

NATIONAL BLOOD AUTHORITY

MEDICAL ASSESSMENT OF DONORS

INTRODUCTION

The criteria contained within this book are based on the UKBTS/NIBSC Guidelines for the Blood Transfusion Service in the United Kingdom, Section 1, Chapter 1, 1992. They represent the collective opinion of the Regional Transfusion Centres (RTC) in England, having been discussed in detail by the Medical Assessment of Donors Task Force and RTC representatives.

The criteria are under constant review to ensure that blood obtained from voluntary, non-remunerated donors is of the safest and highest quality. There is a formal, annual update. Queries and problems should be notified to the Medical Director, National Blood Authority (NBA).

H.H. Gunson, CBE, MD
Medical Director, NBA

GENERAL PRINCIPLES

The ultimate responsibility for the selection of donors rests with the Regional Transfusion Medical Director. However, the immediate responsibility is that of the Sessional Officer in attendance at the session.

It is the responsibility of all sessional staff to ensure that donors clearly understand the health check and other medical information presented to them. It is also important to remember that donors may be asked about some confidential aspects of their medical history and great care must be taken over privacy.

The criteria contained within this document fall into two categories:

the first indicates the absolute deferral of a donor in order to protect and maintain the safety of the blood supply.

the second category contains criteria for which acceptance or deferral may depend upon an individual assessment of the health of the donor at the time of donation, having due regard to the welfare of donors and the safety of recipients. This category is denoted *Individual Assessment Required* under each appropriate entry in the alphabetic listing.

PLASMA DONATIONS These criteria apply equally to whole blood and plasma donors in terms of medical acceptability. In some instances donors may only be suitable to give plasma and when this is the case it is clearly indicated in the criteria.

AUTOLOGOUS TRANSFUSION These criteria do not apply to donors wishing to give their blood for Autologous Transfusions. Specific guidance is given in Clin. Lab. Haemat. 1988; 10: 193-201.

OTHER DONATIONS Donors whose serum, plasma or cells are used for laboratory rather than therapeutic purposes are subject to the same medical selection criteria as other donors but some decisions regarding their suitability to donate may be different. These will be clearly stated in the Regional Transfusion Centre Standard Operating Procedure.

THERAPEUTIC VENESECTION Patients referred for therapeutic venesection must NOT be accepted at donor sessions.

DONOR SELECTION PROCEDURES

The National Blood Authority operates a donor selection policy based on the medical concepts of these criteria. Although detailed procedures may vary from centre to centre, there are minimum standards:

Donation venues must have the following literature available.

NBTS 110 Declaration by Donors., or document carrying the following Medical Assessment of donors Task Force recommended wording.

I understand that I must read the literature explaining about HIV infection and AIDS.

I agree that my blood donation can be tested for HIV (the virus associated with AIDS) and other infections that may be passed on by blood. If my donation gives a positive result for any of these tests, I will be contacted for further tests and appropriate advice.

I will inform the Transfusion Centre of ill health within 14 days post-donation as this may indicate that my donation would be unsuitable for use.

NBTS 1322 "AIDS Leaflets"
NBTS 1323 "Aids Posters"

Donors who are unable to read must have the health check and associated literature explained in detail to them.

They are then asked a set of questions to establish that nothing in the criteria would prevent them from donating. The minimum questions recommended by the Medical Assessment of Donors Task Force are in Appendix (6).

All donors are asked to confirm that they have consented to their donations being tested for the presence of diseases which might be passed on to patients, and will be informed of the result.

It must be emphasised to the donor that ill health within 14 days post-donation may indicate their donation would be unsuitable for use. In these circumstances they must inform the Transfusion Centre.

GENERAL CRITERIA

Only persons in good health should be accepted as donors of blood for therapeutic use. The prospective donor's medical history should be evaluated on the day of donation by a suitably qualified person who has undergone training to utilise the criteria outlined in this document for the selection of blood donors. The signature of the person completing the medical assessment must be recorded. If there is doubt about the suitability of a prospective donor a donation should not be taken and the details should be referred to a Medical Practitioner (normally the Centre's Medical Director or Centre Consultant) for a decision.

AGE

Whole blood donors should generally be between the ages of 18 and 65 i.e. from their eighteenth to their sixty-sixth birthday. It is general practice to set an upper age limit of 60 for first-time donors in view of the increased incidence of cardiovascular disease over that age and potential adverse effects in first-time donors.

Ordinarily apheresis donors should be aged between 18 and 60. First time donors should not normally be accepted over the age of 50. They should preferably have given at least 2 routine whole blood donations without untoward effects.

The RTC may operate a procedure which would authorise continuation of whole blood donation beyond the age of 65, up to the donors seventieth birthday, but in these cases due regard should be taken of the increased likelihood of coincident events which might be precipitated by or associated with the act of blood donation.

FREQUENCY OF DONATION

Whole blood donations An interval of 16 weeks between whole blood donations may be considered a reasonable minimum. Donations any more frequently than this to an absolute minimum of 12 weeks must be accompanied by appropriate monitoring to protect the donor's health.

Apheresis procedures Donors should not normally undergo, procedures more than once a fortnight, a total of more than 24 plateletpheresis procedures per annum and not more than 12 leucapheresis procedures per annum. There should normally be a minimum of 48 hours between procedures and a donor should not normally undergo more than 2 procedures within a 7 day period.

COMMONLY USED MEDICATIONS

Donor deferral for most drugs is based on the underlying illness suffered by the donor rather than for the properties of the drug itself e.g. cardiovascular disease, diabetes, anaemia and malignancies.

However, since, in general, traces of drugs in blood and blood components are harmless to patients, most persons taking medications even when prescribed are acceptable as blood donors as long as the reason for which the medication is taken is acceptable. There are a number cited in the text of these guidelines.

A pragmatic view has been taken of treatment of infections with antibiotics. Providing the donor is in good health deferral is limited to one week after cessation of antibiotic therapy. This is based on what may be regarded as a reasonable recovery period for the infection and is not related to the antibiotic therapy itself.

Donors treated with certain drugs are deferred for periods associated with the pharmacokinetic properties of the drug. Examples are Tigason (etretinate) used to treat psoriasis when deferral is for two years and Roaccutane (isotretinoin) which may be teratogenic, when a deferral is for four weeks.

INSPECTION OF THE DONOR

All donors The donor should appear to be in good health. Suggestion of intoxication, either by alcohol or narcotic drugs, should be a reason to exclude that donor.

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

Apheresis Donors As a minimum requirement for donors under 45 years of age the blood pressure, pulse and weight should be examined. For donors over 45 years of age it may be necessary to extend the examination, e.g. ECG prior to recruitment. At each subsequent attendance the donor's health and suitability to continue on the apheresis programme should be reassessed.

Special care should be taken to assess the health of donors entering a programme which requires deliberate immunisation or boosting (See Section 1 Chapter 4 and Annex 4, Guidelines for the Blood Transfusion Service, 1993).

WEIGHT

Whole blood donors No more than 13% of the estimated blood volume should be taken during one donation. This would normally restrict the minimum weight of donation to donors over 50 kgs (7 stone, 12 lbs) when collecting into 63 mls of anticoagulant.

Apheresis Donors If the donors weight is under 70 Kg then refer to Appendix I.

HAEMOGLOBIN ESTIMATION

Whole Blood donors The haemoglobin concentration should be determined each time a potential donor presents. The acceptable lower limits are:

- female donors - 12.5 grams/decilitre
- male donors - 13.5 grams/decilitre

Potential donors whose haemoglobin appears to be below the appropriate concentration should not be bled.

The reason for deferral should be explained to such donors and they should be advised to see their own GP if this is considered appropriate.

Apheresis donors In general the haemoglobin limits for whole blood donation apply, however donors may be accepted for and individual donation at the discretion of the medical officer in charge, with a minimum haemoglobin level; of 12.5 g/dl of men and 11.5 g/dl for women, since few red cells are lost during plasma or platelet apheresis procedures.

In exceptional circumstances, the consultant in charge of the apheresis programme may decide that an individual donor with a haemoglobin level lower than those recommended above, may undergo plasma, platelet or leukocyte apheresis.

BLOOD TESTS

Apheresis donors The full blood count, serum albumin and total serum protein levels should normally be measured at the initial visit and then at least every 6th visit or annually, whichever is the shorter interval. It is recommended that volunteers with a platelet count below $150 \times 10^9/l$ should not undergo plateletpheresis. The donors fitness to continue on an apheresis programme should be assessed by a designated medical officer, in the light of these results.

USE OF ALPHABETIC LISTING

Any medical conditions or possible contraindications to donation elicited at any point during medical assessment, donation, or recovery from donation, must be handled as indicated in the alphabetised criteria listed below. Any collected unit which as a result is unsuitable for clinical use must be clearly indicated. If there is more than one contraindication to donation, any which indicate absolute deferral must take precedence.

Donors who undergo apheresis procedures may be subject to additional, or separate criteria compared to whole blood donation, reference may also need to be made to Apheresis guidelines.

Every effort should be made on the session to decide whether a donor can be accepted. However there may be some occasions when only the GP can give the accurate information necessary.

Donors who exhibit possible health risks which are not listed in this Guidance must not be accepted for donation. If local Standard Operating Procedures allow, an RTC Consultant may be consulted by session staff to confirm acceptability. Any new health risks identified by this process must be notified to the Medical Director NBA so they can be incorporated in future revisions.

If as a result of questioning the donor is newly diagnosed as being medically unfit, this must be recorded and reported to the RTC.

**CHANGES MADE SINCE THE ISSUE OF
MAD002.R0 1 DECEMBER 1993**

Partial revisions will be issued to ensure the criteria remain effective, the changes will be indicated and recorded on the following page of this document.

The RTC QA Manager will operate a document control system to ensure the correct version is available to RTC and sessional staff.

As the document will be loose-leaf, this page will be used to indicate changes to relevant sections of the document.

CRITERIA TO BE APPLIED FOR THE MEDICAL ASSESSMENT OF DONORS

ABORTION

Note: Applies to spontaneous and therapeutic terminations prior to 24 weeks gestation.

Action: Defer for 1 year if transfused.
Defer for 6 months from termination.

ABSCCESS

Action: Acceptable once the donor is completely healed, is off antibiotic for one week and feeling fit.

ACCIDENTS

Individual assessment required

Notes: In general, the donor must be discharged from follow-up clinic, off all medication and out of plaster (if applicable).

Action: Defer for 1 year if transfused. Accept when fully recovered.

ACNE

Individual assessment required

Notes: Accept if lesions not active or infected.

Action: Donors on tetracycline/erythromycin therapy accept. If on Isotretinoin (Roaccutane), defer until 1 month after last dose. If on Etretinate (Tigason), defer until 2 years after last dose. Dianette, accept

ACUPUNCTURE

Action: Performed by staff in NHS hospitals or by a registered Medical Practitioner - accept, otherwise defer for 1 year.

ADDICTION - DRUGS

Notes: Previous use of non-parenteral drugs does not necessarily require deferral, but bear in mind the possibility that the history given by such donors regarding the abuse of drugs may be unreliable and may indicate high risk activity with respect to HIV infection.

Action: Permanently defer anyone who has ever injected drugs. Defer any potential donors under the influence of oral drugs.

AGE - OVER 65

Notes: It is possible to authorise continuation of donation beyond age 65 up to the donor's 70th birthday, following the RTC Standard Operating Procedure.

AIDS/HIV - MEN (Based on NBTS 1322)

Action: Men must not give blood if they have:

- AIDS, are HIV positive, or think they need an AIDS test;
- ever had sex with another man;
- ever injected themselves with drugs;
- ever worked as a prostitute;
- ever had sex with a woman whom they know to have AIDS or to be HIV positive.
- ever had sex with a woman whom they know has ever injected herself with drugs.

Men must not give blood if, in the last 2 years, they have had sex with:

- a female prostitute;
- a woman, of any race, living in Africa (countries listed in Appendix 3) or a woman who has had sex, in the last 2 years, with anyone living there.

AIDS/HIV - WOMEN (Based on NBTS 1322)

Action: Women must not give blood if they have:

- AIDS, are HIV positive, or think they need an AIDS test;
- ever injected themselves with drugs;
- ever worked as a prostitute;
- ever had sex with a man whom they know to have AIDS or to be HIV positive;
- had sex with a man they know has had sex with another man;
- ever had sex with a man whom they know has ever injected himself with drugs;
- ever had sex with a man they know has Haemophilia.

Women must not give blood if, in the last 2 years, they have had sex with:

- a male prostitute;
- a man, of any race, living in Africa (countries listed in Appendix 3) or a man who has had sex, in the last 2 years, with anyone living there.

AIR CREW

Notes: Queen's Regulations for the RAF, Para. 900 (28.01.76) precludes personnel acting as blood donors, except in emergency. The Commercial Airlines Association require 24 hours removal from flying duties following blood donation.

Action: Defer civil air crew if they are required to undertake flying duties in the next 24 hours. Donors who pilot aircraft as a hobby must be advised that 7 days should elapse after blood donation before acting as a pilot of an aircraft.

AIR TRAFFIC CONTROLLERS

Action: Only accept as a donor at the end of their shift.

ALCOHOL

Action: Defer donors who are under the influence of alcohol.

ALLERGY

Individual assessment required

Notes: Persons suffering from milder forms i.e. which do not require cessation of the drug or treatment of the reaction, may be accepted providing other criteria are also satisfied.

Action: Hay fever - defer until asymptomatic.
Desensitising injections - defer 72 hours after last injection.
Drug allergy - defer 1 year after last response to offending drug.
Sporadic medication accept

AMBULANCE SERVICE

Action: Donations must only be accepted when going off duty. First time donors, or those with a previous history of fainting following blood donation, should not donate blood and perform a hazardous occupation or hobby on the same day.

ANAEMIA

Individual assessment required

Notes: A history of previous anaemia should be assessed by questions about type of anaemia, and whether on therapy.

Action: Treated iron deficiency if not under investigation and the Hb screen has been passed - accept.

ANAESTHETIC - GENERAL

Individual assessment required

Notes: Not in itself a reason for deferral. However, the underlying condition for which the anaesthetic was used may be a reason for deferral.

Action: Assess underlying condition and see appropriate entry.

ANGINA

Individual assessment required

Action: Confirm diagnosis. Donors with angina are permanently deferred.

ANKYLOSING SPONDYLITIS

Individual assessment required

Action: If part of a multi system disease permanently defer.

ANTACIDS

Individual assessment required

Action: Accept if taken occasionally for mild indigestion or heartburn.

ANTHRAX VACCINATION

Action: Accept after 48 hours if donor is symptom-free.

ANTIBIOTICS

Individual assessment required

Notes: Action may depend on condition for which antibiotic is taken.

Action: Defer for at least 1 week after last dose and ensure donor is feeling fit.

ANTI-CONVULSANT

Action: A known epileptic who has not required anti-convulsant therapy and has not been subject to fits for three years may with discretion be considered as a possible donor.

ANTI-DEPRESSANT/SEDATIVES

Individual assessment required

Action: Accept if only an occasional tablet is taken. Regular treatment does not necessarily contraindicate donation. However, prozac defer

ANTI-FUNGALS

Individual assessment required - underlying condition may debar

Action: Systemic Defer for 14 days from the completion of treatment. Topical accept.

ANTI-HISTAMINE TABLETS

Action: Sporadic medication accept

ANTI-HYPERTENSIVES

Individual assessment required

Notes: If the potential donor receives beta blockers, even if the blood pressure is normal on treatment, as a donor they will not be able to compensate for the sudden haemodynamic changes caused by increasing the heart rate.

Action: Diuretics alone confirm blood pressure is acceptable - accept. Spironolactone - permanently defer. Beta blockers - permanently defer.

ANTI-INFLAMMATORY DRUGS

Individual assessment required

Action: Assess underlying cause and see relevant entry.

ANTI-OBESITY DRUGS

Action: If only taking bulking agents Accept.

APPENDICECTOMY

Action: Defer until fully recovered.

ARRHYTHMIAS

Individual assessment required

Notes: Presence of an arrhythmia may indicate a serious heart condition.

Action: Defer until diagnosis can be confirmed.

ARTHRITIS

Individual assessment required

Action: Osteoarthritis If on non steroidal anti- inflammatory treatment accept. If severe, acute, or on regular treatment, defer. Rheumatoid Arthritis If a multisystem disease, permanently defer.

ARTHROPOD (TICK) - BORNE ENCEPHALITIDES

Individual assessment required

Action: Accept after full recovery.

ASPIRIN (Analgesics)

Individual assessment required if regularly taken

Notes: Including aspirin-containing products and non-steroidal anti-inflammatory drugs (self-medication). For lists of aspirin and non-aspirin containing drugs see Appendix 2.

Action: Confirm that the medications are not being taken on a regular basis for any serious long-term illness, in which case the donor must be deferred.

If medication has been taken in the last 5 days the donated unit must not be used for platelet concentrate production.

ASTHMA

Individual assessment required

Action: If assessed as mild and asymptomatic at time of donation and requiring only sporadic use of inhalers, or on regular preventative treatment with inhalers accept. Otherwise defer.

ATHLETES FOOT

Action: Accept if local application of cream/powder only.

AUTO-IMMUNE DISEASE

Notes: Individuals with active a multi-system disease of auto- immune origin should be excluded from donation.

Action: Confirm diagnosis and defer.

BCG

Action: Defer 3 weeks or until inoculation site is healed and donor symptom-free.

BETA BLOCKERS

Action: Defer permanently If donor is using eye drops containing Beta Blockers, and the pulse rate is confirmed to be above 60 min⁻¹, accept.

BLEEDING DISORDERS

Individual assessment required

Notes: Carrier state for Haemophilia does not necessarily permanently defer.

Action: Question the donor about their medical history. Defer if a bleeding disorder is confirmed.

BLIND DONORS

Action: A Sessional Officer must ensure the donor fully understands and consents to donation/testing of blood for transmissible disease.

BLOOD DONATION WITHIN THREE MONTHS

Notes: An interval of 16 weeks between whole blood donations is considered a reasonable minimum.

Action: Defer if less than 12 weeks since last donation.

BLOOD PRESSURE - HIGH

Individual assessment required

Action: Assess history, drugs being taken. Permanently defer all on long-term medication except diuretics. Measure blood pressure. Defer if diastolic greater than 100 mm of mercury.

BLOOD PRESSURE - LOW

Individual assessment required

Action: Acceptable at Sessional Officer's discretion, providing diastolic is not less than 50 mm of mercury. Such donors must always receive prescribed period of rest.

BLOOD TRANSFUSION

Individual assessment required

Notes: This includes red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate and intravenous immunoglobulin.

Action: Confirm underlying condition which required transfusion by questioning the donor about their medical history. Accept 1 year after transfusion if no other contraindications.

BOILS

Action: Acceptable when healed and no medication.

BREAST LUMP/BIOPSY

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. Biopsy negative and recovered, accept. Defer if suspicion of malignancy.

BRONCHITIS

Action: Acute Defer until donor looks and feels well and is off all treatment and symptoms have resolved. Chronic If donors have repeated regular attacks of cough and sputum every winter, they should be permanently deferred.

BRUCELLOSIS

Action: Permanently defer.

CANCER

Individual assessment required

Notes: All diseases of malignant origin should be cause for permanent exclusion, although exception may be made for localised conditions.

Action: Question the donor about their medical history to confirm diagnosis. At the conclusion of successful therapy for carcinoma in situ of the cervix and rodent ulcer, accept. Permanently defer all other diseases of malignant origin.

CANNABIS

Action: Previous use does not indicate deferral.

CARDIOVASCULAR DISEASE

Individual assessment required

Notes: Individuals with circulatory disorders are especially subject to cardiovascular and cerebra vascular disturbance resulting from sudden haemodynamic alterations for which they are unable to provide rapid compensation.

Action: Question the donor about their medical history to confirm diagnosis. Defer donors suffering from angina, repeated thrombophlebitis, thrombosis. Isolated DVT and pulmonary embolus with specific cause, not in itself an exclusion - accept.

CARTILAGE OPERATION

Action: Defer until fully recovered.

CATARRH

Action: Acute Defer until symptoms clear. Chronic If not on treatment or using nasal decongestant only, accept.

CENTRAL NERVOUS SYSTEM DISEASE

Individual assessment required

Notes: These conditions are contraindications to donation as the individual may be susceptible to sudden haemodynamic changes e.g. stroke, transient ischaemic attacks, epilepsy, cerebral embolus. In addition, those conditions known or suspected to be of viral origin, e.g. multiple sclerosis, or Creutzfeld-Jacob disease, may also harm the recipient.

Action: Question the donor about their medical history to confirm diagnosis. Defer permanently.

CERVICAL CARCINOMA IN SITU (OR CERVICAL DYSPLASIA)

Individual assessment required

Action: At the conclusion of successful therapy for carcinoma in situ of the cervix, accept.

CERVICAL CONE BIOPSY

Individual assessment required

Action: If no further treatment is planned, accept. Otherwise defer donation and refer donor to Transfusion Centre for further enquiries from GP.

CHAGAS DISEASE

Individual assessment required

Notes: South American Trypanosomiasis. Blood from residents or visitors to rural South or Central America (including Southern Mexico) who have been exposed to primitive living conditions, can only be used for preparing plasma fractions, not plasma for clinical use or cryoprecipitate. Donations from such persons may only be used for normal purposes provided they have been shown by a suitable test to be free of antibodies to Trypanosoma cruzi.

Action: Confirm visit to affected area (listed in Appendix 3), and residence in primitive living conditions. Accept for plasma use only.

CHICKEN POX

Action: Defer until fully recovered.

CHICKEN POX CONTACT

Action: Defer for 3 weeks, if previously infected, accept.

CHOLERA IMMUNISATION

Action: Accept after 48 hours if the donor is symptom-free.

CHOLECYSTECTOMY

Action: Defer until fully recovered.

CHOLECYSTITIS

Individual assessment required

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

CHRISTMAS DISEASE

Action: Defer

CIRRHOSIS

Action: Permanently defer

CLOMIND

Action: Confirm donor is not pregnant, defer for 3 months since last dose

COAGULATION FACTOR CONCENTRATES

Action: On or having had treatment with coagulation factor concentrates permanently defer.

COELIAC DISEASE

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. If treated by diet alone accept.

COLDS

Action: Defer until recovered.

COLD SORES

Action: Defer until lesions are healing.

COLITIS \ ULCERATIVE COLITIS

Action: Permanently defer.

COLOSTOMY

Individual assessment required

Action: Permanently defer.

CONCUSSION

Individual assessment required

Notes: Ensure injury is not as a result of an epileptic fit.

Action: Defer for 1 year if transfused. When the donor has been discharged from the follow-up clinic, is off all medication, looks and feels fully recovered accept.

CONTACT WITH INFECTIOUS DISEASES

Action: Wait for the duration of the incubation period or up to 4 weeks if this is unknown.

CONTRACEPTIVE PILL

Action: Accept.

CORONARY THROMBOSIS

Action: Permanently defer.

CORTISONE (INTRA-ARTICULAR INJECTION)

Action: Accept.

CORTISONE TABLETS

Action: Diagnose underlying condition, see appropriate entry..

CREUTZFELD-JACOB DISEASE

Action: Question the donor about their medical history to confirm diagnosis. Permanently defer.

CROHN'S DISEASE

Action: Permanently defer.

CYSTITIS

Action: Defer until fully recovered.

DANAZOL (DANOL)

Individual assessment required

Notes: Question the donor about their medical history to diagnose underlying condition e.g. benign breast disease, PMS, endometriosis, menorrhagia, which may be a deferral in its own right.

Action: Dependent on underlying condition.

D & C (DILATATION AND CURETTAGE)

Individual assessment required

Action: Question the donor about their medical history to diagnose reason for D & C. Accept if no further investigations or treatment planned.

DEAF DONORS

Individual assessment required

Action: A sessional officer must ensure the donor fully understands and consents to donation/testing of blood for transmissible disease.

DEEP VEIN THROMBOSIS

Individual assessment required

Action: After complete recovery and off all anticoagulant therapy accept.

DENGUE FEVER

Action: Accept after full recovery.

DENTAL ABSCESS

Action: Question the donor about their medical history and therapy given. Defer until fully recovered.

DENTAL TREATMENT

Action: Complicated surgery defer for a minimum of 1 year if transfused, otherwise defer until fully recovered. Uncomplicated extraction defer for 24 hours. Others accept.

DEPRESSIVE ILLNESS

Action: Accept if only an occasional tablet is taken. Regular treatment does not necessarily contraindicate donation.

DERMATITIS

Action: Question the donor about their medical history to confirm diagnosis. Provided the area infected is small, the venepuncture site is not affected, and using ointment only, accept.

DESENSITISATION INJECTIONS FOR HAY FEVER

Action: Defer 72 hours from last injection.

DIABETES

Individual assessment required

Action: Insipidus Defer. Mellitus Defer if on medication. If under control by diet alone and otherwise fit accept.

DIANETTE

Action: For acne, accept

DIARRHOEA

Action: At least 24 hours after full recovery and off all non prescription drugs accept. If on antibiotics, defer for at least 1 week after last dose.

DIGOXIN

Action: Permanently defer.

DIPHTHERIA

Action: Accept 1 month after recovery.

DIPHTHERIA IMMUNISATION

Action: Accept after 48 hours, providing donor is symptom-free.

DISABLED DONOR

Action: If the underlying cause of the disability does not contraindicate donation and the donor can climb on the bed, accept.

DIURETICS

Individual assessment required

Action: If taken for treatment of high blood pressure, pre-menstrual tension accept. All other use assess on basis of underlying cause.

DIVERTICULOSIS

Action: Accept if donor feels and looks well.

DRUG ABUSE

Notes: Previous use of non-parenteral drugs does not necessarily require deferral, but bear in mind the possibility that the history given by such donors regarding the abuse of drugs may be unreliable and may indicate high risk activity with respect to HIV infection.

Action: Permanently defer anyone who has ever injected drugs. Defer any potential donors under the influence of oral drugs.

DRUG TREATMENT

Individual assessment required

Notes: To avoid confusion between similar sounding drugs with very different actions, assessment (other than for aspirin) must be carried out by a Sessional Officer. The taking of some drugs may indicate a disease which would automatically make a donor ineligible. If in doubt refer to a Sessional Officer.

Action: 1. Donors receiving a course of prescribed medication should be deferred until at least 1 week after treatment is complete. This is to ensure that the blood collected is as near normal as possible and to minimise risks to donors themselves.

2. Donors taking drugs which are proven or potentially teratogenic e.g. vitamin A derivatives, or who are taking drugs which accumulate in tissues over long periods, should not be accepted for blood donation.

3. Sporadic self-medication with some drugs e.g. vitamins, aspirin, sleeping tablets, need not prevent a donation being accepted, providing the donor is fit and well.

4. If the donor has taken drugs affecting platelet function, (aspirin, anti-inflammatory drugs) within the last 5 days the donation should not be used for the preparation of platelets for single dose use.

A list of such drugs is given in Appendix 2.

5. The taking of some drugs may indicate a disease which would automatically make a donor ineligible.

6. In any doubtful situation, it is wiser to defer than take a donation.

7. Drug half-lives and possible interactions may be taken into account.

Illicit drug taking, if admitted or suspected, should result in deferral.

DUODENAL ULCER

Action: If recent symptoms are reported, the patient is on active treatment or has undergone gastrectomy, defer.

EARACHE/EAR INFECTION

Action: Treatment with antibiotic Defer for one week if treated with antibiotic.
Acute Accept when fully recovered.
Chronic Acceptable if not on treatment.

EAR PIERCING

Action: Defer for 12 months.

ECZEMA

Action: Question the donor about their medical history to confirm diagnosis. Provided the area infected is small, the venepuncture site is not affected, and using ointment only, accept.

ELECTROLYSIS

Action: Defer for 12 months.

ELLIPTOCYTOSIS

Action: Provided the donor passes all screening tests accept.

EMPHYSEMA

Individual assessment required

Action: Question donor about their medical history to confirm diagnosis. If disease confirmed, permanently defer.

ENCEPHALITIS

Individual assessment required

Action: Question donor about their medical history to confirm diagnosis. Accept after full recovery.

ENDOMETRIOSIS

Action: If the donor passes Hb screen accept.

EPILEPSY

Individual assessment required

Notes: Some individuals with epilepsy react to minor stress by having fits. It is important that additional risks should be avoided.

Action: Anyone on regular medication for epilepsy should not be bled. A known epileptic who has not required anti-convulsant therapy and has not been subject to fits for three years may with discretion be considered as a possible donor.

ERYTHROMYCIN

Action: Intra articular, accept

ETRETINATE (Tigason)

Action: Defer until 2 years after last dose.

EYE DROPS

Individual assessment required

Action: Confirm diagnosis. May be acceptable depending on underlying aetiology. If donor is using Beta Blockers, and the pulse rate is confirmed to be above 60 min⁻¹, accept.

FAINTS

Notes: A previous history of being prone to faints increases the likelihood of faints. If the donor is accepted careful observation is required.

Action: New donors: history of being prone to faints - If the donor is accepted careful observation is required.

Donors who have given before and have a history of two consecutive faints - Permanently defer.

FARMING

Action: Defer for 48 hours if toxic chemicals have been used, especially agricultural sprays.

FEBRILE EPISODES

Individual assessment required

Notes: Establish diagnosis if possible. If this is not possible question the donor concerning travel abroad. If the cause is still not clear, recent undiagnosed pyrexia after a visit to a tropical area may indicate infection with Hepatitis B, Lassa Fever, Malaria or other dangerous infections.

Action: Defer for appropriate period consistent with diagnosis. Undiagnosed pyrexia, Defer for 1 year after resolution of pyrexia or return to U.K., whichever is the longer.

FIBROIDS - REMOVAL

Action: Defer until fully recovered.

FILARIASIS

Action: Permanently defer.

FIRE SERVICE DRIVERS

Action: Donations can only be accepted when going off duty.

FITS

Action: Anyone on regular medication for epilepsy should not be bled. A known epileptic who has not required anti-convulsant therapy and has not been subject to fits for three years may with discretion be considered as a possible donor.

FOOD

Action: If a donor is following his/her normal meal pattern they may be accepted. If the donor has missed a meal give them tea and biscuits.

FOOD ALLERGY

Action: Acceptable if not severe.

FOOD POISONING, INCLUDING DIARRHOEA, D & V

Action: At least 24 hours after full recovery and off all non prescription drugs accept. If on antibiotics, defer for at least 1 week after last dose.

FOREIGN TRAVEL

Individual assessment required if febrile episodes admitted

Notes: Donors should be asked if they had visited places abroad other than in Western Europe or have lived in such places.

Action: Determine action for appropriate area by reference to appendix 3. Unexplained febrile reaction following return/during stay - defer for 1 year. Stopover to Australia/New Zealand in malarial area. If donor is well, accept for plasma use only.

Visitors to rural South America, Central America (including Southern Mexico) who have been exposed to primitive living conditions -if healthy accept for plasma fraction use only.

FRACTURES

Action: Defer for a minimum of 1 year if transfused.
Defer until fully recovered.

FUNGAL INFECTIONS OF NAILS

Individual assessment required

Action: If local applications only, accept. If oral treatment given, consider underlying treatment.

G-6-P-D DEFICIENCY
Individual assessment required

Action: Defer.

GALL BLADDER DISEASE
Action: Acceptable if symptom-free for at least 4 weeks.

GALL BLADDER OPERATION

Action: Defer 1 year if transfused. Defer after surgery if the operation was for a malignant growth, still having post-operative treatment or attending hospital regularly.

GASTRECTOMY/GASTRIC OPERATION
Individual assessment required

Notes: Partial gastrectomy may be acceptable.

Action: Defer for 1 year if transfused. If done for peptic ulcer, accept when fully recovered. If for carcinoma, permanently defer.

GASTRIC FLU
Individual assessment required

Action: Defer until fully recovered and off all treatment.

GASTRITIS
Individual assessment required

Action: A donor with chronic mild epigastric pain which is relieved by regular or sporadic use of antacids, and who is otherwise fit and well accept. Defer donation if antacids do not relieve gastritis.

GASTROENTERITIS

Action: At least 24 hours after full recovery and off all non prescription drugs accept. If on antibiotics, defer for at least 1 week after last dose.

GASTROINTESTINAL DISEASE
Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. All diseases which may be of immune origin, or which render the individual liable to iron deficiency through impaired iron absorption or blood loss, should be reason for exclusion. Permanently defer.

GENERAL ANAESTHETIC

Action: Defer for 1 year if transfused. Defer after surgery if the operation was for a malignant growth, still having post-operative treatment or attending hospital regularly.. All other categories when fully recovered, accept.

GENITAL HERPES INFECTION

Action: Defer until lesions are healed and donor off all treatment. Provided there is no history of other sexually transmitted disease, accept.

GENITAL HERPES VACCINATION

Action: Accept after 48 hours if symptom-free.

GERMAN MEASLES

Action: Defer until 3 weeks after recovery.

GIARDIASIS
Individual assessment required

Action: At least 24 hours after full recovery and off all non prescription drugs accept. If on antibiotics, defer for at least 1 week after last dose.

GILBERT'S DISEASE
Individual assessment required

Notes: Question the donor about their medical history to confirm diagnosis.

Action: Accept unless visibly icteric.

GLANDULAR FEVER*Individual assessment required*

Action: Defer until 2 years after recovery.

GLAUCOMA

Action: After treatment complete, or if treated by eye drops only accept. If using Beta Blockers, and the pulse rate is confirmed to be above 60 min⁻¹, accept.

GOITRE*Individual assessment required*

Action: **Hyperthyroidism** Confirm aetiology. Defer for 2 years after stopping anti-thyroid tablets. 6 months after thyroidectomy or after radioactive iodine, donors may be accepted.

Hypothyroidism Enquire about complications e.g. angina. Accept only on basis of more information from GP. May be acceptable if well and euthyroid on substitution therapy, depending on the aetiology of the hypothyroidism.

GONORRHOEA*Individual assessment required*

Notes: Confirm by questioning that such donors have fully understood the HIV/AIDS exclusion criteria. Question the donor about their medical history to confirm diagnosis.

Action: Defer until 1 year after the end of treatment.

GOUT

Notes: Mild gout even on treatment with allopurinol, accept.

GRANULOMA INGUINALE*Individual assessment required*

Action: Permanently defer.

GROWTH HORMONE*Individual assessment required*

Action: Confirm type of growth hormone used by questioning the donor about their medical history. Recipients of human growth hormone prior to 1987 are permanently deferred because of the risk of Creutzfeld-Jacob Disease. Those treated with recombinant-derived growth hormone, accept.

GUILLAIN-BARRE SYNDROME*Individual assessment required*

Notes: May only be accepted after confirmation of diagnosis.

Action: If the GP or physician who managed the donor can confirm a typical monophasic Guillain-Barre syndrome which has recovered completely within a year, and a further 2 years have gone by without any recurrence of symptoms, accept

HAEMACHROMATOSIS

Action: Permanently defer.

HAEMATOLOGICAL DISEASE

Individual assessment required

Notes: Any disorder which may be of viral or immune origin, and all those which may be of malignant potential should be reason for permanent exclusion.

Action: Question the donor to confirm diagnosis. Defer.

HAEMOGLOBIN DISORDERS

Individual assessment required

Notes: Confirm the nature of the haemoglobin disorder by questioning the donor about their medical history.

Action: Donors with abnormal haemoglobin traits may be accepted.

HAEMOPHILIA

Notes: Including relative of haemophilic.

Action: Carrier state of haemophilia or allied disorder, Christmas Disease, Von Willebrand's disease. Can be accepted providing they have not received coagulation factor concentrates and after appropriate enquiries have been made from the local Haemophilia Centre Director and/or family doctor, refer to RTC.
Donation not to be used for the preparation of coagulation products.

Sexual contacts of haemophilic, defer.

Family members may be accepted, providing they have not been involved in the administration of coagulation factor concentrates.

HAEMORRHOIDS

Action: Accept if asymptomatic. Defer if regular or severe bleeding is reported.

HAND FOOT AND MOUTH DISEASE

Individual assessment required

Action: Accept when fully recovered.

HAY FEVER

Individual assessment required

Action: Sporadic medication accept

HAY FEVER DESENSITISING INJECTIONS

Action: Defer for 72 hours after course of injections.

'HAZARDOUS' OCCUPATIONS OR HOBBIES

Notes: Some occupations/hobbies are a potential hazard to the donor post donation.

Examples of hazardous occupations include: emergency service, train, HGV or bus drivers; heavy machine or crane operators; diver, climbing ladders or scaffolding, miner working underground.

Examples of hazardous hobbies include scuba-diving, rock climbing, hang gliding, powered flying, car or motorcycle racing.

Action: Donations can only be accepted when going off duty. First time donors, or those with a previous history of fainting following blood donation, should not donate blood and perform a hazardous occupation or hobby on the same day. Donors must be advised not to participate in hazardous pursuits for the times stated below.

Air crew - Defer *civil air crew* if they are required to undertake flying duties in the next 24 hours. *Donors who pilot aircraft* as a hobby must be advised that 7 days should elapse after blood donation before acting as a pilot of an aircraft.

Air traffic Controllers- Only accept as a donor at the end of their shift.

Parachuting - Accept as apheresis donor only.

Sky-diving - Defer for 48 hours.

Scuba Diving - defer for 24 hours.

Other activities - e.g. motor car/cycle racing, climbing, mountaineering - defer activity until next day.

HEADACHES

Individual assessment required

Action: Regular headaches, if the cause has been investigated and diagnosis does not contraindicate donation, accept.
Occasional headaches, if the donor feels well, accept.

HEAD INJURY

Individual assessment required

Notes: Ensure injury is not as a result of an epileptic fit.

Action: Defer for 1 year if transfused. When the donor has been discharged from the follow-up clinic, is off all medication, looks and feels fully recovered accept.

HEAF TEST

Action: Accept after 1 week if symptom-free.

HEART ATTACK

Notes: Confirm diagnosis.

Action: Donors who have suffered heart attacks are permanently deferred.

HEART CONDITION

Individual assessment required

Notes: Individuals with circulatory disorders are especially subject to cardiovascular and cerebral vascular disturbance resulting from sudden haemodynamic alterations for which they are unable to provide rapid compensation. Donors with a valve lesion who have been told to take antibiotics whenever dental treatment is carried out may be liable to SBE as a result of infection of the venepuncture site.

Action: Dependent on diagnosis. Question the donor about their medical history to confirm diagnosis. Defer donors suffering from angina, repeated thrombophlebitis, thrombosis, with a valve lesion which leaves them susceptible to SBE. Isolated DVT and pulmonary embolus with specific cause, not in itself an exclusion - accept.

HEART OPERATION

Individual assessment required

Notes: Donors with a corrected valve lesion who have been told to take antibiotics whenever dental treatment is carried out may be liable to SBE as a result of infection of the venepuncture site.

Action: Confirm diagnosis. Accept after appropriate consultation when corrective surgery was carried out for congenital defects. Defer all donors who take antibiotics prophylactically. Defer for 1 year if transfused, for all other operations, defer until fully recovered.

HEART PILLS (other than diuretics)

Action: Permanently defer.

HEPATITIS

Action: Undergoing investigations for Hepatitis, defer.
History of Jaundice/Hepatitis defer 12 months.
Childhood (less than 12 years) Jaundice/Hepatitis, with full recovery - accept.

HEPATITIS - CIRCUMSTANTIAL INVOLVEMENT

Notes: Donors without demonstrable markers of Hepatitis who have donated blood to 2 patients strongly suspected of having transfusion-transmitted Hepatitis should be permanently excluded, as should the only donor of blood to a recipient with transfusion-transmitted Hepatitis.

Action: If such confidential information about a donor is available at session, then defer.

HEPATITIS - HIGH RISK AREA - see Appendix 3.

HEPATITIS - PROTECTION BEFORE TRAVEL ABROAD

Notes: Although normal human immunoglobulin given prophylactically prior to going abroad does not in itself merit deferral. See appendix 3.

Action: Gammaglobulin injection against Hepatitis A - accept. If there has been a known exposure - defer for 6 weeks.

HEPATITIS - REINSTATEMENT

Notes: A positive result in microbiological screening tests unconfirmed by a Reference Laboratory may on subsequent testing not be repeatable. Following Centre SOPs, such individuals may be returned to the active donor panel, providing a minimum of 6 months has elapsed between a negative/indeterminate result from the Reference Laboratory (on the index donation) and a negative result from the RTC and Reference Laboratory.

Action: If such confidential information about a donor is available at a session, then defer till 6 months post-index donation.

HEPATITIS - RISK ACTIVITY

Notes: Hospital staff involved in caring for patients with Hepatitis, or working in hospital laboratories, may be accepted as donors provided they have not suffered an inoculation injury with blood from an infected individual with Hepatitis.

Hospital staff involved in caring for patients with Hepatitis, or working in hospital laboratories are not considered in a high risk group, providing they have not suffered an inoculation injury with blood from an infected individual.

Action: Defer for 1 year:

- All persons who have received a transfusion of blood or blood components;
 - Acupuncture, if not performed by staff in NHS hospitals, or by a Registered Medical Practitioner;
 - Electrolysis;
 - Ear piercing;
 - Hospital staff who have received a needle stick injury from an individual infected with Hepatitis;
 - Those who have received Hepatitis B immunoglobulin following an inoculation injury.
- Spouses of carriers who are HBe positive.

HEPATITIS A VACCINE

Action: Accept after 48 hours if the donor feels well. If there has been known exposure, defer for 6 weeks.

HEPATITIS B GAMMAGLOBULIN (HB Ig)

Individual assessment required

Notes: Hepatitis B immunoglobulin administered after a known exposure (with or without the vaccine) can prolong the incubation period.

Action: Confirm reason for administration and defer the donor for 1 year if appropriate.

HEPATITIS B VACCINE

Action: Accept after 48 hours if the donor is fit and there has been no known exposure. Defer for 1 year if vaccination is given post-exposure.

HEREDITARY SPHEROCYTOSIS

Individual assessment required

Notes: Red cells from a donor with hereditary spherocytosis should not be transfused but other products may be used therapeutically.

Action: May be acceptable for whole blood donation only, provided donor passes all screening tests.

HERNIA (HIATUS OPERATION) AND (INGUINALE) REPAIR

Action: Defer until fully recovered.

HERPES (GENITAL)

Action: Defer until lesions are healing and donor off all treatment. Provided there is no history of other sexually transmitted disease, accept.

HERPES (GENITAL) VACCINE

Action: Acceptable after 48 hours if symptom-free.

HERPES (ORAL)

Action: Defer till lesions are healing.

HIV ANTIBODY POSITIVE/INFECTION

Action: Permanently defer.

HOMOSEXUALS

Action: Permanently defer.

HORMONE REPLACEMENT THERAPY

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. Ascertain which hormone was used and the underlying condition. It is important to exclude hormones for tumour chemotherapy.

Infertility treatment If under investigation, defer. If on treatment with immunotherapy, defer. Those who have received human Gonadotrophin of pituitary origin, defer.

Growth hormone Confirm type of growth hormone used by questioning the donor about their medical history.

Recipients of human growth hormone prior to 1987 are permanently deferred because of the risk of Creutzfeld-Jacob Disease. Those treated with recombinant-derived growth hormone, accept.

Menopausal symptoms or osteoporosis prevention, accept.

HOSPITAL STAFF

Notes: There is no evidence to suggest that hospital staff involved in caring for AIDS/Hepatitis patients or working in hospital laboratories, are at any greater risk with respect to HIV or Hepatitis than the general public.

Action: Defer for 1 year if they have suffered an inoculation injury or contamination of non-intact skin with blood from an infected individual.

HUNTINGTON'S CHOREA

Action: Permanently defer.

HYDATID DISEASE

Action: Permanently defer.

HYPERCHOLESTEREMIA

Individual assessment required

Action: If asymptomatic accept. Defer if symptoms are apparent or if associated with cardiovascular disease.

HYPERTENSION

Individual assessment required

Action: Assess history, drugs being taken. Permanently defer all on long-term medication except diuretics. Measure blood pressure. Defer if diastolic greater than 100 mm of mercury.

HYPERTHYROIDISM

Action: Confirm aetiology. Defer for 2 years after stopping anti-thyroid tablets. 6 months after thyroidectomy or after radioactive iodine, donors may be accepted.

HYPOTHYROIDISM

Action: Enquire about complications e.g. angina. Accept only on basis of more information from GP. May be acceptable if well and euthyroid on substitution therapy, depending on the aetiology of the hypothyroidism. Accept if on stable replacement therapy.

HYSTERECTOMY

Action: Defer for 1 year if transfused, otherwise defer for 6 months.

IDIOPATHIC THROMBOCYTOPAENIC PURPURA

Individual assessment required

Action: Adult onset Permanently defer. History of childhood ITP Accept.

ILEOSTOMY

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. All diseases which may be of immune origin, or which render the individual liable to iron deficiency through impaired iron absorption or blood loss, should be reason for exclusion, permanently defer. If due to Crohn's Disease, permanently defer.

INFECTIOUS MONONUCLEOSIS

Individual assessment required

Action: Defer until 2 years after recovery.

INFERTILITY

Action: If under investigation, defer. If on treatment with immuno-therapy, defer. Recipients of Human Gonadotrophin of pituitary origin, defer. If on treatment with clomid/clomifal exclude pregnancy, defer for three months following conclusion of therapy.

INFLUENZA

Individual assessment required

Action: Defer until recovered.

INFLUENZA IMMUNISATION

Action: Accept after 48 hours if the donor is symptom-free.

INGUINALE GRANULOMA

Individual assessment required

Action: Permanently defer.

INJURIES

Action: Defer until fully recovered.

INOCULATION INJURY

Action: Defer for 1 year.

INOCULATIONS/IMMUNISATIONS

Notes: All killed vaccines have a deferral period of 48 hours. All live vaccines have a deferred period of 3 weeks.

Action: See under specific conditions/vaccine table (Appendix 5). Accept after deferral period if symptom-free.

INTERMITTENT CLAUDICATION

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. Permanently defer.

IRON INJECTIONS

Individual assessment required

Action: Defer.

IRON TABLETS

Action: Defer if on prescription. If taken as self-medication or past medication, the donor is symptom-free and passes the haemoglobin screen, accept.

IRRITABLE BOWEL

Action: Accept if donor has no symptoms on the day of donation.

ISOTRETINOIN (ROACCUTANE)

Action: Defer for 1 month after last dose.

JAUNDICE

Action: Since last donation, defer for 1 year from recovery.
Childhood, accept.

KALA AZAR (SYSTEMIC LEISHMANIASIS)

Action: Permanently defer.

KIDNEY DISEASE

Individual assessment required

Notes: Self-limited renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete do not necessarily disqualify the donor.

Action: Acute nephritis - normally a 5 year wait after recovery is advised. Then accept if fully recovered.
Chronic nephritis - permanently defer.

KIDNEY DONOR

Action: Defer for 1 year if transfused. Otherwise when fully recovered accept.

LAMINECTOMY

Action: Defer until fully recovered.

LARYNGITIS

Action: Defer until fully recovered.

LASER TREATMENT

Action: Confirm diagnosis for underlying disease. If underlying disease permits, accept.

LEGIONNAIRE'S DISEASE

Individual assessment required

Action: Defer until fully recovered.

LEISHMANIASIS

Action: Permanently defer.

LEPTOSPIROSIS

Individual assessment required

Action: Defer until fully recovered.

LESBIANS

Action: Accept.

LITHIUM TREATMENT

Notes: Indicates long-term illness.

Action: Permanently Defer.

LYME DISEASE (Borreliosis)

Individual assessment required

Action: Defer until fully recovered.

LYMPHOGRANULOMA VENEREUM

Individual assessment required

Action: Permanently defer.

MALARIA/MALARIAL AREAS

Individual assessment required

Notes: To assess the potential for transmission of malaria by transfusion ask:

where the donor was born or brought up;
countries visited other than Western Europe, North America, Australia or New Zealand, together with the dates and duration of stay.

See Appendix 3 for countries with and without risk of malaria, and Appendix 4 for a flow chart of the management of blood donors.

Quarantine periods stated operate whether or not the donor has taken anti-malarial prophylaxis.

"Plasma fractions only" means not to be used for products such as fresh frozen plasma for clinical use or cryoprecipitate.

Individuals in all categories may be accepted providing they satisfy all of the criteria of acceptability. This excludes those with a recent and possibly undiagnosed febrile episode. They should be deferred for 1 year.

Action: Recent and undiagnosed febrile episode. Individuals who have had pyrexia of unknown origin during or after a visit to a tropical area and may be infected with the causative agent of Hepatitis B, Lassa Fever, Malaria, or other dangerous infections, should not have their blood collected until 1 year after the resolution of the pyrexia or return to the U.K., whichever is the longer.

Visitors to malarial and tropical areas are acceptable immediately on return providing they are in good health and have no unexplained febrile reactions while there or since their return. Donations to be used for plasma fractions only until 1 year after the return to the UK. Thereafter acceptable as red cell donors.

Residents/former residents within the first five years of life, of endemic malarial areas are acceptable immediately on entry to UK, providing they are in good health and have had no recent unexplained febrile episodes. Donations to be used for plasma fractions only for 3 years after entry to UK. Thereafter acceptable as red cell donors. (This interval may be reduced to 1 year provided a validated test for malarial antibodies is negative.)

Visitors to malarial areas who have diagnosed febrile episodes during or after their stay

Accept for plasma fractions only for 3 years after return to the UK, or recovery, whichever is the later. Thereafter acceptable as red cell donors. (This interval may be reduced to 1 year provided a validated test for malarial antibodies is negative.)

Donors with a history of malaria

Defer until asymptomatic and off all treatment. Then accept for plasma fraction only for 3 years. Thereafter, acceptable as red cell donors.

MALARIA CONTACT IN U.K.

Notes: Malaria is not contagious.

Action: Accept.

MALIGNANT DISEASES

Action: Permanently defer.

MALIGNANT HYPERTENSION

Individual assessment required

Action: Permanently defer.

MANTOUX TEST

Action: Defer until investigations complete.

MARFANS SYNDROME

Individual assessment required

Action: Patients with Marfans Syndrome may be accepted providing that there are no cardiac complications.

MASTECTOMY

Individual assessment required

Action: If transfused, defer for 1 year.

Removal of benign breast lump and fully recovered, accept.

Removal for malignancy, permanently defer.

If there is doubt about diagnosis defer pending further information.

MASTOID

Action: Chronic ear infection - defer for 1 week after completion of antibiotic therapy.

MASTOID OPERATION

Action: Defer until fully recovered.

MEASLES

Action: Defer until 4 weeks after recovery.

MEASLES CONTACT

Action: Acceptable if the donor has had measles. Defer for 3 weeks after a close contact if the donor has not had measles.

MEASLES IMMUNISATION - ACTIVE

Action: Accept after 3 weeks providing symptom-free.

MENIERE'S DISEASE

Individual assessment required

Action: Acceptable if symptom-free and not on treatment.

MENINGITIS

Individual assessment required

Action: Check there is no history of fits. Defer until fully recovered.

MENINGITIS IMMUNISATION

Action: Accept after 48 hours if the donor is symptom-free.

MIGRAINE

Individual assessment required

Action: Defer permanently if attacks are frequent, severe, and require regular treatment, including prophylaxis.

If the donor complains of regular headaches only and this has been investigated and indicates no serious condition, accept. Otherwise if the headache has gone, accept.

MISCARRIAGE/TERMINATION

Action: If transfused, defer for 1 year.

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.

MMR VACCINATION

Action: Accept after 3 weeks if symptom-free.

MULTIPLE SCLEROSIS

Action: Defer permanently.

MUMPS

Action: Defer until 3 weeks after recovery.

MUMPS CONTACT

Action: Acceptable if donor has had mumps. Otherwise, defer for 3 weeks after a close contact.

MUMPS IMMUNISATION

Action: Accept after 3 weeks if symptom-free.

MUSCULAR DYSTROPHY

Action: Permanently defer.

MYALGIC ENCEPHALOMYELITIS (ME)

Action: Defer until fully recovered.

MYOMETCOMY

Action: Defer until fully recovered.

MYXOEDEMA

Action: If on stable therapy accept.

NEPHRECTOMY

Action: Defer for 1 year if transfused. Otherwise defer until fully recovered.

NEPHRITIS

Individual assessment required

Notes: Self-limited renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete do not necessarily disqualify the donor.

Action: Acute nephritis - normally a 5 year wait after recovery is advised, but defer and if donor still wishes to be considered for donation, obtain permission to contact GP, obtain GP's address and refer donor to Transfusion Centre.
Chronic nephritis - permanently defer.

NEUROFIBROMATOSIS

Notes: May be a predisposing cancerous condition.

Action: Permanently defer.

NICOTINE PATCHES

Action: If the donor is not smoking accept, otherwise defer.

NIGHT SWEATS

Individual assessment required

Action: Defer if unexplained and frequent during cold spells.

NON-SPECIFIC URETHRITIS

Individual assessment required

Action: Defer until complete recovery.

NOSE BLEEDS

Individual assessment required

Action: If not a severe or regular problem and blood pressure is within normal limits, accept.

OPERATIONS

Individual assessment required

Notes: It is the responsibility of the Sessional Officer to decide the severity of an operation.

Action: Defer for a minimum of 1 year if transfused.

Defer after surgery if the operation was for a malignant growth, still having post-operative treatment or attending hospital regularly.

Other operations defer until fully recovered.

ORF (Contagious pustular dermatitis)

Notes: There is no treatment for this skin condition, caught from sheep.

Action: Accept when fully recovered.

OSTEOMYELITIS

Individual assessment required

Action: Defer until fully recovered.

OVARIAN CYST

Individual assessment required

Action: If due to malignancy, permanently defer. Otherwise accept when fully recovered.

PAIN-KILLING TABLETS

Individual assessment required if regularly taken

Notes: For lists of medications which have/do not have an anti platelet effect see Appendix 2.

Action: If medication is being taken on a regular basis for any serious long-term illness, defer.

If the donor feels well accept. If medication affecting platelet function has been taken in the last 5 days the donated unit must not be used for platelet concentrate production.

PELVIC FLOOR REPAIR

Action: Defer for 1 year if transfused, otherwise defer until fully recovered.

PEPTIC ULCER

Individual assessment required

Action: If recent symptoms are reported, the patient is on active treatment or has undergone gastrectomy, defer.

PERICARDITIS - ACTIVE VIRAL

Individual assessment required

Action: Accept when fully recovered.

PERIODS

Action: If a period has been missed defer.

PERITONITIS

Individual assessment required

Action: Confirm by questioning that underlying cause does not contraindicate donation. Accept when fully recovered.

PERITONSILLAR ABSCESS

Action: Defer until fully recovered and off antibiotic for 1 week.

PETIT MAL

Individual assessment required

Notes: Some individuals with epilepsy react to minor stress by having fits. It is important that additional risks should be avoided.

Action: Anyone on regular medication for epilepsy should not be bled. A known epileptic who has not required anti-convulsant therapy and has not been subject to fits for three years may with discretion be considered as a possible donor.

PHARYNGITIS

Action: Defer until fully recovered and 1 week after the end of antibiotic therapy.

PHLEBITIS

Individual assessment required

Action: Repeated attack Permanently defer.

Isolated attack Check cause and site. Defer 6 months after complete recovery and off all anticoagulant therapy.

PILES -

Action: Accept if asymptomatic. Defer if regular or severe bleeding is reported.

PILOT

Notes: Queen's Regulations for the RAF, Para. 900 (28.01.76) precludes personnel acting as blood donors, except in emergency. The Commercial Airlines Association require 24 hours removal from flying duties following blood donation.

Action: Defer civil air crew if they are required to undertake flying duties in the next 24 hours. Donors who pilot aircraft as a hobby must be advised that 7 days should elapse after blood donation before acting as a pilot of an aircraft.

PLASMA DONATION FREQUENCY

Action: Donors should not normally undergo, procedures more than once a fortnight, a total of more than 24 plateletpheresis procedures per annum and not more than 12 leucapheresis procedures per annum. There should normally be a minimum of 48 hours between procedures and a donor should not normally undergo more than 2 procedures within a 7 day period.

PLATELET DISORDER

Action: Permanently defer.

PLEURISY

Action: Check underlying disease, exclude the possibility of malignancy. If the donor is not then excluded, is off all antibiotics and has fully recovered, accept.

PNEUMONIA

Action: Check underlying disease, exclude the possibility of malignancy. If the donor is not then permanently deferred, is off all antibiotics and has fully recovered, accept.

PNEUMOTHORAX

Individual assessment required

Action: Confirm diagnosis. Traumatic defer until fully recovered from injury. Spontaneous, if fully recovered and unless due to emphysema, accept.

POLICE DRIVERS

Action: Donations can only be accepted when going off duty.

POLIO

Individual assessment required

Notes: Seriously disabled donors should be assessed by the Sessional Officer.

Action: If donor has fully recovered, accept.

POLIO CONTACT

Action: Defer for duration of incubation period or 4 weeks if this is unknown. Accept only if symptom-free.

POLIO IMMUNISATION

Action: If the injectable (Salk) vaccine is given - accept after 48 hours and symptom-free.

If the oral (Sabin) vaccine is given - accept after 3 weeks if symptom-free.

POLYCYTHEMIA

Action: Permanently defer.

POST VIRAL FATIGUE SYNDROME

Individual assessment required

Notes: Myalgicencephalomyelitis/ME

Action: Defer until fully recovered.

PREGNANCY

Action: Defer during pregnancy and 1 year after delivery.

PROCTITIS

Action: If not undergoing treatment, accept.

PROPRANOLOL

Individual assessment required

Action: Confirm diagnosis. May be acceptable depending on underlying aetiology. If donor is using Beta Blockers, and the pulse rate is confirmed to be above 60 min⁻¹, accept.

PROSCAR

Individual assessment required

Action: Defer for 7 days

PROZAC

Action: Defer

PROSTATECTOMY

Individual assessment required

Action: If the surgery was for malignant changes in the prostate, permanently deferred. Benign prostatic hypertrophy defer until fully recovered.

PROSTITUTES

Action: Permanently defer.

PSORIASIS

Individual assessment required

Action: Generalised and severe defer.

If on Etretinate (Tigason), defer until 2 years after last dose.

Mild, clear of venepuncture site and not on systemic treatment, accept.

PSYCHIATRIC PROBLEMS

Action: Individual assessment required

PULMONARY EMBOLISM

Individual assessment required

Action: After complete recovery and off all anticoagulant therapy, accept.

PYELITIS/PYELONEPHRITIS

Individual assessment required

Notes: Self-limited renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete do not necessarily disqualify the donor.

Action: Acute nephritis - normally a 5 year wait after recovery is advised, but defer and if donor still wishes to be considered for donation, obtain permission to contact GP, obtain GP's address and refer donor to Transfusion Centre.

Chronic nephritis - permanently defer.

PYREXIA

Individual assessment required

Notes: Establish diagnosis if possible. If this is not possible question the donor concerning travel abroad. If the cause is still not clear, recent undiagnosed pyrexia after a visit to a tropical area may indicate infection with Hepatitis B, Lassa Fever, Malaria or other dangerous infections.

Action: Defer for appropriate period consistent with diagnosis. Undiagnosed pyrexia, Defer for 1 year after resolution of pyrexia or return to U.K., whichever is the longer.

PYRUVATE KINASE (P-K) DEFICIENCY

Individual assessment required

Notes: May be acceptable for plasma only, provided donor passes all screening tests.

Action: Defer for confirmation of diagnosis.

Q FEVER

Action: Permanently defer.

QUINSY

Action: Defer until fully recovered and off antibiotics for 1 week.

RABIES IMMUNISATION

Action: Non-exposed i.e. Customs & Excise, vets etc. Accept after 48 hours post-vaccination if symptom-free.

Post-exposure i.e. history of animal bite Defer until fully cleared by treating physician and 1 year following exposure.

RAYNAUD'S SYNDROME

Individual assessment required

Action: Defer.

RELAPSING FEVER

Action: Defer 2 years after full recovery.

RENAL COLIC

Individual assessment required

Action: Accept when symptom-free.

RENAL DISEASE

Action: Permanently defer all chronic renal diseases.

RESPIRATORY DISEASE

Action: Defer individuals who have significant respiratory disease.

RETINITIS PIGMENTOSA

Individual assessment required

Action: Accept if confirmation of diagnosis obtained from GP or ophthalmologist.

RHEUMATIC FEVER

Individual assessment required

Action: Repeated attacks, defer. A donor who has an isolated attack may be accepted.

RHEUMATOID ARTHRITIS

Action: Rheumatoid Arthritis If a multisystem disease, permanently defer.

RINGWORM

Individual assessment required

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

ROACCUTANE/ (ISOTRETINOIN)

Action: Defer until 1 month after last dose.

RODENT ULCER

Action: Accept if fully recovered.

RUBELLA

Action: Defer until fully recovered.

RUBELLA CONTACT

Action: Accept if the donor has had rubella, otherwise defer for 3 weeks.

RUBELLA IMMUNISATION

Action: Accept after 3 weeks if symptom-free.

SALPINGITIS

Individual assessment required

Action: Accept when fully recovered.

SANDFLY FEVER

Action: Accept when fully recovered.

SARCOIDOSIS

Individual assessment required

Action: Chronic - permanently defer. Acute - accept only if the attack was short, mild and did not require treatment.

SCHISTOSOMIASIS

Action: Accept after full recovery.

SEDATIVES

Individual assessment required

Notes: Confirm by questioning medical history that there is no underlying condition that might render the donor unfit.

Action: Accept if taken as sleeping pills and for no other reason.

SELF-INJECTED DRUGS

Action: Permanently defer.

SHINGLES (HERPES ZOSTER)

Action: Defer until fully recovered.

SHINGLES CONTACT

Action: If the donor has had chicken pox or shingles in the past accept, otherwise defer for 3 weeks.

SICKLE CELL DISEASE

Individual assessment required

Action: Permanently defer.

SICKLE-CELL TRAIT

Individual assessment required

Action: Confirm diagnosis. For whole blood donation, accept. For apheresis, defer.

SINUSITIS

Individual assessment required

Action: Acute Defer until fully recovered. Chronic if not on treatment or if using nasal decongestant only, accept.

SKIN CANCERS

Individual assessment required

Notes: Basal cell carcinoma of skin (Rodent Ulcer) may not require deferral if it has been adequately treated.

Action: Defer donors with a history of malignancy or melanoma.

SKIN CREAMS USED FOR ECZEMA/DERMATITIS

Individual assessment required

Action: If used on small areas excluding the venepuncture site, accept.

SKIN DISEASE

Individual assessment required

Notes: There are many different skin diseases and it is difficult to give specific directions. In general, the following points should be considered before deciding whether 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?

Action: If the donor falls into health risk categories 1-4 above, defer.

SLEEPING SICKNESS (African Trypanosomiasis)

Individual assessment required

Action: Confirm diagnosis as "sleeping sickness". Accept donation for plasma use only.

SLEEPING TABLETS

Individual assessment required

Notes: Confirm by questioning medical history that there is no underlying condition that might render the donor unfit.

Action: Accept if taken as sleeping pills and for no other reason.

SLIPPED DISC OPERATION

Action: Defer until fully recovered.

SMOKING

Notes: Nicotine has an effect on the circulation and the combination of smoking plus donation might produce dizziness and precipitate a faint.

Action: If the donor is using nicotine patches but smokes, defer. Ask donor to refrain from smoking for 1 hour following donation.

SNAKE BITE

Action: Defer until fully recovered.

SORE THROAT

Action: Defer until fully recovered and off for 1 week antibiotics.

SPHEROCYTOSIS

Action: Defer.

SPINA BIFIDA

Action: If donor is able to climb onto bed unaided, accept.

SPLENECTOMY

Action: Diagnose underlying condition. Traumatic Defer for 1 year if transfused, otherwise accept when fully recovered.
Childhood ITP Accept

SPONDYLOSIS (CERVICAL)

Action: If part of a multisystem disease defer, if donor is symptom-free or has only minor symptoms, accept.

STERILISATION

Action: Accept.

STEROIDS

Individual assessment required

Notes: Occasional use of steroid creams for minor dermatitis or eczema may be acceptable. Donors regularly taking steroid tablets are not acceptable.

Action: Confirm diagnosis of condition. Defer donors taking steroid tablets. Defer donors using steroid creams over large areas of skin.

STEROIDS - INTRA-ARTICULAR INJECTIONS

Individual assessment required

Action: Accept.

STOMACH ULCER

Individual assessment required

Action: If recent symptoms are reported, the patient is on active treatment or has undergone gastrectomy, defer.

STROKE

Action: Donors who have suffered strokes are permanently deferred.

STYE

Action: When healed or infection subsiding and providing donor feels well and is off all antibiotics , accept.

SURGERY

Individual assessment required

Notes: It is the responsibility of the Sessional Officer to decide the severity of an operation.

Action: Defer for a minimum of 1 year if transfused.

Defer after surgery if the operation was for a malignant growth, still having post-operative treatment or attending hospital regularly.

Other operations defer until fully recovered.

SYNCOPE

Notes: A previous history of being prone to faints increases the likelihood of faints. If the donor is accepted careful observation is required.

Action: New donors: history of being prone to faints - If the donor is accepted careful observation is required.
Donors who have given before and have a history of two consecutive faints - Permanently defer.

SYPHILIS

Action: Permanently defer.

SYPHILIS - SEXUAL CONTACT

Individual assessment required

Notes: Can be accepted as a donor if all blood tests are negative.

Action: Defer for 12 months.

SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

Individual assessment required

Action: Question the donor about their medical history to confirm diagnosis. Permanently defer.

TATTOO

Action: Defer for 1 year even if removed by laser treatment.

TEMPORAL ARTERITIS

Individual assessment required

Action: Confirm diagnosis. Permanently defer.

TERMINATION OF PREGNANCY

Action: If transfused, defer for 1 year.

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.

TETANUS IMMUNISATION

Notes: If given for injury, details of the injury which required immunisation should be obtained in case this contraindicates donation.

Plasma may be suitable for specific plasma production.

Action: Active vaccine accept after 48 hours if the donor is symptom-free.

Passive vaccine accept after a minimum of 4 weeks.

TETRACYCLINE

Individual assessment required

Action: Confirm the underlying cause, if used for acne accept otherwise see appropriate entry.

THALASSAEMIA TRAIT

Individual assessment required

Action: Providing donor passes HB screening test, accept

THERAPEUTIC VENESECTION

Individual assessment required

Action: Donations must NOT be taken for therapeutic venesection at blood donor sessions. Defer.

THREADWORMS

Action: Accept, even on treatment.

THROMBOSIS

Individual assessment required

Action: Repeated attack Permanently defer.

Isolated attack Check cause and site. Defer 6 months after complete recovery and off all anticoagulant therapy.

THRUSH

Individual assessment required

Action: Vaginal thrush If a symptom of an underlying disease, defer . Thrush elsewhere Defer.

THYROXINE

Action: If asymptomatic and the underlying condition does not contraindicate donation accept

TICK-BORNE ENCEPHALITIDES

Action: Accept when fully recovered.

TIGASON (ETRETINATE)

Action: Defer for 2 years after last dose.

TONSILLECTOMY

Action: Defer until fully recovered and off all antibiotics for 1 week.

TONSILLITIS

Action: Defer until fully recovered and off all antibiotics for 1 week.

TOOTH EXTRACTION

Action: Complicated surgery defer for a minimum of 1 year if transfused, otherwise defer until fully recovered.
Uncomplicated extraction defer for 24 hours. Others accept.

TOPICAL MEDICATION

Action: Providing only small areas are treated and the site of venepuncture is not affected, accept.

TOXIC CHEMICALS

Action: Defer for 48 hours if toxic chemicals have been used, especially agricultural sprays.

TOXOPLASMOSIS

Individual assessment required

Notes: Acceptable providing IgM antibodies are absent.

Action: Defer for 2 years from recovery.

TRACHEITIS

Action: Defer until fully recovered.

TRANQUILLISERS

Individual assessment required

Action: Assess the underlying condition, medication alone may not contraindicate donation.

TRANSIENT ISCHAEMIC ATTACKS (TIA)

Action: Defer.

TRAVEL / TROPICAL AREAS

Individual assessment required if febrile episodes admitted

Notes: Donors should be asked if they had visited places abroad other than in Western Europe or have lived in such places.

Action: Determine action for appropriate area by reference to appendix 3.

Unexplained febrile reaction following return/during stay - defer for 1 year.

Stopover to Australia/New Zealand in malarial areas listed in Appendix 3. If donor is well, accept for plasma use only.

Visitors to rural South America, Central America (including Southern Mexico) who have been exposed to primitive living conditions -if healthy accept for plasma fraction use only.

TROPICAL DISEASES

Individual assessment required

Action: Ask which disease, what treatment and place and dates of illness? Then see under specific diseases. If advice is not given and donor still wishes to donate, refer to Transfusion Centre.

TRYPANOSOMA CRUZI

Individual assessment required

Notes: South American Trypanosomiasis. Blood from residents or visitors to rural South or Central America (including Southern Mexico) who have been exposed to primitive living conditions, can only be used for preparing plasma fractions, not plasma for clinical use or cryoprecipitate. Donations from such persons may only be used for normal purposes provided they have been shown by a suitable test to be free of antibodies to Trypanosoma cruzi.

Action: Confirm visit to affected area (listed in Appendix 3), and exposure to primitive living conditions. Accept for plasma use only.

TUBERCULOSIS

Individual assessment required

Action: Once confirmed clear of follow-up and off all therapy, defer for 2 years.

TURNER'S SYNDROME

Action: If not underweight, accept.

TYPHOID FEVER

Individual assessment required

Action: Defer.

TYPHOID IMMUNISATION

Action: Accept after 48 hours if symptom-free.

ULCERATIVE COLITIS

Action: Permanently defer.

UNDERWEIGHT

Action: Whole blood Donation Defer if under 50 Kg, 7 st 12 lbs.
Apheresis Under 70 Kg see Appendix 1

URETHRITIS NON SPECIFIC

Individual assessment required

Action: Chronic Defer. Acute defer until fully recovered and off all antibiotics.

URINARY TRACT INFECTION

Action: Defer until fully recovered.

VACCINATION - see under specific disease or Appendix 5.

VARICOSE VEINS - OPERATIONS/INJECTIONS

Individual assessment required

Action: Defer until fully recovered.

VASECTOMY

Action: Accept.

VASODILATORS

Individual assessment required

Action: Defer permanently.

VENESECTION

Action: Therapeutic venesection must not be undertaken.

VENOUS THROMBOSIS

Individual assessment required

Action: Repeated attack Permanently defer.

Isolated attack Check cause and site. Defer 6 months after complete recovery and off all anticoagulant therapy.

VIRAL DISEASE

Individual assessment required

Notes: Any active and/or chronic disease which may be viral in origin which may be transmitted by transfusion of blood or blood products, or whose basis is unknown, is a contraindication of donation.

Action: Permanently defer.

VIRAL HAEMORRHAGIC FEVERS

Individual assessment required

Notes: Lassa, Ebola, Marburg, Congo/Crimean. Question donor and confirm a history or contact with these diseases.

Action: Defer for 1 year following recovery from illness or return to UK if episode occurred abroad.

VITAMIN TABLETS/INJECTIONS - Prescribed

Action: Defer until off treatment.

VITILIGO

Individual assessment required

Action: Accept if not part of a multisystem disease, otherwise permanently defer.

**VON RECKLINGHAUSEN'S DISEASE
(NEUROFIBROMATOSIS)**

Notes: May be a predisposing cancerous condition.

Action: Permanently defer.

VON WILLEBRAND'S DISEASE

Action: Carrier accept, otherwise defer.

WARTS

Action: Accept if skin warts on local treatment only.

WEIGHT

Action: Defer if grossly obese, such that the donor has difficulty in getting onto couch, or the vein is difficult to find. **Whole blood donors 50 Kg (7 stone 12 lbs) and above, accept if fit. Continue to accept if the first donation is uneventful. Apheresis Under 70 Kg see Appendix 1**

WHOOPING COUGH

Action: Defer for 3 weeks after recovery.

WHOOPING COUGH CONTACT

Action: Defer for 3 weeks.

YAWS

Action: Permanently defer.

YELLOW FEVER

Action: Acceptable after recovery.

YELLOW FEVER IMMUNISATION

Action: Accept after 3 weeks if symptom-free.

Donors who exhibit health risks which are not listed in this guidance must not be accepted for donation. They must be deferred and referred to the Transfusion Centre for further consultation.

Appendix 1

Total Blood Volume (TBV)* & Extracorporeal Blood Volume (ECV)

Weight
(Kg) 40 45 50 55 60 65 70 75 80 85 90 95 100

(St) 6.3 7.1 7.9 8.6 9.4 10.2 11.0 11.8 12.6 13.4 14.1 14.9 15.7

TBV (ml)
100% 2840 3195 3550 3905 4260 4615 4970 5325 5680 6035 6390 6745 7100

10% 284 320 355 391 426 462 497 533 568 604 639 675 710

15% 426 479 533 586 639 692 746 799 852 905 959 1012 1065

20% 568 639 710 781 852 923 994 1065 1136 1207 1278 1349 1420

*based on the assumption that in the normal healthy adult $TBV = 71 \text{ ml/Kg}$.
i.e. TBV of a 70 Kg adult 5.0l

N.B. (1) Total ECV at any point in a donor apheresis procedure must not exceed
20% TBV (excluding anticoagulant)
(2) Final collection volume must not exceed 15% TBV (excluding anticoagulant)

Taken from Guidelines for the Blood Transfusion Service 1993, Section 1, Chapter 3; Appendix II

Appendix 2

PREPARATIONS AVAILABLE IN THE UK (November 1993) WHICH MAY AFFECT PLATELET AGGREGATION

<i>Acemetacin POM</i>	Co-codaprin (Aspirin)
Actron (Aspirin)	Codafen Continus (Ibuprofen) POM
Alka-Seltzer (Aspirin)	Codis 500 (Aspirin)
Alrheumat (Ketoprofen) POM	Cojene (Aspirin)
Anadin preparations (Aspirin)	Contraflam (Mefenamic acid) POM
Anadin-Ibuprofen (Ibuprofen)	Cuprofen (Ibuprofen)
Angettes (Aspirin)	
Apsifen (Ibuprofen) POM	<i>Diclofenac Sodium POM</i>
Arthrofen preparations (Ibuprofen) POM	Diclomax Retard (Diclofenac) POM
Arthrosin (Naproxen) POM	Diclozip (Diclofenac) POM
Arthrotec (Diclofenac) POM	<i>Diflunisal POM</i>
Arthroten (Naproxen) POM	Disalcid (Aspirin) POM
Artracin (Indomethacin) POM	Disprin preparations (Aspirin)
Askit (Aspirin)	Dolobid (Diflunisal) POM
Aspav (Aspirin) POM	Doloxene Compound (Aspirin) POM
<i>Aspirin</i>	Dristan (Aspirin)
Aspro preparations (Aspirin)	Dysman preparations (Mefenamic acid) POM
<i>Azapropazone POM</i>	
	Ebufac (Ibuprofen) POM
Banimax (Aspirin)	Emflex (Acemetacin) POM
Bayer (Aspirin)	Equagesic (Aspirin) POM
Beechams Powders preparations (Aspirin)	<i>Etodolac POM</i>
Benoral (Aspirin)	
<i>Benorylate (Aspirin)</i>	Feldene preparations (Piroxicam) POM
Brufen preparations (Ibuprofen) POM	Femigraine (Aspirin)
Butacote (Phenylbutazone) POM	Fenbid (Ibuprofen) POM
	<i>Fenbufen POM</i>
Caprin (Aspirin)	Fenbuzip (Fenbufen) POM
Clinoril preparations (Sulindac) POM	<i>Fenoprofen POM</i>
Fenopron (Fenoprofen) POM	Laraflex (Naproxen) POM
Flamrase (Diclofenac) POM	Larapam (Piroxicam) POM
Flexin preparations (Indomethacin) POM	Lederfen preparations (Fenbufen) POM
<i>Flurbiprofen POM</i>	Librofem (Ibuprofen)
Froben preparations (Flurbiprofen) POM	Lidifen preparations (Ibuprofen) POM
Fynnon Calcium Aspirin (Aspirin)	Lodine (Etodolac) POM
Ibrufthalal (Ibuprofen)	<i>Mefenamic acid POM</i>
Ibufac (Ibuprofen) POM	Migrafen (Ibuprofen)
Ibular (Ibuprofen) POM	Migravess (Aspirin) POM
Ibumed (Ibuprofen) POM	Mobiflex (Tenoxicam) POM
<i>Ibuprofen</i>	Mobilan (Indomethacin) POM
Imbrilon (Indomethacin) POM	Motrin (Ibuprofen) POM
Indocid preparations (Indomethacin) POM	Mrs Cullen's (Aspirin)

Appendix 2

Indolar (Indomethacin) POM

Indomax preparations (Indomethacin) POM *Nabumetone POM*

Indomethacin POM

Indomod (Indomethacin) POM

Naprateg (Naproxen) POM

Naprosyn preparations (Naproxen) POM

Inoven (Ibuprofen)

Naproxen POM

Isclufen (Diclofenac) POM

Novaprin (Ibuprofen)

Isisfen (Ibuprofen) POM

Nu-Seals Aspirin (Aspirin)

Nurofen preparations (Ibuprofen)

Junifen Sugar Free (Ibuprofen) POM

Nurse Sykes Powders (Aspirin)

Nycopren (Naproxen) POM

Ketonal (Ketoprofen) POM

Ketoprofen POM

Ocufen Eye Drops (Flurbiprofen) POM

Ketoprofen CR (Ketoprofen) POM

Orudis (Ketoprofen) POM

Ketorolac POM

Oruvail preparations (Ketoprofen) POM

Ketovail (Ketoprofen) POM

Pacifene (Ibuprofen)

Phensic (Aspirin)

Phenylbutazone POM

Robaxisal Forte (Aspirin) POM

Phor Pain (Ibuprofen)

Slo-Indo (Indomethacin) POM

Piroxicam POM

Solprin (Aspirin)

Pirozip (Piroxicam) POM

Sulindac POM

Platet (Aspirin)

Surgam preparations (Tiaprofenic Acid) POM

Ponstan preparations (Mefenamic acid) POM

Synflex (Naproxen) POM

Powerin (Aspirin)

Tenoxicam POM

Pranoxen Continus (Naproxen) POM

Tiaprofenic Acid POM

Proflex (Ibuprofen)

Timpron (Naproxen) POM

Progesic (Fenoprofen) POM

Tolectin (Tolmetin) POM

Prosaid (Naproxen) POM

Tolmetin POM

Relcofen (Ibuprofen)

Toptabs (Aspirin)

Relifex (Nabumetone) POM

Toradol (Ketorolac) POM

Rheuflex (Naproxen) POM

Rheumacin (Indomethacin) POM

Valenac (Diclofenac) POM

Rheumox preparations (Azapropazone) POM

Valrox (Naproxen) POM

Rhumalgan (Diclofenac) POM

Veganin (Aspirin)

Rimacid (Indomethacin) POM

Volraman (Diclofenac) POM

Rimafen (Ibuprofen) POM

Voltarol preparations (Diclofenac) POM

Rimoxyn (Naproxen) POM

This information is issued on the understanding that it is the best available from the resources at our disposal at the time of compilation.

December 1993

Drug Information Centre
Northern General Hospital
SHEFFIELD

Appendix 3

TRAVEL ABROAD

(Based on WHO Jan 1992 International Travel and Health)

Country	Malaria	Chagas
Afghanistan	Yes	No
Albania	No	No
Algeria	Yes	No
American Samoa	No	No
Andorra	No	No
Angola	Yes	No
Antigua	No	No
Argentina (rural)	Yes	Yes
Australia	No	No
Austria	No	No
Azores	No	No
Bahamas	No	No
Bahrain	No	No
Bangladesh	Yes	No
Barbados	No	No
Belgium	No	No
Belize	Yes	Yes
Benin	Yes	No
Bermuda	No	No
Bhutan	Yes	No
Bolivia	Yes	Yes
Botswana	Yes	No
Brazil	Yes	Yes
Brunei	No	No
Bulgaria	No	No
Burkina Faso (Upper Volta)	Yes	No
Burma	Yes	No
Burundi	Yes	No
Cambodia (Kampuchea)	Yes	No
Cameroon	Yes	No
Canada	No	No
Canary Islands	No	No
Cayman Islands	No	No
Central African Republic	Yes	No
Chad	Yes	No
Channel Islands	No	No
Chile	No	Yes
China	Yes	No
Christmas Islands	No	No

Appendix 3

Country	Malaria	Chagas
Colombia	Yes	Yes
Comoros (off Africa)	Yes	No
Congo	Yes	No
Cook Islands	No	No
Costa Rica	Yes	Yes
Cuba	No	No
Cyprus	No	No
Czechoslovakia	No	No
Democratic Yemen (not Aden or Airport)	Yes	No
Denmark	No	No
Djibouti	Yes	No
Dominica	No	No
Dominican Republic	Yes	No
East Timor	Yes	No
Ecuador	Yes	Yes
Egypt	Yes	No
El Salvador	Yes	Yes
Equatorial Guinea	Yes	No
Ethiopia	Yes	No
Falklands Islands	No	No
Faroe Islands	No	No
Fiji	No	No
Finland	No	No
France	No	No
French Guiana	Yes	Yes
Gabon	Yes	No
Gambia	Yes	No
Germany	No	No
Ghana	Yes	No
Gibraltar	No	No
Greece	No	No
Greenland	No	No
Grenada	No	No
Guadeloupe	No	No
Guam	No	No
Guatemala	Yes	Yes
Guiana (French)	Yes	Yes
Guinea	Yes	No
Guinea-Bissau	Yes	No
Guyana	Yes	Yes
Haiti	Yes	No

Appendix 3

Country	Malaria	Chagas
Honduras	Yes	Yes
Hong Kong (rural)	Yes	No
Hungary	No	No
Iceland	No	No
India	Yes	No
Indonesia (Bali)	Yes	No
Iran	Yes	No
Iraq	Yes	No
Irish Republic	No	No
Israel	No	No
Italy	No	No
Ivory Coast	Yes	No
Jamaica	No	No
Japan	No	No
Jersey	No	No
Jordan	No	No
Kampuchea (Cambodia)	Yes	No
Kenya	Yes	No
Kiribati	No	No
Korea (North)	No	No
Korea (South)	No	No
Kuwait	No	No
Lao (Laos)	Yes	No
Lebanon	No	No
Lesotho	No	No
Liberia	Yes	No
Libya (limited risk SW)	Yes	No
Lichtenstein	No	No
Luxembourg	No	No
Macao	No	No
Madagascar (off Africa)	Yes	No
Madeira	No	No
Malawi	Yes	No
Malaysia	Yes	No
Maldives	Yes	No
Mali	Yes	No
Malta	No	No
Martinique	No	No
Mauritania	Yes	No
Mauritius (off Africa)	Yes	No
Mexico (Rural)	Yes	Yes

Appendix 3

Country	Malaria	Chagas
Monaco	No	No
Mongolia	No	No
Montserrat	No	No
Morocco (Rural)	Yes	No
Mozambique	Yes	No
Namibia	Yes	No
Nauru	No	No
Nepal	Yes	No
Netherlands	No	No
Netherlands Antilles	No	No
New Caledonia and Dependencies	No	No
New Zealand	No	No
Nicaragua	Yes	Yes
Nieu	No	No
Niger	Yes	No
Nigeria	Yes	No
Northern Mariana Islands	No	No
Norway	No	No
Oman	Yes	No
Pacific Islands, Trust Territory of USA	No	No
Pakistan	Yes	No
Panama	Yes	Yes
Papua New Guinea	Yes	No
Paraguay	Yes	Yes
Peru	Yes	Yes
Phillipines	Yes	No
Pitcairn Islands	No	No
Poland	No	No
Polynesia (French)	No	No
Portugal	No	No
Puerto Rico	No	No
Qatar	No	No
Reunion Islands	No	No
Romania	No	No
Rwanda	Yes	No
Ryukyu Islands	No	No
St Helena	No	No
St Kitts Nevis-Anguilla	No	No
St Lucia	No	No
St Pierre and Miquelon	No	No

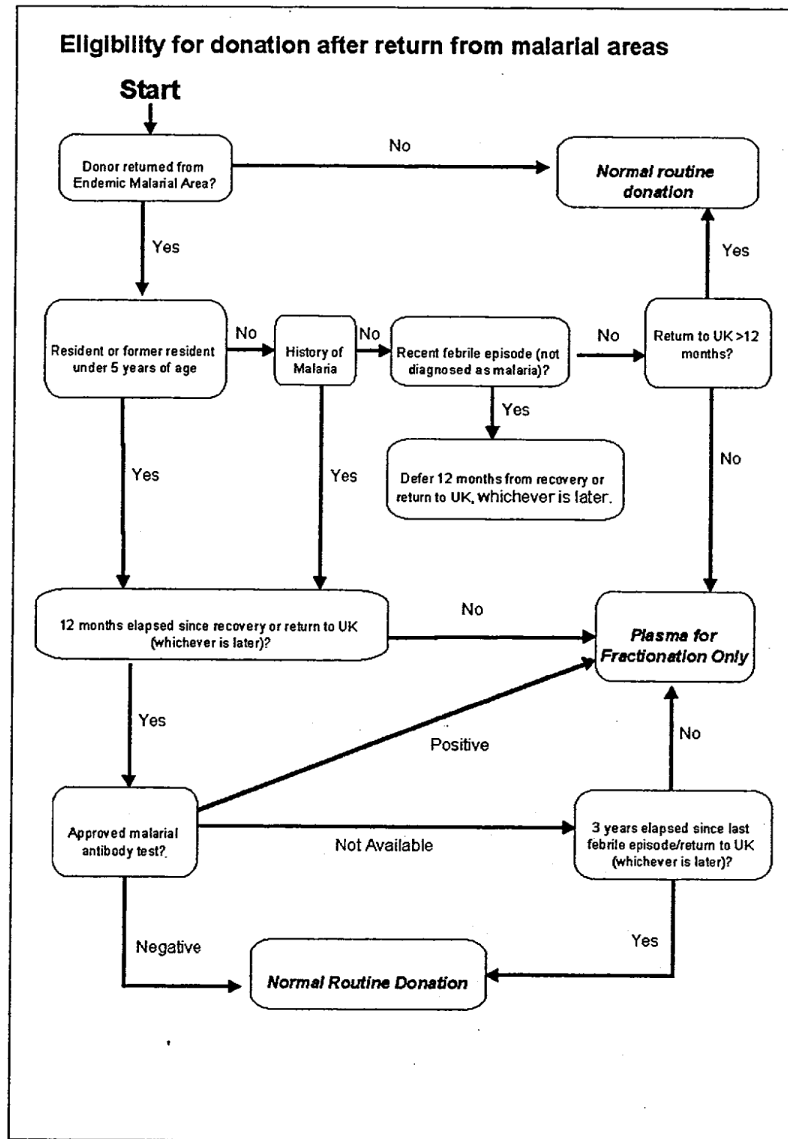
Appendix 3

Country	Malaria	Chagas
St Vincent	No	No
Salvador	Yes	Yes
Samoa	No	No
San Marino	No	No
Sao Tome & Principe (off Africa)	Yes	No
Saudi Arabia (not urban areas - Jeddah, Mecca, Medina, Taif)	Yes	No
Senegal	Yes	No
Seychelles	No	No
Sierra Leone	Yes	No
Singapore	No	No
Solomon Islands	Yes	No
Somalia	Yes	No
South Africa	Yes	No
Spain	No	No
Spanish Sahara	No	No
Sri Lanka	Yes	No
Sudan	Yes	No
Suriname	Yes	Yes
Swaziland	Yes	No
Sweden	No	No
Switzerland	No	No
Syrian Arabic Republic	Yes	No
Taiwan	No	No
Tanzania	Yes	No
Thailand	Yes	No
Togo	Yes	No
Tonga	No	No
Trinidad and Tobago	No	No
Tunisia	No	No
Turkey (Cucurova/Amikova/ Anatolia)	Yes	No
Tuvalu	No	No
Uganda	Yes	No
United Arab Emirates (not Abu Dhabi, Dubai, Sharjan)	Yes	No
United Kingdom	No	No
United States of America	No	No
Upper Volta (now Burkina Faso)	Yes	No
Uruguay	No	Yes

Appendix 3

Country	Malaria	Chagas
USSR	No*	No
Vanautu (formerly New Hebrides - Oceania)	Yes	No
Venezuela	Yes	Yes
Vietnam	Yes	No
Virgin Islands	No	No
Wake Island	No	No
Yemen	Yes	No
Yugoslavia	No	No
Zaire	Yes	No
Zambia	Yes	No
Zimbabwe	Yes	No

** USSR - malaria risk exists in some small border areas
with Azerbaijan and Tajik Soviet Republics.*



Appendix 5

Vaccine	Vaccine Type (Ref)	Live (+/-)	Period of deferral
ANTHRAX	Alum precipitate of bacterial antigen (1)	-	48 hours if well
BCG	Live, attenuated (1)	+	3 weeks or until healed
BOTULISM	Anti-toxic globulins (2)	-	48 hours if well
CHOLERA	Heat-killed (2)	-	48 hours if well
DIPHTHERIA	Absorbed toxoid (1)	-	48 hours if well
DIPHTHERIA, TETANUS, PERTUSSIS (DPT)	Absorbed toxoids (2)	-	48 hours if well
HAEMOPHILUS INFLUENZAE TYPE B	Conjugate of polysaccharide capsule and conjugate protein (1)	-	48 hours if well
HEPATITIS A	Formaldehyde inactivated (1)	-	48 hours if well
HEPATITIS B	Inactivated surface antigen absorbed onto aluminium hydroxide adjuvant (1)	-	See Guidance
INFLUENZA	Inactivated (1)	-	48 hours if well
MEASLES	Live, attenuated (3)	+	3 weeks
MUMPS	Live, attenuated (2)	+	3 weeks
MEASLES, MUMPS RUBELLA (MMR)	Live, attenuated (1)	+	3 weeks
REFERENCES (1) Immunisation Against Infectious Disease, 1992, HMSO (2) British National Formulary, Number 26, September 1993 (3) Data Sheet Compendium, 1993-4, ABPI			

Appendix 5

Vaccine	Vaccine Type (Ref)	Live (+/-)	Period of deferral
MENINGITIS	Purified, lyophilised extract of viral outer capsule (1)	-	48 hours if well
POLIO (oral)	Live, attenuated (1)	+	3 weeks
POLIO (injection)	Formaldehyde inactivated (1)	-	48 hours if well
RABIES	Inactivated (1)	-	See Guidance
RUBELLA	Live, attenuated (1)	+	3 weeks
SMALLPOX	Live	+	3 weeks
TETANUS NB: If given as treatment for injury, assess on nature of injury as well	Absorbed toxoid (1)	-	48 hours if well
TYPHOID (oral)	Live, attenuated (2)	+	3 weeks
TYPHOID (injection)	Monovalent and capsular polysaccharide (2)	-	48 hours if well
YELLOW FEVER (injection only)	Live, attenuated (1)	+	3 weeks
REFERENCES (1) Immunisation Against Infectious Disease, 1992, HMSO (2) British National Formulary, Number 26, September 1993 (3) Data Sheet Compendium, 1993-4, ABPI			

Questions on Identity and Understanding

The trained questioner should be able to note from the answers whether the potential donor is incapacitated in any way (alcohol, drugs etc) and pursue the matter.

1. What is your name?
2. What is your date of birth?
3. Have you ever been told that you should not donate blood?
4. When did you last donate blood?

This question then divides donors into:-

- I) *first time*
- II) *lapsed*
- III) *frequent, regular*

5. Have you ever been unwell after donating blood?
- *lapsed and frequent, regular donors only.*

FIRST TIME DONORS*Section A*

This section would consist of the "big" questions which would eliminate a donor without proceeding any further. This could be incorporated on the call-up letter or on a sign at the session, but would be confirmed on first attendance.

- age: 18-60 1st time donors
- weight: more than 50Kg (7st 12lb)
- pregnancy or first year after childbirth: wait until child is 1 year old
- hazardous occupations or hobbies: (explanation from National Guidelines)
- generally fit and well, in good health (i.e. coughs, colds, cold sores etc.): otherwise come back when fully recovered

Section B

Aimed at eliciting information about past health and possible infection spread.

B1 - B6 - These questions should elicit any serious past illness such as cancer, operations, blood transfusions. They should also elicit information about illnesses or regular treatment such as diabetes, asthma, epilepsy etc. Apparent repetition of some key questions is deliberate.

- B1 Have you ever had any serious illnesses?
- B2 When did you last see your doctor? If so, what for?
- B3 Have you recently seen a health care professional: dentist, nurse, physiotherapist, dietician etc.? If so when and what for?
- B4 Are you attending a hospital or awaiting an appointment for any reason?
- B5 Are you taking any medication, or having any treatment or injections? If so, what?
- B6 Have you ever had treatment with Human Growth Hormone?
- Specifically ask about aspirin at relevant point.*

For females: Have you ever had treatment for infertility - if yes, was it by injection?
If so, when did you have the injection?

B7 - B10 - These questions should elicit any contact history.

- B7 Have you had any vaccinations or immunisations in the past 3 weeks?
- B8 Have you had your ears pierced, had tattoos, acupuncture, electrolysis or body piercing in the last 12 months?
- B9 Have you been given blood in the past 12 months?
- B10 Have you had hepatitis or been in contact with hepatitis or any other infectious disease? If so what and when?

Donors may leave after this section with a clear idea of if and when they may donate?

Section C

Aimed at eliciting information about lifestyle and possible infectious diseases.

This section may need to be modified in different Regions according to their policy and facilities for intimate questioning.

This section need only apply to donors who have successfully completed sections A and B.

- C1 Have you ever had malaria? Have you ever been to any country where there is malaria? If so, when and where?
- C2 Have you travelled abroad in the last year? Were you advised to take anti-malarial tablets? If so, where did you go to?
- C3 Have you read and understood this leaflet? (refers to the HIV leaflet)
- C4 Have you ever injected drugs, even once?
- C5 Have you possibly exposed yourself to any risk of contracting HIV infection through your sexual behaviour? (At this point explanations may be necessary) Have you seen anyone at an S.T.D., G.U.M., V.D. Clinic?

Appendix 6

LAPSED DONOR

Definition: Someone who has not donated for 2 years.

Section A

Lapsed donors should already be aware of this information.

Section B

The questions B1 - B10 could be preceded with "since your last donation"

Section C The questions C1 - C5 could be preceded with "since your last donation"

FREQUENT REGULAR DONORS

In Regions where these interviews have been piloted for some time it is becoming clear that regular donors do not take kindly to an in depth interview every time - apart from which it is unnecessary and time consuming.

Therefore a short series of important questions only need to be asked.

These questions may be asked by trained non-medical, non-nursing staff with clear instructions to refer any queries to the medical/nursing officers.

Questions from section B

Since your last donation:

B3 Have you seen a health care professional: doctor, dentist, nurse, physiotherapist, dietician etc. If so when and what for?

B5 Are you taking any medication, or having any treatment or injections? If so, what?

B7 Have you had any vaccinations or immunisations?

B8 Have you had your ears pierced, had tattoos, acupuncture, electrolysis or body piercing.

B10 Have you had hepatitis or been in contact with hepatitis or any other infectious disease.

B11 Since your last donation have you been abroad?

Question from section C

C3 Have you read and understood this leaflet? (refers to the HIV leaflet)