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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 22 - 2022

Appendix 4 - Management of post donation illness

Please add the following text as a new appendix to the Whole Blood and Component Donor Selection Guidelines.

Introduction

This appendix gives guidance on the management of donations taken from donors who report post donation illness with a (probable) infectious cause.

The actions are based upon the nature and potential severity of the illness, relevant incubation period and the risk of the illness causing harm to a transfusion recipient.

Recipient notification and lookback/traceback investigations are outside the scope of this guidance. Please follow local policies and procedures.

Infections

Infection	Incubation	Action for donation
Bordetella Pertussis (Whooping Cough)	IP 7-10 days	Discard if within 10 days
Borrelia Burgdorferi (Lyme Disease)	IP 3-30 days	Discard up to 30 days if donor diagnosed with acute Lyme disease Chronic Lyme disease no action required
Costochondritis/ Coxsackie virus (Bornholm Disease)	IP 1-7 days	Discard up to 1 week
Chickenpox/Varicella Zoster	IP 10-21 days	Discard if within 3 weeks
COVID-19 (SARS –CoV-2)	IP 2-14 days	Discard up to 48 hours for fever, OR new continuous cough, OR loss or change in sense of smell and/or taste, OR positive RNA or antigen test
Coxsackie A (Hand, foot & mouth disease)	IP 3-7 days Usually Coxsackie A, but can be other enteroviruses	Discard up to 7 days

Epstein-Barr Virus (Glandular Fever)	IP 30-50 days	Discard up to 50 days
Hepatitis (acute, viral)	IP HAV 2-6 weeks	Discard up to 7 weeks
	IP HBV 6 weeks to 6 months	Discard all in date components*
	IP HCV up to 6 months	Discard all in date components*
	IP HEV 2-8 weeks	Discard up to 9 weeks
Herpes Simplex (Oral and genital)	IP 2-12 days for primary infection.	Discard up to 14 days for primary infection
	Primary viraemia during IP, secondary viraemia at time of symptom	
	Recurrent infection	No action if recurrent lesion/s and lesions were absent or healing when donated
HIV		Discard all in-date components at any interval after donation*
HTLV		Discard all in-date components at any interval after donation
Influenza	IP 1-5 days (Influenza A) IP 4-5 days (adenovirus)	No action unless severe systemic symptoms.
	Defined as fever/myalgia +/- cough/cold symptoms	If present, discard up to 5 days
Legionella (Legionnaire's Disease/Pontiac Fever)	IP up to 3 weeks	Discard up to 3 weeks
Measles	IP 10-21 days	Discard up to 3 weeks
Mumps	IP 16-18 days Primary & secondary viraemia	Discard up to 3 weeks
Mycoplasma	IP 1-4 weeks M. pneumoniae Mostly headache, malaise, fever, 5-10% progress to pneumonia	Discard up to 4 weeks
Parvovirus B19 (Fifth disease, Slapped Cheek)	IP 13-20 days	Discard up to 3 weeks
Rubella (German Measles)	IP 14-21 days	Discard up to 3 weeks

TB		Discard all in-date components at any interval post donation. Look-back to relevant transfused recipients
West Nile Virus	IP 3-15 days	Discard up to 15 days

IP –Incubation Period

* HBV, HCV and HIV Seek microbiological advice regarding recall of previous donations if the donor's history and/or testing results suggest this is an acute (recent) infection

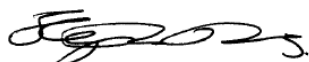
Conditions

Condition	Comments	Action for donation
Appendicitis		No action if confirmed appendicitis and asymptomatic at the time of donation.
Bornholm Disease	See Costochondritis/ Coxsackie virus	
Chest infection		No action unless systemic symptoms; if present discard up to 5 days
Common Cold		No action unless systemic symptoms
Conjunctivitis		No action providing well on the day
Diarrhea & vomiting	Causes may include Salmonella (IP 12-72 hrs) Shigella (IP 1-7 days) Campylobacter (IP 1-11 days) Rotavirus (IP 24-72 hrs) Norovirus (IP 1-2 days) Cryptosporidium (IP 2-5 days) Yersinia (IP 4 days) With all the above likely to be significant bacteremia or viraemia	Discard up to 14 days If this is an episode of food poisoning which occurred after the donation, no action required

	Staphylococcal, Clostridium and B. cereus food poisoning is all toxin induced	
Fifth Disease, Slapped Cheeks	See Parvovirus B19	
German Measles	See Rubella above	
Glandular Fever/Kissing Disease	See Epstein-Barr Virus	
Hand, Foot and Mouth Disease	See Coxsackie A	
Jaundice	Assess whether infective cause possible	Discard all in-date components after any notification if infection is a possible cause: <ul style="list-style-type: none"> • See specific entry if infective cause identified • Discard not required if a non-infective cause has been identified (e.g. drug reaction)
Legionnaire's Disease/Pontiac Fever	See Legionella	
Lyme Disease	Refer Borrelia Burgdorferi	
Malaria	Any disclosure of illness or risk after donation	Follow local policies and procedures
Shingles (Herpes Zoster)	Possible viraemia for 48 hours from symptoms and/or rash	Discard if rash or any symptoms develop within 48 hours. Symptoms include tingling of skin, pain or eruption of vesicles
Skin disease:		
Cellulitis/erysipelas	Streptococcus Pyogenes	Discard up to 1 week
Impetigo	Group A Streptococcus Staphylococcus Aureus IP 3-5 days	No action if no systemic symptoms; if present, discard up to 1 week
Sore throat	May include: Rhinovirus Group A strep (IP 2-4days) EBV (IP 0-50days)	If a sore throat is accompanied by simple cold symptoms and no systemic symptoms, no action is required Systemic symptoms include malaise, myalgia, fever, headache. If systemic symptoms, discard up to 1 week

		If glandular fever, discard up to 50 days
Transmissible Spongiform Encephalopathy (Prion Disease)	If informed of a possible or confirmed case of prion associated disease, recall (do not discard) any in date components.	Follow local policies and procedures.
UTI	Symptomatic at donation Asymptomatic at donation	Discard No action unless systemic symptoms when discard up to 5 days Systemic symptoms include malaise, myalgia, fever and headache.
Whooping cough	See Bordetella Pertussis	

IP – Incubation Period



Stephen Thomas
Professional Director - Joint UKBTS Professional Advisory Committee
✉ stephen.thomas@nhsbt.nhs.uk