

8861 DEC 8 -

# GUIDANCE FOR THE SELECTION OF BLOOD DONORS

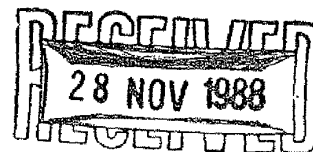
The following guidelines represent the collective opinion of SNBTS. They may be varied at the professional discretion of the Medical Officer or Sister at the session, having due regard to the welfare of donors and the safety of recipients.

The decision to accept or defer a donor at the session rests with the Medical Officer or Sister.

November 1988

SNBTS DOCUMENT REQUEST No.

2010-00047



ABSCCESS: Acceptable once completely healed. donor off antibiotic and feeling fit.

ABORTION: See Miscarriage.

ACCIDENTS: -- Accept when donor looks and feels fully recovered.

- Must be
  - out of plaster
  - discharged from follow-up clinic
  - off all medication.
  - defer for minimum 12 months if transfused.

X ACNE: Defer if on maintenance antibiotics. -- See memo 30/11/88 re Tetracycline/Erythromycin \*  
 Etrretinate (Tigason) - defer until 1 year after last dose.  
 Isotretinoin (Roaccutane) - defer until 1 month after last dose.

ACUPUNCTURE: Defer for 6 months.

ADDICTION - DRUGS: See Drug Abuse.

AFRICA: See AIDS Guidelines/Malaria Areas.

AGE: Donors acceptable if aged between 18 and 65. New donors are acceptable up to the age of 60.

AIDS: Standard operating procedures with regard to the AIDS selection criteria must be rigidly adhered to. In the case of uncertainty, or any query from the donor, the doctor must be consulted.

ALCOHOL: Defer donors who are under the influence.

ALLERGY: Accept if symptom-free and not on prescribed medication.

ANAEMIA: Consult Sister or Doctor.

Note for Sister or Doctor: Ask about type of anaemia, and whether attending GP. Accept treated iron deficiency if not under investigation. Further information from GP may be necessary.

ANALGESICS: See Aspirin.

ANGINA: Consult Sister or Doctor:

Note for Sister or Doctor: Defer. Contact G.P. for further information.

ANKYLOSING SPONDYLITIS: Permanently unfit.

ANTACIDS: Accept if taken occasionally for mild indigestion. Consult Doctor or Sister if in doubt. See Peptic Ulceration.

ANTHRAX VACCINATION: Accept after 48 hours if donor feels well. Otherwise defer 1 week.

ANTIBIOTICS: Action depends on condition for which antibiotic is taken. See under illness in question.

Note for Sister or Doctor: Defer for at least 1 week after last dose. *2nd Imp. open.*

ANTI-DEPRESSANTS: Defer if taken as regular treatment. Acceptable if only an occasional tablet is taken. See Depressive Illness, Lithium treatment.

ANTI-HISTAMINE TABLETS: See Allergy.

ANTI-MALARIAL TABLETS: See Malaria.

APPENDICECTOMY: See Operations.

ARTHRITIS: Acceptable if mild and not on regular treatment. If severe, acute, or on regular treatment, Consult Doctor or Sister.

ARTHROPOD-BORNE ENCEPHALITIDES: Accept if fully recovered.

ASPIRIN OR ASPIRIN-CONTAINING PRODUCTS OR NON STEROIDAL ANTI-INFLAMMATORY DRUGS: (Self Medication):

Accept same day if donor feels well. DO NOT use for platelets for 7 days.

ASTHMA: Consult Sister or Doctor.

Note for Sister or Doctor: Accept if medically assessed as mild and off all therapy except sporadic use of Beta-agonist inhalers, e.g. Ventolin, or regular preventive inhaler, e.g. Bricanyl or cromoglycate.

If Severe: Defer permanently.

ATHLETE'S FOOT: See Fungal Infections.

BCG: Defer 3 weeks or until inoculation site is healed.

BILHARZIA: Accept after full recovery.

BLEEDING DISORDERS: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain more information from donor and defer if appropriate.

Refer to GP if appropriate. Carrier state for Haemophilia does not debar. See also AIDS Guidelines.

#### BLOOD DISORDERS:

(e.g. any familial Cell or Haemoglobin abnormality): Consult Sister or Doctor.

Note for Sister or Doctor: Obtain more information from donor and defer if appropriate. Refer to GP if appropriate.

**BLOOD PRESSURE (HIGH):** Consult Sister or Doctor.

Note for Sister or Doctor: Assess history, drugs being taken and likely duration of treatment.

Permanently defer all on long-term medication.

**BLOOD PRESSURE (LOW):** Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable at Sister's or Doctor's discretion provided diastolic is not less than 50mmHg. Such donors must always receive the prescribed period of rest.

**BLOOD TRANSFUSION:** This includes:- red cells, platelets, fresh frozen plasma, cryoprecipitate and intravenous immunoglobulin.

Consult Sister or Doctor.

Note for Sister or Doctor: Check reason for the transfusion. Accept 1 year after transfusion if no other contra-indication.

Recipients of SPPS only, or intra-muscular immunoglobulins may be accepted sooner.

**BOILS:** Acceptable when healed.

**BREAST FEEDING:** Defer till infant weaned.

**BRONCHITIS (CHRONIC):** Consult Sister or Doctor.

Note for Sister or Doctor: Permanently unfit. "Chronic" means with regular attacks of cough and spit every winter.

BRONCHITIS (ACUTE): Accept if donor looks and feels well and is off all treatment.

BRUCELLOSIS: Permanently unfit.

BRUCELLOSIS CONTACT: Acceptable.

CANCER: Consult Sister or Doctor.

Note for Sister or Doctor All diseases of malignant origin should be cause for permanent exclusion, although exception may be made for localised conditions such as carcinoma-in-situ of the cervix and rodent ulcer.

CARTILAGE OPERATION: See Operations.

CATARRH (ACUTE): Defer until symptoms clear.

CATARRH (CHRONIC): Acceptable if not on treatment, or if using nasal decongestant only.

CERVICAL CONE BIOPSY: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP. If Carcinoma in situ see below.

CERVICAL CARCINOMA IN SITU (OR CERVICAL DYSPLASIA):

Consult Sister or Doctor.

Note for Sister or Doctor: Accept 1 year after laser treatment if 2 consecutive smears are negative.

Accept following hysterectomy after 1 year.

CHAGAS DISEASE: (South American Trypanosomiasis): Permanently unfit. For residents of or visitors to South or Central America see Appendix 2.

CHICKENPOX CONTACT: Acceptable if donor has had Chickenpox. If not, defer for 3 weeks.

CHOLECYSTECTOMY: See Operations.

CHOLECYSTITIS: Acceptable if symptom-free for at least 4 weeks.

COELIAC DISEASE: Acceptable if well, on gluten free diet and requiring no haematinics.

CHOLERA IMMUNISATION: Acceptable after 48 hours if donor feels well; defer 1 week if reaction.

COLDS: Defer until recovered.

COLD SORES: Defer until healed.

COLITIS: See Ulcerative Colitis.

COLOSTOMY: Consult Sister or Doctor

Note for sister or Doctor: Defer and obtain further details.

CONCUSSION: See Head Injury.

"CONE" BIOPSY: See Cervical Cone Biopsy.

CONTACT WITH INFECTIOUS DISEASES: See under specific diseases.

CONTRACEPTIVE PILL: Acceptable

CORONARY THROMBOSIS: Permanently unfit.

CORTISONE (TABLETS): See Steroids.

CORTISONE (INTRA-ARTICULAR INJECTION): Defer for one week. Note reason for injection. Consult Sister or Doctor if necessary.

COXSACKIE-B: Accept 2 years after recovery.

CREUTZFELDT-JAKOB DISEASE: Permanently unfit.

CROHN'S DISEASE: Permanently unfit.

CYSTITIS: Acceptable after full recovery and at least one week after last dose of antibiotic.

D & C: See Dilatation & Curettage.

DENGUE FEVER: Accept after full recovery.

DENTAL ABSCESS: Defer for at least one week.

X DENTAL TREATMENT: For fillings/scaling, accept same day. For dental abscess, ~~tooth extraction~~, dental clearance etc. defer at least one week. *See also tooth extraction*

DEPRESSIVE ILLNESS: Defer if on treatment. See Antidepressants, Lithium.

DERMATITIS: Acceptable unless severe and requiring treatment. Donors with mild dermatitis requiring application of

ointment may be accepted provided the total area to which ointment is applied is small. Proposed venepuncture site must be healthy.

DE-SENSITISATION INJECTIONS FOR HAYFEVER: Defer for 1 week after last injection.

DIABETES MELLITUS: Acceptable if on diet alone, and otherwise fit. Not acceptable if on tablets or insulin.

DIARRHOEA: Accept if fully recovered and off all treatment.

DIGOXIN: See Heart Pills.

DILATATION AND CURETTAGE: (D & C).

Consult Sister or Doctor.

Note for Sister or Doctor: Ask reason for D & C. Acceptable after 1 period if no further investigation or treatment planned.

DIPHTHERIA: Acceptable 3 months after recovery.

DIPHTHERIA IMMUNISATION: Acceptable after 48 hours if donor feels well. Defer if donor feels unwell.

DIURETICS: Acceptable if taken for pre-menstrual tension. Consult Sister or Doctor if taken for high blood pressure.

DIVERTICULOSIS: Acceptable.

DIVERTICULITIS: Acceptable if symptom-free for last 6 months.

DONATION INTERVAL: Defer if less than 12 weeks since last donation.

DRUG ABUSE: Consult Sister or Doctor.

Note for Sister or Doctor: Anyone who has ever injected drugs to be deferred permanently. Donors under the influence of oral drugs should not be accepted. Previous use of cannabis or other non-parenteral drugs does not debar. (Bear in mind the possibility that the history given by such donors regarding the abuse of drugs may be unreliable.)

DUODENAL ULCER: See Peptic Ulcer.

DYSENTERY (AMOEBCIC OR BACILLARY): Defer until 1 month after full recovery or until all tests are clear.

DYSENTERY CONTACT: Acceptable if feeling well.

EARACHE/EAR INFECTION (ACUTE): Accept when fully recovered.

EARACHE/EAR INFECTION(CHRONIC): Acceptable if not on treatment.

EAR PIERCING: Defer for 6 months.

ECZEMA: Accept unless severe and needing treatment.  
Venepuncture site must be healthy.

ELECTROLYSIS: Defer for 6 months.

ELLIPTOCYTOSIS: Consult Sister or Doctor:

Note for Sister or Doctor: Obtain further information and refer to Centre for assessment.

EMPHYSEMA: Refer to Sister or Doctor. Note: If history confirmed, permanently unfit.

ENCEPHALITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Check history of fits. Acceptable 6 months after full recovery.

ENDOMETRIOSIS: If on Danazol (Danol) defer. Otherwise accept.

EPILEPSY: Consult Sister or Doctor.

Note for Sister or Doctor: Accept donors with a history of infant febrile convulsions only. Defer all donors on treatment and within 2 years of stopping treatment. Thereafter, consider individually.

EYE DROPS: Acceptable unless donor has badly infected eye.

FAINTS: New Donors

History of being prone to faints: Consult Sister or Doctor.

Note for Sister or Doctor: A previous history of being prone to faints increases the likelihood of faints; if the donor is accepted careful observation is required.

Donors Who Have Given Before

Permanently unfit if have a history of 2 consecutive faints or 1 severe reaction to donation. (Refer to Centre.)

FIBROIDS - REMOVAL: Consult Sister or Doctor.

Note for Sister or Doctor: See under "Operations". Defer for at least 6 months.

FILARIASIS: Permanently unfit.

FITS: See Epilepsy.

FOOD POISONING, DIARRHOEA, D & V: Accept when fully recovered and off all treatment.

FOOD ALLERGY: Acceptable if not severe. See Allergy.

FRACTURES: Accept when donor looks and feels fully recovered.

Must be:- out of plaster  
- discharged from follow up clinic  
- off all medication

Defer for minimum 12 months if transfused.

FUNGAL INFECTIONS OF NAILS: Accept if local applications only. Defer if on tablets. See Griseofulvin.

GALL BLADDER DISEASE: See Cholecystitis.

GALL BLADDER OPERATION: See Cholecystectomy.

GASTRECTOMY/GASTRIC OPERATION: Consult Sister or Doctor.

Note for Sister or Doctor: If done for peptic ulcer, accept after 6 months if well. If for carcinoma, permanent deferral.

GASTRIC 'FLU: Accept when fully recovered and off all treatment.

GASTRITIS - ACUTE: Consult Sister or Doctor

GASTRITIS - CHRONIC: Consult Sister or Doctor

Note for Sister or Doctor: Each case must be assessed individually. A donor with chronic mild epigastric pain which is relieved by regular or sporadic use of antacids, and who has been declared otherwise fit and well by his GP, after full investigation, may be accepted.

GASTROENTERITIS: See under Food Poisoning.

GENITAL HERPES INFECTION: See Herpes, genital.

GENITAL HERPES VACCINATION: Acceptable after 48 hours if otherwise well.

GERMAN MEASLES: See Rubella.

GLANDULAR FEVER: Defer until symptom-free (Minimum 1 year).

GLANDULAR FEVER CONTACT: Acceptable.

GLAUCOMA: Acceptable after treatment, or if using only eye drops.

GOITRE: See "Thyroid".

GONORRHOEA: Consult Sister or Doctor

Note for Sister or Doctor: Defer until all hospital tests are clear. See Venereal Disease.

GOUT: One attack need not debar. Do not accept if on treatment.

GRISEOFULVIN: Defer until 1 week after treatment completed.

GROWTH HORMONE: Consult Sister or Doctor.

Note for Sister or Doctor: Recipients of Human Growth Hormone are permanently unfit, re Creutzfeldt-Jakob Disease. Acceptable if have received genetically-engineered Growth Hormone only.

X 6-6-P-D DEFICIENCY: Accept for plasma fractions only.

HAEMATURIA: Consult Sister or Doctor.

Note for Sister or Doctor: May be acceptable after recovery, depending on underlying cause.

HAEMOPHILIA (relative of haemophiliac): Consult Sister or Doctor.

Note for Sister or Doctor: If sexual partner, defer permanently. If child/parent, accept, but mother's donation not for FFP.

HAEMORRHOIDS: Defer if regular or severe bleeding is reported. Otherwise acceptable.

HAND FOOT AND MOUTH DISEASE: Accept 1 month after recovery.

HAY FEVER: Acceptable if symptom-free and not on treatment.

HAY FEVER - DE-SENSITISING INJECTIONS: Defer for 1 week after course.

"HAZARDOUS" OCCUPATIONS OR HOBBIES (RISK OF DELAYED FAINT)

Flying duties: RAF/WRAF. Aircrew personnel, whether trained or under training, are not permitted to act as blood donors.

Civil. Not permitted to donate if on flying duties.

Occupations. Accept donor when going off duty, not going on, if:- Train or Bus Driver, Heavy Machine or Crane Operator, Diver, Climbing Ladders or scaffolding, etc.

Hobbies. Advise deferral if donor in next few hours will be ~~gliding~~ power flying, motor car or cycle racing, diving, climbing, etc.

**HEADACHES:** May be acceptable. If donor complains of regular headaches, only accept if he has been investigated. Otherwise accept if the headache has gone and the donor feels well. For Migraine see under 'Migraine'.

**HEAD INJURY:** Accept when donor looks and feels fully recovered.

Must be: - discharged from follow-up clinic  
- off all medication

Defer for minimum of 12 months if transfused.

**HEAF TEST:** Defer for 1 week.

**HEART ATTACK:** Permanently unfit.

**HEART CONDITION:** Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from the donor's GP. A single episode of Rheumatic Fever or Pericarditis, a heart murmur, or repair of congenital defect does not necessarily disqualify a donor, but this decision must be made in consultation with the donor's GP and BTS Consultant.

**HEART OPERATION:** See Heart Condition.

**HEART PILLS:** Defer - may be permanently unfit depending on underlying condition. Obtain more information from GP.

**HEPATITIS:** Childhood jaundice/hepatitis, with full recovery - accept. Jaundice/hepatitis/hepatitis B - Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from GP. May be acceptable 1 year after full recovery. History of Hepatitis B usually debars. Refer to Centre.

**HEPATITIS CONTACT:** Defer for 6 months after close contact, e.g. live together, using same towels, crockery, etc.

**HEPATITIS PROTECTION BEFORE TRAVEL ABROAD:**

Gammaglobulin injection against Hepatitis A - acceptable after 48 hours.

**HEPATITIS B GAMMAGLOBULIN (HB Ig):** Refer to Sister or Doctor.

Note for Sister or Doctor: Obtain more information from GP etc. Defer until all post-treatment checks have been completed and are negative.

**HEPATITIS VACCINE:** (3 injections spaced over 6 months).

Vaccination without exposure: defer 48 hours after each; defer 1 week if reaction.

Vaccination post exposure: defer 6 months after exposure, and until any tests are clear. Vaccination to protect sexual partner: Defer 6 months after first injection.

**HEREDITARY SPHEROCYTOSIS:** Accept for plasma fractions only.

**HERNIA (HIATUS) OPERATION:** See Operations.

**HERNIA (INGUINAL) REPAIR:** See Operations.

**HERPES (GENITAL):** Accept unless active infection or receiving treatment, provided there is no history of other sexually transmitted diseases.

**HERPES (ORAL):** See Cold Sore.

**HERPES (GENITAL) VACCINE:** Defer for 48 hours.

**HORMONE TREATMENT:** Consult Sister or Doctor.

Note for Sister or Doctor: Ascertain which hormone. If for menopausal symptoms, acceptable; if for infertility, see Infertility.

**HYDATID DISEASE:** Permanently unfit.

**HYPERTENSION (HIGH BLOOD PRESSURE):** See Blood Pressure.

**HYPERTHYROIDISM:** See Thyroid.

**HYPOTHYROIDISM:** See Thyroid.

**HYSTERECTOMY:** See Operations.

**ILEOSTOMY:** Refer to Sister or Doctor.

Note for Sister or Doctor: Obtain further

Consult Sister or Doctor.

Note for Sister or Doctor: Obtain more information from GP.  
May be acceptable after full recovery.

**LEGIONNAIRE'S DISEASE:** Accept after recovery.

**LEISHMANIASIS:** Permanently unfit.

**LEPTOSPIROSIS:** Accept 1 year after full recovery.

**LITHIUM TREATMENT:** Consult Sister or Doctor.

Note for Sister or Doctor: Indicates long-term illness. Defer till off all treatment.

**MALARIA:** See Appendix 2 and 3 for malarial areas.

**DONORS BORN IN, FORMERLY RESIDENT OF OR VISITED ENDEMIC MALARIOUS AREAS:**

Defer until 12 months elapsed since arrival in/return to UK.

**12 MONTHS TO 5 YEARS AFTER ARRIVAL IN/RETURN TO UK:**

Accept for plasma fractions only.

**MORE THAN 5 YEARS SINCE ARRIVAL IN/RETURN TO UK AND HAVE REMAINED WELL:**

Accept for normal use.

NB: If a history of malaria is uncertain, use donations for plasma fractions only.

Donation for plasma fractions only cannot be used for fresh or fresh frozen plasma or cryoprecipitate.

**MALARIAL ANTIBODIES:** If 1 year or longer after arrival in/return to UK, results of testing are **NEGATIVE**, all parts of the donation may be used for transfusion.

**MALARIA - DONORS WHO HAVE HAD MALARIA:** Defer 12 months from last attack provided donor has been resident in UK for at least 12 months. Use donations for plasma fractions only.

**MALARIA CONTACT IN UK:** Acceptable.

Note: Malaria is not contagious.

Accept for whole blood donation.

**MALIGNANT DISEASES:** See Cancer.

**MANTOUX TEST:** Defer until investigations complete.

**MASTECTOMY:** Consult Sister or Doctor.

Note for Sister or Doctor: Removal of benign breast lump, defer for 3 - 6 months following recovery. If there is doubt in diagnosis, defer and obtain more information from donor's GP.

**MASTOID OPERATION:** See Operations.

**MEASLES:** Defer for at least 4 weeks after donor feels fit.

**MEASLES CONTACT:** Acceptable if donor has had measles. Defer for 3 weeks after a close contact if donor has not had measles.

**MEASLES IMMUNISATION - ACTIVE:** Defer for 3 weeks after vaccination.

**MEDICATION/DRUGS:** Consult sister or Doctor.

Note for Sister or Doctor: Obtain more information.

**MENIERE'S DISEASE:** Acceptable if symptom free and not on treatment.

**MENINGITIS:** Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable 3 - 6 months after complete recovery if no history of fits.

**MIGRAINE:** May be acceptable. If donor complains of regular headaches only accept if he has been investigated. Otherwise accept if the headache has gone and the donor feels well.

Note for Sister or Doctor: Do not accept for at least 48 hours after an attack, or if attacks are frequent, severe and require regular treatment. Donors may be accepted when taking maintenance doses of Dixarit (clonidine). If taking propranolol - defer.

**MISCARRIAGE/TERMINATION:**

Gestation 6 months or more - defer 1 year following delivery.

Abortion (spontaneous or therapeutic) up to 6 months - defer minimum 6 months from termination of pregnancy.

**MULTIPLE SCLEROSIS:** Permanently unfit.

**MUMPS:** Defer for at least 4 weeks after recovery.

**MUMPS CONTACT:** Acceptable if donor has had Mumps. Otherwise, defer for 3 weeks after a close contact.

**MUMPS GAMMAGLOBULIN:** Consult Sister or Doctor.

Note for Sister or Doctor: Defer for a minimum of 3 weeks.

**MUMPS IMMUNISATION:** Active - Defer for 3 weeks.

**MUSCULAR DYSTROPHY:** Permanently unfit.

**MYOMECTOMY:** See Fibroids - removal.

**NEPHRECTOMY:** See operations.

**NEPHRITIS:** Consult Sister or Doctor.

Note for Sister or Doctor: Self-limited renal disease, eg single attacks of glomerulonephritis, pyelitis, from which recovery has been complete do not necessarily disqualify the donor but more information must be obtained. Donors with chronic renal disease are permanently unfit.

**NIGHT SWEATS:** Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from GP.

**NON-SPECIFIC URETHRITIS:** Defer until cleared by hospital or GP.

**NOSE BLEEDS:** Acceptable if not a severe or regular problem.

#### OPERATIONS

If donor has had surgery, Consult Sister or Doctor.

Note for Sister or Doctor: Major; Acceptable 6 months or more after recovery, eg Hysterectomy, prostatectomy, cholecystectomy or "minor" operations with complications such as peritonitis.

Defer minimum 1 year if transfused.

Minor: Acceptable 3 months after recovery, eg appendicectomy.

NB It is the responsibility of the Sister or Doctor to decide the severity of an operation and to obtain further details from the donor's GP if in any doubt. Donors should not be accepted after surgery if:-

- 1 the operation was for a malignant growth.
- 2 they are still attending hospital or their own GP for follow-up, even if only for annual check-up.
- 3 they are still having post-operative treatment.

ORF: (Contagious pustular dermatitis). There is no treatment for this skin condition, caught from sheep. Accept when fully recovered.

OSTEOMYELITIS: Consult Sister or Doctor.

Note for Sister or Doctor: More information should be obtained. May be acceptable 6 months after full recovery.

OVARIAN CYST: Consult Sister or Doctor.

Note for Sister or Doctor: See under operations. May be acceptable 6 months after recovery depending on diagnosis.

PAIN KILLING TABLETS (eg Paracetamol): See Analgesics.

✓ PELVIC FLOOR REPAIR: See Operations - Major.

PEPTIC ULCER: If on H<sub>2</sub> antagonists and well for past 1 month - accept.

If recent symptoms reported - Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more details from GP.

PEPTIC ULCER - OPERATION: Consult Sister or Doctor.

PERICARDITIS - ACTIVE VIRAL: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP.

PERIODS: Accept.

PERITONSILLAR ABSCESS: See Quinsy.

PERITONITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable 6 months after recovery but depends on cause - obtain more information from GP.

PHARYNGITIS: Defer for up to 4 weeks depending on severity.

PHLEBITIS - ISOLATED ATTACK: Consult Sister or Doctor:

Note for Sister or Doctor: Check cause and site. Acceptable 6 months after complete recovery and off all anticoagulant therapy.

PHLEBITIS - REPEATED ATTACKS: Permanently unfit.

PILES: See Haemorrhoids.

PLEURISY: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more details from GP.

PNEUMONIA: Acceptable 3 months after complete recovery.

PNEUMOTHORAX - TRAUMATIC: Consult Sister or Doctor.

PNEUMOTHORAX - SPONTANEOUS: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable after a minimum of 6 months following recovery. Assess individual case.

POLIO: Acceptable if donor has been cleared by hospital. Seriously disabled donors should be assessed by Doctor or Sister.

POLIO CONTACT: Accept.

POLIO IMMUNISATION: Accept after 3 weeks.

POST-VIRAL SYNDROME (MYALGIC ENCEPHALOMYELITIS/ME):

Accept when recovered. See memo 23-11-88 - (1 year)

PREGNANCY: Defer during pregnancy and for 1 year after delivery. See also Miscarriage and Termination of Pregnancy.

PROCTITIS: See Ulcerative Colitis.

PROSTATECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: Accept 6 months or more after complete recovery depending on diagnosis. See under Operations.

PSORIASIS - MILD: Acceptable

PSORIASIS - GENERALISED: Defer.

PSORIASIS - SEVERE: Defer.

NB: If on Tigason defer until 12 months after last dose.

PSYCHIATRIC PROBLEMS: Consult Sister or Doctor.

Note for Sister or Doctor: Check treatment and assess individual case.

PULMONARY EMBOLISM: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP if necessary.

PYELITIS/PYELONEPHRITIS: See Nephritis.

PYRUVATE KINASE (P-K) DEFICIENCY: Accept for plasma fractions only.

Q FEVER: Refer to Sister or Doctor

Note for Sister or Doctor: May be long-term sequelae. Defer and obtain more information from GP.

QUINSY: Defer for 4 weeks after recovery.

RABIES IMMUNISATION - NON EXPOSED (ie Customs and Excise, Vets, etc):

Defer for 3 weeks; will then be valuable for hyperimmune plasma.

POST EXPOSURE IE HISTORY OF ANIMAL BITE:

Consult Sister or Doctor.

Note for Sister or Doctor: Not acceptable for hyperimmune plasma; not acceptable as donor until fully cleared by treating physician. (Obtain name and address and refer to Centre).

RAYNAUDS SYNDROME: Consult Sister or Doctor.

Note for Sister or Doctor: Assess, obtain more information from GP.

RELAPSING FEVER: Accept 2 years after full recovery.

RENAL COLIC: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable when symptom free.

RHEUMATIC FEVER: Consult Sister or Doctor.

Note for Sister or Doctor: May be acceptable. Doctor or Sister must assess donor or obtain further information from donor's GP.

RHEUMATISM - ACUTE: Defer.

RHEUMATISM - CHRONIC (Mild): Consult Sister or Doctor.

Note for Sister or Doctor: Accept if donor feels well and is not taking regular tablets or other treatment.

RHEUMATISM - CHRONIC (Severe): Permanently unfit.

RHEUMATOID ARTHRITIS: Permanently unfit.

RIFT VALLEY FEVER: Accept after full recovery.

RINGWORM: Accept if mild, not affecting site of venepuncture and not requiring treatment.

ROACCUTANE: See Acne.

RUBELLA: Acceptable 1 month after recovery.

RUBELLA CONTACT: Defer for 3 weeks.

RUBELLA IMMUNISATION: Defer for 3 months.

SALPINGITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Mild cases may be accepted 1 month after recovery.

SANDFLY FEVER: Accept after full recovery.

SARCOIDOSIS: Consult Sister or Doctor.

Note for Sister or Doctor: Acute Sarcoidosis: may accept 2 years after discharge from review.

Chronic Sarcoidosis: not acceptable even if very low grade clinically.

SCHISTOSOMIASIS: Accept after full recovery.

SELF-INJECTED DRUGS: See Drug Abuse.

SHINGLES (HERPES ZOSTER): Consult Sister or Doctor.

Note for Sister or Doctor:  
Acceptable when rash has gone and donor is fit.

Consider for IgG donation.

SHINGLES CONTACT: Acceptable.

SINUSITIS - ACUTE: Acceptable 4 weeks after recovery.

SINUSITIS - CHRONIC: Acceptable.

NB Check Treatment.

SKIN CREAMS (eg Betnovate): Accept if only using on small areas eg elbows, hand, face etc.

SKIN CANCERS: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain details from donor's GP of diagnosis and treatment. Basal cell carcinoma of skin may not debar if it has been adequately treated.

SKIN DISEASES: See under specific disease, or consult Sister or Doctor.

Note for Sister or Doctor: As there are so many different skin diseases it is difficult to give specific directions. In general, the following points should be considered before deciding whether or not to accept a donor:-

- (1) If the skin disease is contagious, does it present a risk of infection to staff and other donors?
- (2) Does the skin disease affect the site of venepuncture?
- (3) Is the skin disease a manifestation of underlying illness?

- (4) Is the donor on treatment which might affect the blood donation?

**SLEEPING SICKNESS:**

(African Trypanosomiasis): Consult Sister or Doctor.

Note for Sister or Doctor: Donors who have had Sleeping Sickness accept for serum or OD Plasma only

**SLEEPING TABLETS:** Acceptable if taken as sleeping pills and for no other reason, i.e. no underlying condition that might render the donor unfit.

**SLIPPED DISC OPERATION:** Accept after 6 months if fit.

**SMALLPOX IMMUNISATION:** Acceptable after 3 weeks.

**SNAKE BITE:** Accept 3 months after full recovery.

**SORE THROAT:** Defer till fully recovered and off treatment.

**SPLENECTOMY:** Consult Sister or Doctor,

Note for Sister or Doctor: Obtain more information, from G.P. if appropriate. If otherwise fit, accept. Use for plasma fractions only.

**SPONDYLOSIS (CERVICAL):** Acceptable if donor is symptom-free, or has only minor symptoms.

**STERILISATION:** Acceptable after next period.

**STEROIDS - TABLETS:** Consult Sister or Doctor.

Note for Sister or Doctor: In general, donors regularly taking steroid tablets are not accepted. Action depends on the underlying condition.

**STEROIDS - CREAMS:** Occasional use for minor dermatitis/eczema may be acceptable. Regular use over large areas of skin, defer.

**STEROIDS - INTRA-ARTICULAR INJECTIONS:** Acceptable 1 week after injection. Check reason for injection.

**STOMACH ULCER:** See Peptic Ulcer.

**STROKE:** Permanently unfit.

STYE: Acceptable when healed or infection subsiding if donor feels well.

SURGERY: See Operations.

SYPHILIS: Permanently unfit.

SYPHILIS SEXUAL CONTACT: Consult Sister or Doctor.

Note for Sister or Doctor: Defer months, then accept if all blood tests negative. See also "Venereal Disease"

TATTOO: Defer 6 months.

TERMINATION OF PREGNANCY: See Miscarriage.

TETANUS IMMUNISATION - ACTIVE: Acceptable after 48 hours if donor well, otherwise defer week.

Note for Sister or Doctor  
Hyperimmune donation may be taken after completed course or booster.

TETANUS IMMUNISATION - PASSIVE

(Gammaglobulin injection): Consult Sister or Doctor

Note for Sister or Doctor:  
Acceptable after a minimum of 2 weeks. Enquire about extent of injury.

TIGASON: See Acne/Psoriasis.

THALASSAEMIA TRAIT: Permanently unfit.

THREADWORMS: Accept, even if on treatment.

THROMBOSIS: See Phlebitis.

THRUSH: Acceptable once infection has cleared and not on treatment.

THYROID - OVERACTIVE (Hyperthyroidism): Consult Sister or Doctor.

Note for Sister or Doctor: Do not accept if on anti-thyroid tablets. Donors may be accepted 1 year after thyroidectomy or after radioactive iodine.

THYROID - UNDERACTIVE (Myxoedema): Consult Sister or Doctor.

Note for Sister or Doctor: New donor - obtain more information from GP. Old donor - accept if well and euthyroid on substitution therapy.

NB: Enquire about complications (eg. angina).

TONSILLECTOMY: Acceptable 3 months after complete recovery if no complications.

TONSILLITIS: Defer for up to 4 weeks depending on severity.

TOOTH EXTRACTIONS - MINOR  
(local anaesthetic; no excessive bleeding): defer for 48 hours.

TOOTH EXTRACTIONS - MAJOR  
(Usually general anaesthetic): Defer for at least 1 week  
Depends on extent of  
extractions, condition of  
donor, and any complications:  
eg. excessive bleeding.

TOXOPLASMOSIS: Acceptable 1 year after all tests have become negative.

TRACHEITIS: Defer for up to 4 weeks depending on severity.

TRANQUILLISERS: See Valium.

TROPICAL DISEASES: Consult Sister or Doctor.

Note for Sister or Doctor: Donors who have been in tropical zones should be deferred for 1 year after returning. Also see under specific diseases listed.

TRYPANOSOMIASIS: See Sleeping Sickness (African). Chagas Disease (South American).

TUBERCULOSIS: Consult Sister or Doctor.

Note for Sister or Doctor: Donors under treatment or regular surveillance should be deferred. Once clear of follow-up may be accepted. For BCG, Heaf and Mantoux tests see under respective entries.

TURNERS SYNDROME: Accept if not underweight.

TYPHOID FEVER: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain details and refer to Centre.

TYPHOID IMMUNISATION: Acceptable after 48 hours. If donor feels unwell defer for 1 week.

ULCERATIVE COLITIS AND PROCTITIS: Permanent deferral even if mild and responsive to treatment.

UNDERWEIGHT: See Weight.

URETHRITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain further information from GP or treating physician.

VACCINATION: See under specific disease, or Appendix 1.

VALIUM: Defer if taken as regular treatment. Acceptable if only an occasional tablet is taken. Consult Sister or Doctor if in doubt.

VARICOSE VEINS/OPERATION/INJECTIONS: Acceptable after 1 month, if no complications.

VASECTOMY: Acceptable after 1 to 4 weeks, if no complications.

VENEREAL DISEASE: Consult Sister or Doctor.

Note for Sister or Doctor: Consider whether donor should be excluded under current AIDS guidelines. Also, see under specific condition.

VENOUS THROMBOSIS: See Phlebitis.

VIRUS INFECTION (Unspecified): Defer for 2 to 4 weeks after complete recovery.

VITAMIN TABLETS - PRESCRIBED: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain further information from donor's GP if necessary.

VITAMIN INJECTIONS: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain further information from GP as necessary.

VON RECKLINGHAUSEN'S DISEASE (Neurofibromatosis): Accept.

WARTS: Accept if not severe. Defer if on treatment. May donate 1 week after stopping treatment.

WEIGHT - OVERWEIGHT: Consult Sister or Doctor.

## Appendix 1

RUBELLA  
(live attenuated)

3 months

SMALLPOX  
(live vaccinia)

3 weeks

TETANUS

48 hrs. if well; 1 week if  
reaction.

(toxoid)

Note Ask whether given as treatment  
for injury. If yes, Consult Sister  
or Doctor.

TYPHOID (TAB)

48 hrs. if well; 1 week if  
reaction.

(killed mono valent)

YELLOW FEVER  
(live, attenuated).

3 weeks

## MALARIAL COUNTRIES - 1987

A = Africa  
C = Risk of Chagas Disease

## Appendix 2

Afghanistan	Haiti	Rwanda (A)
Algeria	Honduras (C)	
Angola (A)		
Argentina (C)		Salvador (C)
	India	Sao Tome &
Bangladesh	Indonesia/Bali	Principe (off A)
Belize (C)	Iran	Saudi Arabia
Benin (A)	Iraq	Senegal (A)
Bhutan	Ivory Coast (A)	Sierra Leone (A)
Bolivia (C)		Solomon Islands
Botswana (A)	Kampuchea (Cambodia)	Somalia (A)
Brazil (C)	Kenya (A)	South Africa (A)
Burkina Faso (A)		Sri Lanka
Burma		Sudan (A)
Burundi (A)	Laos (Lao)	Surinam (C)
	Liberia (A)	Swaziland (A)
	Libya	Syria
✓ Cambodia (KAMPUCHEA)		
Cameroon (A)		Tanzania (A)
Cape Verde (off A)	Madagascar (off A)	Thailand
Islands		
Central Africa Rep. (A)	Malawi (A)	Timor (East)
Chad (A)	Malaysia	Togo (A)
China	Maldives	Turkey
Colombia (C)	Mali (A)	
Comoros (off A)	Mauritania (A)	
Congo (A)	Mauritius (off A)	Uganda (A)
Costa Rica (C)	Mexico	United Arab Rep.
	Morocco	(Emirates)
	Mozambique (A)	Upper Volta (A)
		Vanuatu - (formerly
Djibouti (A)		New Hebrides)
Dominican Rep.	Namibia (A)	Venezuela (C)
	Nepal	Vietnam
East timor	Nicaragua (C)	
Ecuador (C)	Niger (A)	
Egypt	Nigeria (A)	Yemen Arab Rep.
El Salvador (C)		(North)
Equatorial Guinea (A)		Yemen Dem. Rep.
Ethiopia (A)	Oman	(South)
Gabon (A)	Pakistan	Zaire (A)
Gambia (A)	Panama (C)	Zambia (A)
Ghana (A)	Papua New Guinea	Zimbabwe
Guatemala (C)	Paraguay (C)	
Guiana (French) (C)	Peru (C)	
Guinea (A)	Philippines	
Guinea Bissau (A)		
Guyana (C)		

Note for Sister or Doctor: Defer if grossly obese, such that donor has difficulty in getting on to couch.

- UNDERWEIGHT: Donors preferably over 8 stone (50 kg).

Donors between 7.5 and 8 stone (45-50 kg) may be accepted if fit; if the donation of a full unit is uneventful, accept as regular donor.

WEST NILE VIRUS FEVER: Accept after full recovery.

WHOOPING COUGH: Defer for 2 weeks after recovery.

WHOOPING COUGH CONTACT: Acceptable.

YAWS: Permanently unfit.

YELLOW FEVER: Acceptable after recovery.

YELLOW FEVER IMMUNISATION: Acceptable after 3 weeks.

#### CONDITIONS NOT LISTED IN THIS GUIDANCE

Record all details and refer to Centre.

## Appendix 1.

<u>Vaccines</u> <u>(and vaccine type)</u>	<u>Period of Deferral</u>
ANTHRAX (Killed)	48 hrs. if well; 1 week if reaction
B.C.G. (live)	3 weeks or till healed.
CHOLERA (Killed)	48 hrs. if well; 1 week if reaction.
DIPHtheria (toxoid)	48 hrs. if well; 1 week if reaction.
INFLUENZA (Killed)	48 hrs. if well; 1 week if reaction.
HERPES SIMPLEX	48 hrs. if well; 1 week if reaction.
GENITAL (killed)	See Guidance.
HEP. B. (Plasma derived or genetically engineered)	See Guidance.
MEASLES (live attenuated)	3 weeks.
MUMPS (live attenuated)	3 weeks.
MEASLES/MUMPS/RUBELLA (MMR) (live attenuated)	3 weeks
POLIO (live oral)	3 weeks
POLIO (inactivated injection)	48 hrs. if well; 1 week if reaction.
RABIES (killed)	See Guidance.

AREAS WITH NO MALARIAL RISK - 1987

## Appendix 3

Albania	Hong Kong
American Samoa	Hungary
Andorra	
Antigua	Iceland
Australia	Irish Republic
Austria	Israel
Azores	Italy
Bahamas	Jamaica
Bahrain	Japan
Barbados	Jersey
Barbuda	Jordan
Belgium	
Bermuda	Kiribati
Brunei	Korea (North)
Bulgaria	Korea (South)
	Kuwait
Canada	
Canal Zone, Panama	Lebanon
Canary Islands	Lesotho
Cayman Islands	Leichtenstein
Channel Islands	Luxembourg
Chile (C)	
China, Republic of (Taiwan)	Macao
Christmas Islands	Madeira
Cook Islands	Malta
Cuba	Martinque
Cyprus	Monaco
Czechoslovakia	Mongolia
	Montserrat
Denmark	
Dominica	Nauru
	Netherlands
Falkland Islands	Netherlands Antilles
	New Caledonia & Dependencies
Faroe Islands	New Zealand
fiji	Nieu
Finland	Norway
France	

Q

P.

Q.

AREAS WITH NO MALARIAL RISK - 1987 Contd.

## Appendix 3

German Democratic Rep (East)	Pacific Islands, Trust Territory of the U.S.A.
Germany, Federal Rep of (West)	Pitcairn Islands
Gibraltar	Poland
Greece	Polynesia (French)
Greenland	Portugal
Grenada	Puerto Rico
Guadeloupe	
Guam	Qatar
Guernsey, Alderney & Sark	
Reunion Islands	
Romania	
Ryukyu Islands	
St. Helena	
St. Kitts-Nevis-Anguilla	
St. Lucia	
St. Pierre and Miquelon	
St. Vincent	
Samoa	
Seychelles	
Singapore	
Spain	
Spanish Sahara	
Sweden	
Switzerland	
Taiwan (China, Republic of)	
Tonga	
Trinidad & Tobago	
Tunisia	
Tuvalu	
United Kingdom	
United States of America	
Uruguay (C)	
U.S.S.R	
Virgin Islands	
Wake Islands	
West Indies Associated States	
West Indies (French)	
Yugoslavia	

(C) Risk of Chagas disease

4th May 1987 Version

Appendix 4

NEW INFORMATION TO ALL BLOOD DONORS

AIDS: FOR THE SAFETY OF OTHERS THE FOLLOWING MUST NOT GIVE BLOOD.

- 1 ANYONE WHO HAS AIDS OR THE AIDS ANTIBODY.
- 2 ANY MAN WHO HAS HAD SEX WITH ANOTHER MAN SINCE 1977.
- 3 ANYONE WHO HAS EVER INJECTED THEMSELVES WITH DRUGS.
- 4 ANYONE WHO HAS LIVED IN OR VISITED AFRICA SOUTH OF THE SAHARA AT ANY TIME SINCE 1977 AND HAS HAD SEX WITH MEN OR WOMEN LIVING THERE.
- 5 ANYONE WHO HAS HAD REGULAR TREATMENT WITH BLOOD PRODUCTS SINCE 1977.
- 6 ANY MAN OR WOMAN WHO HAS BEEN A PROSTITUTE AT ANY TIME SINCE 1977.
- 7 ANYONE WHO HAS EVER HAD SEX WITH A PERSON IN THE ABOVE GROUPS EVEN ON A SINGLE OCCASION,

IF YOU DO NOT WISH TO HAVE YOUR BLOOD HIV TESTED, PLEASE DO NOT DONATE BLOOD AT ANY SESSION