

Issued by JPAC: 26 September 2018

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 27 - 2018

Infection: Acute

These changes apply to the Deceased Tissue Donor Selection Guidelines

Please make the following changes to the entry:

Obligatory

See:

Is there is a specific entry for the disease you are concerned about?

Must not donate if:

Less than two weeks from recovery from a systemic infection.

Discretionary

1. All tissues:

If the clinician caring for the potential donor thinks that therapy given for a localised infection has successfully cleared it, accept.

[Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats, accept.](#)

2. Eyes.

If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

See if Relevant

[Congo Fever](#)
[Crimean Fever](#)
[Ebola Fever](#)
[Herpes - Genital](#)
[Herpes - Oral](#)
[Lassa Fever](#)
[Marburg Fever](#)
[MRSA](#)
[Steroid Therapy](#)
[West Nile Virus](#)

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Additional Information

Potential donors who have been cared for on an ITU may have a local chest infection as a result of ventilation - these patients are acceptable as donors.

Donors who have bacterial pneumonia are acceptable as eye donors. Other tissues **may be accepted if the infection has been successfully treated, or with individual risk assessment to exclude severe or systemic sepsis.**

Donors who have had a positive screening test for MRSA (carriers) are acceptable, whereas donors with active MRSA infection at the time of death are not acceptable.

There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds and sore throats can be passed on by processed tissue grafts.

A risk assessment should be performed to ensure that retrieval staff are not put at risk from the infection.

Unusual bacterial/fungal/protozoal infections

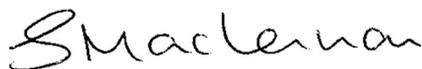
Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immuno-compromised patients, or infections which lie dormant or may be difficult to eradicate.

Reason for Change

~~A two-week period of recovery from a systemic infection has been added on advice from the SAC-TTI.~~

Add guidance re donor suitability in the presence of minor infections.

To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017



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