Excludes Donors who will only donate plasma for fractionation. See West Nile Virus - plasmapheresis donors

Definitions **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 Entry updated to exclude donors who will only donate plasma for fractionation.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

West Nile Virus - plasmapheresis donors

For donors who will donate whole blood, platelets and other cellular components see West Nile Virus

Excludes This entry only applies for donors who will only donate plasma for fractionation. It should not be used for donors who will donate whole blood, platelets and other cellular components.

Definitions **West Nile Virus (WNV) Endemic Areas**: are shown in the 'Geographical Disease Risk Index' (GDRI).

Obligatory **Must not donate if:**

The donor was diagnosed with West Nile Virus and the donor has not fully recovered from their illness.

Discretionary If the donor has returned from a WNV risk area and the donor is well, accept.

See if Relevant The 'Geographical Disease Risk Index'

Additional Information West Nile Virus is a flavivirus, similar to Dengue Virus, 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. Mild cases may be misdiagnosed as other febrile illnesses.

The processes used to fractionate plasma include several measures that inactivate or remove viruses. This means that some travel risks described in the GDRI do not need to be applied for donors who will only donate plasma for fractionation.

Reason for change This is a new entry.

Update Information This entry was last updated in:
WB-DSG Edition 203 Release 71

Wounds, Mouth and Skin Ulcers

Obligatory

Must not donate if:
a) Has infected wounds, or skin ulcers, sores or mouth ulcers.

b) Has persistently inflamed or broken skin, associated with cardiovascular disease, chronic venous insufficiency, lymphoedema, diabetes mellitus or other medical condition.

Discretionary If an individual has an uninfected wound or small non-infected aphthous ulcers only, accept.

See if Relevant
Autoimmune Disease
Cardiovascular Disease
Diabetes Mellitus
Infection - General
Malignancy
Surgery
Tetanus - 2. Immunisation
Varicose Veins and Chronic Venous Insufficiency

Additional Information An infected wound, a sore or an ulcer is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

A small individual aphthous ulcer in an otherwise healthy person does not pose such a risk. Donors with recurrent severe aphthous ulceration may have a serious underlying condition, such as an autoimmune disease.

Persistently inflamed or broken skin, usually of the lower limbs, is a complication of a range of medical conditions which affect the cardiovascular and/or lymphatic systems. There is an increased risk of bacterial contamination in a blood donation if the donor's normal skin integrity is impaired.

Reason for change Addition of guidance for donors with persistent damage to the skin of their lower limbs.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 68

Xenotransplantation

Includes Heterografts, non-human organ perfusion, xenografts and xenotransplant recipients.

Definitions **Xenotransplantation:**
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 non-living cells, tissues or organs from non-human animals including, but not limited to, porcine insulin, porcine heart valves and acellular porcine collagen matrix are not considered xenotransplantation products.

Inoculation injuries from non human sources are not considered to be Xenotransplants.

1. Recipient

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.

See if Relevant
Animal Bite (Non-Human)
Non-Consented Exposure to Human Body Fluids

Additional

Information Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in unusual infections, that would not normally affect humans, being passed on to recipients of donated material. Inoculation injury, involving non-human animals, does not fall into the category of xenotransplantation

2. Current or Former Sexual Partner of Xenotransplant Recipient

Obligatory **Must not donate.**

Additional Information Sexual partners of individuals who have received a xenotransplant may potentially be at risk of acquiring an unusual infection that may be passed on by donated material. Because the duration of any risk is not known, deferral must be permanent.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Reference to specific products has been removed from the Definitions section

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 10 Issue 67

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 blood donation.

Reason for change This is a new entry.

Update Information This entry was last updated in:
DSG-WB Edition 203, Release 10 Issue 01

Zanamivir

Also Known As Relenza®.

Obligatory **Must not donate if:**

a) Taking zanamivir (Relenza®) as treatment for influenza.

b) At any time in the seven days prior to, or while taking zanamivir, the donor has had symptoms of influenza, (a temperature of more than 38 degrees centigrade, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).

Discretionary If the potential donor is taking zanamivir 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 Zanamivir 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.

Information Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Update Information This entry was last updated in:
DSG-WB Edition 202, Release 13.

Updates to the WB-DSG

Specification of Current Version		
Publication	WB-DSG	
Edition	203	
Release	79	
Issue	01	17 February 2026

All changes to WB-DSG Edition 203 after Release 01

Release	Date	Change Notifications	
		Title	**CN No.**
79	17 February 2026	Testosterone Replacement Therapy	07 - 2025
		Transgender and Non-Binary Individuals	06 - 2025
		Bleeding Disorder	05 - 2025
78	28 August 2025	Accept and PCOS	29 - 2025
		Hepatitis C	28 - 2025
		Deferral after HAV, HBV and JEV vaccines	27 - 2025
		Weight Loss Medication	26 - 2025
77	18 July 2025	Interpreters	14 - 2025
		Injectable PrEP for HIV Prevention	13 - 2025
76	30 April 2025	Appendix 2 - Table of Immunisations	09 - 2025
		Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	08 - 2025
		Memorial Tattoos	07 - 2025
		Endoscopy	06 - 2025
75	17 February 2025	Hepatitis C testing of donors transfused before 1996 (IBI update)	03 - 2025
74	26 November 2024	Migraine and Topiramate	51 - 2024
		Monoclonal Antibody Therapies	49 - 2024
		Haemolytic Anaemia	48 - 2024
		Topical Anti-Androgens	47 - 2024
		COVID-19 Vaccinations	46 - 2024
73	07 October 2024	Links to Immunodeficiency entry in WB-DSG	43 - 2024
		Cerebrovascular Disease and Intracranial Haemorrhage	30 - 2024
		Platelet Disorders	27 - 2024

72	31 July 2024	Faints	26 - 2024
		Dental Treatment	25 - 2024
		Upper Age Limit for Returning Donors	22 - 2024
		Cardiovascular Disease	21 - 2024
		Bleeding Disorder	20 - 2024
		Pyrexia and Infection	19 - 2024
		Animal Bite (Non-Human)	18 - 2024
		Osteoarthritis	17 - 2024
		Drugs and Platelet Donation	16 - 2024
		Shunts, Stents and Devices	15 - 2024
		Fertility	14 - 2024
71	02 May 2024	Travel Criteria for Plasmapheresis Donors	08 - 2024
		Immunosuppression	07 - 2024
70	18 April 2024	Transgender and Non-Binary Donors	09 - 2024
		Hepatitis A and Parvovirus B19	06 - 2024
69	04 July 2023	Chronic Fatigue Syndrome	29 - 2023
		Blood Safety Entry	28 - 2023
		Air Crew and Air Traffic Controllers	27 - 2023
68	09 May 2023	Hepatitis B and Hepatitis of Unknown Cause	13 - 2023
		Tropical Viruses	12 - 2023
		Recurrent Thrombophlebitis	11 - 2023
		Frequency of Donation	10 - 2023
67	31 January 2023	Mpox (Monkeypox)	04 - 2023
		Donor Weight	03 - 2023
		Dental Treatment	02 - 2023
66	18 October 2022	Platelet Count	59 - 2022
		Liver Disease	58 - 2022
		Thrombosis and Thrombophilia	57 - 2022
		Air Crew and Air Traffic Controllers	13 - 2023
65	30 August 2022	Table of Immunisations	49 -

			2022
		Hepatitis of Unknown Cause	48 - 2022
		Coronavirus Infection	46 - 2022
		Surgery	45 - 2022
		Sleep Apnoea	44 - 2022
		Addiction and Drug Abuse	43 - 2022
64	26 April 2022	Monkeypox	40 - 2022
		Hepatitis B	39 - 2022
63	31 May 2022	Body Piercing	28 - 2022
		Conn's Syndrome	27 - 2022
		Ehlers Danlos Syndrome	26 - 2022
		Narcolepsy	25 - 2022
		Appendix 4 - Management of post donation illness	22 - 2022
		Tropical Viruses	21 - 2022
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		Indwelling Shunts and Stents	19 - 2022
62	07 April 2022	Coronavirus Infection	29 - 2022
61	22 February 2022	Trying to Conceive	08 - 2022
		Non-Contagious Disease	07 - 2022
		Malignancy	06 - 2022
		Kidney & Bladder Disease	05 - 2022
		Complementary Therapy	04 - 2022
		Alopecia	03 - 2022
		Allergy	02 - 2022
60	20 January 2022	Coronavirus Infection	01 - 2022
59	21 December 2021	Blood Safety Entry	45 - 2021
58	22 June 2021	Plasma Changes	15 - 2021
57	26 May 2021	The FAIR Study	16 - 2021
56	05 May 2021	Hypercholesterolaemia	08 - 2021
		Diabetes Mellitus	07 - 2021

		Coronavirus Infection	06 - 2021
55	21 January 2021	Coronavirus Infection	04 - 2021
		Acitretin in Acne, Psoriasis and Skin Disease	72 - 2020
		Body Piercing	71 - 2020
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		Sodium Valproate	56 - 2020
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		Cervical Carcinoma in Situ	52 - 2020
		Clopidogrel	51 - 2020
54	16 December 2020	COVID-19 Vaccine	73 - 2020
53	13 November 2020	Clinical Trials	65 - 2020
		Coronavirus Infection	64 - 2020
52	21 September 2020	Transfusion	48 - 2020
51	08 June 2020	Coronavirus Infection	29 - 2020
50	01 June 2020	Northern Ireland - Donor Selection Changes 2020	28 - 2020
49	07 May 2020	Haemaglobin Estimation	26 - 2020
48	07 May 2020	Coronavirus Infection	13 - 2020
47	24 February 2020	Coronavirus Infection	09 - 2020
46	17 February 2020	Coronavirus Infection	08 - 2020
45	24 January 2020	Coronavirus Infection	03 - 2020
44	03 September 2019	Palpitations & Arrhythmias	27 - 2019
		Familial Psuedohyperkalaemia	26 - 2019
43	28 May 2019	HCV (Northern Ireland)	11 - 2019
		HTLV	10 - 2019
		Cervical Carcinoma in Situ	09 -

			2019
		Blood Safety Entry (England, Scotland, Wales)	08 - 2019
		Blood Safety Entry (Northern Ireland)	07 - 2019
		Pre- and Post-Exposure Prophylaxis for HIV Prevention	04 - 2019
		Pregnancy	03 - 2019
		Malignancy	02 - 2019
		Hepatitis C	01 - 2019
42	17 September 2018	Narcolepsy	21 - 2018
		Hepatitis A	20 - 2018
41	10 May 2018	Hepatitis E	17 - 2018
40	27 November 2017	Surgery	52 - 2017
		Endoscopy	51 - 2017
		Bleeding Disorder	49 - 2017
		Syphilis	47 - 2017
		Sex Worker	45 - 2017
		Non-Consented Exposure to Human Body Fluids	44 - 2017
		HTLV	41 - 2017
		Homosexual and Bisexual Individuals	39 - 2017
		HIV	37 - 2017
		Hepatitis C	35 - 2017
		Hepatitis B	33 - 2017
		Complementary Therapy	31 - 2017
		Body Piercing	29 - 2017
		Blood Safety Entry	26 - 2017
39	26 September 2017	Drug Index	19 - 2017
		Thyroid	18 - 2017
38	01 August 2017	Malaria	15 - 2017
		Tissue and Organ Recipients	14 - 2017
		Radiation Therapy	13 - 2017
		Eye Disease	12 - 2017

		Autoimmune Disease and Osteopenia	11 - 2017
37	21 February 2017	Hepatitis A	04 - 2017
		Central Nervous System Disease	03 - 2017
36	01 November 2016	Cardiac Surgery clarification	37 - 2016
35	01 September 2016	Blood Safety Entry & Homosexual and Bisexual Individuals	36 - 2016
34	23 August 2016	Tropical Viruses	35 - 2016
33	05 July 2016	Immunoglobulin	21 - 2016
		High Haemoglobin	20 - 2016
		Disabled Donor	19 - 2016
		Acne	18 - 2016
32	02 February 2016	Viral Haemorrhagic Fever	15 - 2016
		Tropical Viruses	14 - 2016
31	18 January 2016	Viral Haemorrhagic Fever	11 - 2016
		West Nile Virus	09 - 2016
		Tropical Viruses	08 - 2016
		Kidney and Bladder Disease	06 - 2016
		Memorial Tattoos and Body Piercing	05 - 2016
		Appendix 2 - Table of Immunisations	04 - 2016
		Hepatitis E	03 - 2016
		Hepatitis A	02 - 2016
		Glycogen Storage Disease	01 - 2016
30	06 October 2015	Chronic Fatigue Syndrome	26 - 2015
		Alopecia and Autoimmune Disease	25 - 2016
29	23 June 2015	Injectable Tanning Agents	15 - 2015
		The changes made to the Blood Safety Entry have also been applied to the Blood and Tissue Safety Entry (Northern Ireland). Injectable Tanning Agents has been added to index and linked to Blood Safety Entry (England, Scotland and Wales).	
		Complementary Therapy	12 - 2015
		Communication Difficulties	11 - 2015
		Central Nervous System	10 - 2015
28	17 March 2015	Nonsteroidal Anti-Inflammatory Drugs and Drug Index	05 - 2015

		Malignancy	04 - 2015
		Kidney and Bladder Disease	03 - 2015
		Asthma	02 - 2015
27	17 December 2014	Thrombosis	48 - 2014
		Respiratory Disease	47 - 2014
		Mental Health Problems	46 - 2014
		Tuberculosis	45 - 2014
		Hepatitis of Unknown Cause	44 - 2014
26	20 October 2014	Viral Haemorrhagic Fever Risk	43 - 2014
25	14 October 2014	West Nile Virus	42 - 2014
24	19 August 2014	Chikungunya Virus Risk	41 - 2014
23	08 July 2014	Chikungunya Virus Risk	27 - 2014
22	17 June 2014	Chikungunya Virus	26 - 2014
		Vitamins and Other Nutritional Supplements	24 - 2014
		Osteopenia	23 - 2014
		Kidney and Bladder Disease	22 - 2014
		Complementary Therapy	21 - 2014
		Central Nervous System Disease	20 - 2014
		Autoimmune Disease	19 - 2014
		Accept	18 - 2014
21	13 February 2014	Chikungunya Virus	01 - 2014
20	11 February 2014	Surgery	22 - 2014
		South American Trypanosomiasis	21 - 2014
		Skin Disease and Dermatitis (Alitretinoin)	20 - 2014
		Malignancy	18 - 2014
19	03 September 2013	West Nile Virus	14 - 2013
18	09 July 2013	Wounds, Mouth and Skin Ulcers	07 - 2013
		Cardiovascular Disease	06 - 2013
		Chest Pain	05 - 2013
		Chronic Infection	03 -

			2013
		Hepatitis B	02 - 2013
17	04 June 2013	West Nile Virus	01 - 2013
16	05 February 2013	Compression Illness	29 - 2012
		Kidney Disease	28 - 2012
		Sickle-Cell Trait	27 - 2013
15	31 October 2012	West Nile Virus	26 - 2012
		West Nile Virus	25 - 2012
14	31 October 2012	Mobilised Granulocytes	24 - 2012
		Cardiovascular Disease	23 - 2012
		Cupping/Wet Cupping	22 - 2012
		West Nile Virus	21 - 2012
		Malaria	20 - 2012
13	28 August 2012	West Nile Virus	19 - 2012
12	29 June 2012	Cardiac Surgery	13 - 2012
		Cardiovascular Disease	12 - 2012
		Skin Disease	11 - 2012
		Dermatitis	10 - 2012
		Pregnancy	09 - 2012
		Psoriasis	08 - 2012
		Toxoplasmosis	07 - 2012
		Acne	06 - 2012
11	28 March 2012	West Nile Virus	03 - 2012
10	24 January 2012	Hepatitis C	26 - 2012
		XMRV	25 - 2012
		Surgery	24 - 2012
		Cardiovascular Disease	23 - 2012
		Donor Weight	22 - 2012
09	07 November 2011	West Nile Virus	19 - 2011
		Homosexual and Bisexual Individuals	17 - 2011

		Blood Safety Entry	16 - 2011
08	04 October 2011	West Nile Virus	18 - 2011
07	31 August 2011	West Nile Virus	15 - 2011
06	08 August 2011	West Nile Virus	11 - 2011
05	07 June 2011	Porphyria	05 - 2011
		Syphilis	04 - 2011
		Immunisation - Live	03 - 2011
		Trying to Conceive	02 - 2011
		Pregnancy	01 - 2011
04	01 February 2011	Donor Weight and Donation Volumes	13 - 2010
03	01 November 2010	Chronic Fatigue Syndrome	08 - 2010
02	01 September 2010	West Nile Virus	09 - 2010
01	01 June 2010		

Appendix 1 - Estimated Blood Volume for Female donors (after Nadler) by height and weight

Estimated Blood Volume for Female donors (after Nadler) by height and weight																
	Weight Kg															
Height cm	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	Height
149 or less	Less than 3500 ml															4' 10" or less
150	3039	3072	3105	3138	3171	3205	3238	3271	3304	3337	3370	3403	3436	3469	3502	4' 11"
151	3063	3096	3129	3163	3196	3229	3262	3295	3328	3361	3394	3427	3460	3493	3526	
152	3088	3121	3154	3187	3220	3253	3286	3319	3352	3386	3419	3452	3485	3518	3551	4' 11½"
153	3113	3146	3179	3212	3245	3278	3311	3344	3377	3410	3443	3477	3510	3543	3576	
154	3138	3171	3204	3237	3270	3303	3336	3369	3403	3436	3469	3502	3535	3568	3601	5' ½"
155	3163	3196	3230	3263	3296	3329	3362	3395	3428	3461	3494	3527	3560	3593	3626	
156	3189	3222	3255	3288	3322	3355	3388	3421	3454	3487	3520	3553	3586	3619	3652	5' 1 ½"
157	3215	3248	3282	3315	3348	3381	3414	3447	3480	3513	3546	3579	3612	3645	3678	
158	3242	3275	3308	3341	3374	3407	3440	3473	3507	3540	3573	3606	3639	3672	3705	5' 2"
159	3269	3302	3335	3368	3401	3434	3467	3500	3533	3566	3600	3633	3666	3699	3732	
160	3296	3329	3362	3395	3428	3461	3494	3527	3561	3594	3627	3660	3693	3726	3759	5' 3"
161	3323	3356	3390	3423	3456	3489	3522	3555	3588	3621	3654	3687	3720	3753	3787	
162	3351	3384	3417	3451	3484	3517	3550	3583	3616	3649	3682	3715	3748	3781	3814	5' 4"
163	3379	3413	3446	3479	3512	3545	3578	3611	3644	3677	3710	3743	3776	3810	3843	
164	3408	3441	3474	3507	3540	3573	3607	3640	3673	3706	3739	3772	3805	3838	3871	5' 4 ½"
165	3437	3470	3503	3536	3569	3602	3635	3669	3702	3735	3768	3801	3834	3867	3900	
166	3466	3499	3532	3565	3599	3632	3665	3698	3731	3764	3797	3830	3863	3896	3929	5' 5"
167	3496	3529	3562	3595	3628	3661	3694	3727	3760	3794	3827	3860	3893	3926	3959	
168 or more	More than 3500 ml															5'6" or more
	7st 12	8st	8st 3	8st 5	8st 7	8st 9	8st 11	9st	9st 2	9st 4	9st 6	9st 8	9st 11	9st 13	10st 1	
	110lb	112lb	115lb	117lb	119lb	121lb	123lb	126lb	128lb	130lb	132lb	134lb	137lb	139lb	141lb	

Appendix 2 - Table of Immunisations

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

Diseases Protected against	**Comments and example trade names of adult preparations**		**Minimum deferral period?***
Anthrax	Rarely given	Non-Live	No
Cholera	**There are two vaccines available to prevent cholera: Dukoral® and Vaxchora®; see rows below.** Ensure the correct guidance is applied depending on the vaccine given. If vaccine name not certain, treat as a **Live** vaccine.		
	Vaxchora®	**Live**	**28 days**
	Dukoral®	Non-Live	No
COVID-19 (SARS-CoV-2)	All COVID-19 vaccines licensed in the UK are Non-Live.	Non-Live	No
Dengue	**Qdenga®, Dengvaxia®**	**Live**	**28 days**
Haemophilus influenza type b (Hib)	Menitorex®	Non-Live	No
Hepatitis A	May be combined with typhoid or hepatitis B. Hepatitis A only: Vaqta®, Avaxim®, Havrix® Combined with typhoid: ViATIM® Combined with hepatitis B: Ambirix®, Twinrix®	Non-Live	14 days
Hepatitis B	May be combined with hepatitis A. If unexposed and more than 14 days from last immunisation, accept. See: Hepatitis B – Immunisation Engerix®, Fendrix®, HBvaxPRO®, PreHevBri®, Ambirix®, Twinrix®	Non-Live	14 days
Human papillomavirus (HPV)	Cervarix®, Gardasil®	Non-Live	No
Influenza, intra-nasal	**Live vaccine given by intra-nasal spray, age 2-18.** **Fluenz Tetra®**	**Live**	**28 days**
Influenza, injection	Annual 'flu jab', given by injection. Several preparations, updated annually.	Non-Live	No
Japanese Encephalitis	Travel. Ixiaro®	Non-Live	14 days
Measles, Mumps, Rubella	**MMR vaccines. M-M-RvaxPro®, Priorix®**	**Live**	**28 days**
Meningitis	Meningococcal group C: NeisVac-C®, Menjugate Kit® Meningococcal group B: Bexsero®, Trumenba® MenACWY Quadrivalent vaccine: Menveo®, Nimenrix®, MenQuadfi® Combined with *H. influenzae* type b (Hib): Menitorix®	Non-Live	No
Mpox (formerly known as	Imvanex® / MVA-BN is a live	Non-Live	No

Monkeypox)	attenuated non-replicating Smallpox vaccine. It may be used for pre-exposure Mpox prophylaxis in healthcare workers or for post-exposure prophylaxis in contacts of Mpox cases. If given for Mpox vaccination, treat as a non-live vaccine. See DSG entry for Mpox		
Pertussis	Usually pregnant women, given in combination with Diphtheria, Tetanus and Polio vaccine or in combination with Diphtheria and Tetanus vaccine.	Non-Live	No
Pneumococcal disease	Given to people with specific risks: for example, people who have had a splenectomy or people over 65. Pneumovax®23	Non-Live	No
Polio, injected	Given in combination with other vaccines including, depending on the preparation, Diphtheria, Tetanus, Pertussis and Haemophilus influenzae.	Non-Live	No
Polio, oral	**Not in routine use in UK. May be used abroad**	**Live**	**28 days**
Rabies	Given to non-exposed individuals if occupation or activity has an exposure risk, or for some travellers to endemic areas. Rabipur®, Verorab®	Non-Live	No
Respiratory Syncytial Virus (RSV)	Abrysvo®, Arexvy®	Non-Live	No
Shingles	**There are two vaccines available to prevent shingles: Zostavax® and Shingrix®; see rows below.** Please note, Shingrix® has replaced Zostavax® in the UK vaccination programme for individuals aged 60-79 years.		
	Zostavax® for shingles prevention	**Live**	**28 days**
	Shingrix® for shingles prevention	Non-Live	No
Smallpox	**Note this live vaccine requires an 8-week deferral. If given, see DSG entry for Smallpox Immunisation. See also Mpox (above).**	**Live**	**56 days**
Tetanus	Given in combination with other vaccines including, depending on the preparation, Diphtheria, Tetanus, Pertussis and Haemophilus influenzae.	Non-Live	No
Tick-borne encephalitis (TBE)	TicoVac®	Non-Live	No
Tuberculosis	**BCG vaccine**	**Live**	**28 days**
Typhoid, injected	Typhim Vi® Combined with hepatitis A: ViATIM®	Non-Live	No
Typhoid, oral	**Given in capsule form. Vivotif®**	**Live**	**28 days**
Varicella (chickenpox)	**Usually given to healthcare workers. Varilrix®, Varivax®**	**Live**	**28 days**
Yellow Fever	**Stamaril®**	**Live**	**28 days**
* Minimum deferral period after immunisation if donor has not been exposed to the infection. For immunisation post-exposure, refer to the relevant WB-DSG entry.			

This page was last updated in WB-DSG Edition 203 Release 78.

Appendix 3 - Maximum permitted Extra Corporeal Volume for component donors

Female Donors

	Weight (kg)											
Height (cm)	**50**	**55**	**60**	**65**	**70**	**75**	**80**	**85**	**90**	**95**	**100**	**Height**
150	486	513	539	566	592	619	645	672	698	724	751	**4'11"**
153	498	524	551	577	604	630	657	683	710	736	763	**5'**
155	506	533	559	586	612	638	665	691	718	744	771	**5'1"**
158	519	545	572	598	625	651	677	704	730	757	783	**5'2"**
160	527	554	580	607	633	660	686	713	739	766	792	**5'3"**
163	541	567	594	620	647	673	700	726	752	779	805	**5'4"**
165	550	576	603	629	656	682	709	735	762	788	815	**5'5"**
168	564	591	617	644	670	696	723	749	776	802	829	**5'6"**
170	574	600	627	653	680	706	733	759	786	812	839	**5'7"**
173	589	615	642	668	695	721	748	774	801	827	854	**5'8"**
175	599	626	652	679	705	732	758	785	811	837	864	**5'9"**
178	615	642	668	695	721	748	774	801	827	853	880	**5'10"**
180	626	653	679	706	732	759	785	812	838	864	891	**5'11"**
183	643	670	696	723	749	775	802	828	855	881	908	**6'**
	7.9st	**8.7st**	**9.5st**	**10.2st**	**11st**	**11.8st**	**12.6st**	**13.4st**	**14.2st**	**15st**	**15.7st**	
	Weight											

Male Donors

	Weight (kg)											
Height (cm)	**50**	**55**	**60**	**65**	**70**	**75**	**80**	**85**	**90**	**95**	**100**	**Height**
150	552	578	604	630	655	681	707	733	758	784	810	**4'11"**
153	564	590	616	642	667	693	719	745	770	796	822	**5'**
155	573	599	624	650	676	702	727	753	779	805	830	**5'1"**
158	586	611	637	663	689	714	740	766	792	817	843	**5'2"**
160	595	620	646	672	698	723	749	775	801	826	852	**5'3"**
163	608	634	660	686	711	737	763	789	814	840	866	**5'4"**
165	618	644	669	695	721	747	772	798	824	850	875	**5'5"**
168	633	658	684	710	736	761	787	813	839	864	890	**5'6"**
170	643	668	694	720	746	771	797	823	849	874	900	**5'7"**
173	658	684	710	735	761	787	813	838	864	890	916	**5'8"**
175	669	695	720	746	772	798	823	849	875	901	926	**5'9"**
178	685	711	737	763	788	814	840	866	891	917	943	**5'10"**
180	697	722	748	774	800	825	851	877	903	928	954	**5'11"**
183	714	740	765	791	817	843	868	894	920	946	971	**6'**
	7.9st	**8.7st**	**9.5st**	**10.2st**	**11st**	**11.8st**	**12.6st**	**13.4st**	**14.2st**	**15st**	**15.7st**	
	Weight											

Appendix 4 - Management of post donation illness

This appendix gives guidance on the management of donations taken from donors who report post donation illness with a (probable) infectious cause.

The actions are based upon the nature and potential severity of the illness, relevant incubation period and the risk of the illness causing harm to a transfusion recipient.

Recipient notification and lookback/traceback investigations are outside the scope of this guidance. Please follow local policies and procedures.

Infections

Infection	Incubation	Action for donation
Bordetella Pertussis (Whooping Cough)	IP7-10 days	Discard ifwithin 10 days
BorreliaBurgdorferei(Lyme Disease)	IP 3-30 days	Discard up to 30 daysifdonor diagnosed with acute Lyme disease
		Chronic Lyme disease no actionrequired
Costochondritis/ Coxsackie virus(Bornholm Disease)	IP 1-7 days	Discard up to 1 week
Chickenpox /VaricellaZoster	IP 10-21 days	Discard if within 3 weeks
COVID-19(SARS –CoV-2)	IP 2-14 days	Discard if: • A SARS-CoV-2 test has been taken and COVID-19 confirmed; and • Symptoms and/or the positive test result occurred in the 48-hour period after donation. If a SARS-CoV-2 test is negative or has not been taken, refer to the relevant advice on this page for the donor's symptoms.
Coxsackie A (Hand, foot & mouth disease)	IP 3-7 days Usually Coxsackie A, butcan be otherenteroviruses	Discardup to 7 days
Epstein-Barr Virus(Glandular Fever)	IP 30-50 days	Discard up to 50 days
Hepatitis (acute, viral)	IP HAV 2-6 weeks	Discard up to7 weeks
	IP HBV 6 weeks to 6 months	Discard all in date components*
	IP HCV up to 6 months	Discardall in date components*
	IP HEV 2-8 weeks	Discard up to 9 weeks
HerpesSimplex (Oraland genital)	IP 2-12 days for primary infection.	Discard up to 14 days for primary infection
	Primary viraemia during IP, secondary viraemia at time of symptom	
	Recurrent infection	No action if recurrent lesion/s and lesions were absent or healing when donated
HIV		Discard all in-date components at any interval after donation*
HTLV		Discard all in-date components at any interval after donation
Influenza	IP 1-5 days (Influenza A) IP 4-5 days(adenovirus)	No action unless severe systemic symptoms.
	Defined as fever	If present, discard up to 5 days

	/myalgia +/- cough /cold symptoms	
Legionella (Legionnaire's Disease/Pontiac Fever)	IP up to 3 weeks	Discard up to 3 weeks
Measles	IP 10-21 days	Discard up to 3 weeks
Monkeypox	21 days	Discard up to 21 days. Follow local processes for public health notification if the component has been transfused. If the donor has reported contact with Monkeypox in the 21 days before donation, place the donation on hold and seek public health advice to determine the risk.
Mumps	IP 16-18 days Primary & secondary viraemia	Discard up to 3 weeks
Mycoplasma	IP 1-4 weeks M. pneumoniae Mostly headache, malaise, fever,5-10%progress to pneumonia	Discard up to 4 weeks
Parvovirus B19 (Fifth disease, Slapped Cheek)	IP 13-20 days	Discard up to 3 weeks
Rubella(German Measles)	IP 14-21 days	Discard up to 3 weeks
TB		Discard all in-date components at any interval post donation. Look-back to relevant transfused recipients
West Nile Virus	IP 3-15 days	Discard up to 15 days

IP –Incubation Period

* HBV, HCV and HIV Seek microbiological advice regarding recall of previous donations if the donor's history and/or testing results suggest this is an acute (recent) infection

Conditions

Condition	Comments	Action for donation
Appendicitis		No action if confirmed appendicitis and asymptomatic at the time of donation.
Bornholm Disease	See Costochondritis/ Coxsackie virus	
Chest infection		No action unless systemic symptoms; if present discard up to 5 days
Common Cold		No action unless symptoms
Conjunctivitis		No action providing well on the day
Diarrhea & vomiting	Causes may include Salmonella (IP 12-72 hrs) Shigella (IP 1-7 days) Campylobacter (IP 1-11 days) Rotavirus (IP 24-72 hrs) Norovirus (IP 1-2 days) Cryptosporidium (IP 2-5 days) Yersinia (IP 4 days) With all the above likely to be significant bacteremia or viraemia	Discard up to 14 Ifthis is an episode of food poisoning which occurred after the donation, no action required

	Staphylococcal, Clostridium and B. cereusfood poisoningisalltoxininduced	
Fifth Disease, Slapped Cheeks	See Parvovirus B19	
German Measles	See Rubella above	
Glandular Fever /Kissing Disease	See Ebstein-Barr Virus	
Hand, Foot and Mouth Disease	See Coxsackie A	
Jaundice	Assess whether infective cause possible	Discard all in-date components after any notification if infection is a possible cause: • See specific entry if infective cause identified • Discard not required if a non-infective cause has been identified (e.g. drug reaction)
Legionnaire's Disease /Pontiac Fever	See Legionella	
Lyme Disease	ReferBorrelia Burgdorferei	
Malaria	Any disclosure of illness or risk after donation	Follow local policies and procedures
Shingles (Herpes Zoster)	Possible viraemia for 48 hoursfrom symptoms and/or rash	Discard if rash oranysymptomsdevelopwithin 48 hours. Symptoms include tingling of skin, pain oreruptionof vesicles
Skin disease: Cellulitis /erysipelas	Streptococcus Pyogenes	Discard up to 1 week
Skin disease: Impetigo	Group A Streptococcus Staphylococcus Aureus IP 3-5 days	No action if nosystemic symptoms; if present,discard up to 1 week
Sore throat	May include: Rhinovirus Group A strep (IP 2-4days) EBV (IP 0-50days)	Ifa sorethroatis accompaniedbysimple coldsymptomsandno systemic symptoms, noactionisrequired Systemic symptoms include malaise, myalgia, fever, headache. If systemic symptoms, discard up to 1 week If glandular fever, discard up to 50 days
Transmissable Spongiform Encephalopathy (Prion Disease)	If informed of a possible or confirmed case of prion associated disease, recall (do not discard) any in date components.	Follow local policies and procedures.
UTI	Symptomaticatdonation	Discard
	Asymptomaticatdonation	No action unless systemic symptoms whendiscard up to 5 days Systemic symptoms include malaise, myalgia, fever and headache.
Whooping cough	See Bordetella Pertussis	

IP – Incubation Period

Drugs and Platelet Donation

Principles

Some drugs can alter platelet function for several hours or days after they are taken.

If a donor is otherwise eligible to donate but has taken a drug affecting platelets in the 48 hours prior to donation, their donation should not be used to manufacture blood components that are intended to treat thrombocytopenia or platelet dysfunction; this includes apheresis platelets, pooled platelets and some whole blood components.

This rule applies to drugs taken systemically, i.e. medication that is taken orally or rectally, or medication that is taken by injection.

This rule does not apply to creams or gels applied topically to the skin. Donors who have used topical medications which are listed in this index, can be accepted for platelets immediately.

Drugs which affect platelet function are usually taken as painkillers and anti-inflammatory medications. Some can be purchased directly from shops or pharmacies without a prescription. They may be sold under their generic drug name (e. g. aspirin, ibuprofen) or they may be sold under a brand name.

This entry lists Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and other painkillers which affect platelet function. It does not include every medication which could affect platelets. Some drugs, such as clopidogrel, have not been included because a donor taking them would not be eligible to donate anyway.

How to use this index

If a donor reports taking anti-inflammatory or pain-killing medication, but has been assessed as eligible to donate, their medication must be checked against this entry.

The entry has been redrafted to list only generic drug names and no longer includes brand names. This is because some brand names are used for several formulations, not all of which contain the same active drugs. It is important that staff confirm the exact drug taken by a donor.

Up-to-date product information for branded medications available in the UK can be found online at www.gov.uk /government/organisations/medicines-and-healthcare-products-regulatory-agency, bnf.nice.org.uk and www.medicines. org.uk/emc. If there is doubt about the active drug in any individual branded product, staff should apply the 48 hour rule for platelet production.

Post donation information

Donors may contact the blood service to report they had taken NSAIDs before their donation. If any blood components containing therapeutic platelets have been manufactured from the donor's blood, these should be discarded. If such components have been transfused, a DCSO should assess the need to notify the treating clinician.

Drug Index

Drug Index

A

Aceclofenac

Acemetacin

Aspirin

Azapropazone

C

Celecoxib

D

Dexketoprofen

Diclofenac potassium

Diclofenac sodium

E

Etodolac

Etoricoxib

F

Felbinac

Fenbufen
Fenoprofen
Flurbiprofen

I

Ibuprofen
Indometacin

K

Ketoprofen
Ketorolac trometamol

M

Mefenamic Acid
Meloxicam

N

Nabumetone
Naproxen

P

Parecoxib
Piroxicam

S

Sulindac

T

Tenoxicam
Tiaprofenic Acid
Tolfenamic Acid