

Memorandum on the Selection, Medical Examination
and Care of Blood Donors, Appendix A.

NOTES ON CERTAIN CONDITIONS
CAUSING REJECTION OR DEFERMENT.

- (1) Allergy: persons who give a history of frequent severe allergic manifestations should not be accepted as donors. Otherwise donors need only be rejected if they are suffering from an allergic attack when they present themselves.
- (2) Hypertension: The hypertensive should be treated on his merits. In general, the practice of accepting hypertensives as donors is not recommended, because of the possible complications which may follow a sudden lowering of arterial tension caused by the withdrawal of blood. Such persons should not be bled without their own doctor's recommendation in writing, and then only if the medical officer concerned is himself satisfied that they are fit to be bled. It is felt that if hypertensives are to be bled for the relief of symptoms, they should be bled by the family doctor, or in a hospital, where complications, should they occur, can be dealt with more satisfactorily than at a donor session.
- (3) Jaundice or Hepatitis: A person, giving a history of jaundice or hepatitis (other than a history of neonatal jaundice or an incontrovertible history of obstructive jaundice in which the occurrence of viral hepatitis can be excluded) or who has been in contact with a case of hepatitis in the past 6 months, should not be accepted as a donor.
- (4) Tropical Diseases: Donors should be asked if they have visited places abroad (other than in Europe or N. America) or recently lived in such places. The most important disease to bear in mind when considering the fitness of such donors is malaria because of its world wide incidence, but certain other tropical diseases must also be considered before accepting, deferring or rejecting such donors (see Appendix B).

APRIL 1960