

Issued by JPAC: 19 January 2021

Implementation: To be determined by each Service

## Change Notification UK National Blood Services No. 53 - 2020

# Haemochromatosis

## These changes apply to the Whole Blood and Components Donor Selection Guidelines

Please make the following changes to the entry:

### *Obligatory*

**Refer to a 'Designated Clinical Support Officer' if:**  
Therapeutic venesection has been required or is planned.

### *Discretionary*

~~If treatment has not been required, accept.~~

1. If the donor does not currently require therapeutic venesection, and has not been venesected in the past, accept.  
Previous blood donation is not considered to be the same as clinical venesection.
2. If the donor has been approved to donate by a DCSO and is otherwise eligible to donate, accept.  
Minimum intervals between donations for approved donors will be determined by individual blood services.

### *See if relevant*

Cardiovascular Disease  
Cirrhosis  
Diabetes Mellitus  
Hormone Replacement Therapy

### *Additional Information*

~~Haemochromatosis is an inherited condition that can result in the body accumulating too much iron. Receiving blood from a donor with haemochromatosis presents no additional risk compared to any other transfusion. Removing blood from a person with haemochromatosis is the standard treatment for the condition. However the condition can cause serious heart problems and other organ damage. It is also important that the overall management of a person with haemochromatosis is properly managed. This is why a referral to a 'Designated Clinical Support Officer' is required if therapeutic venesection has been required or is planned.~~

### \Continued

Genetic Haemochromatosis (GH) is an inherited condition that can cause the body to accumulate too much iron. The standard treatment for GH is removal of blood through venesection. Individuals with GH will usually be monitored for iron overload through their GP or hospital clinic, and will be offered venesection if required.

Blood from an individual with GH is safe for transfusion as long as the donor meets all other donor selection criteria. However, it is important that GH patients are not under any additional pressure to donate blood. They must be under the care of an appropriate physician who can offer alternative venesection facilities if the donor is unable to donate. For this reason any patient with GH who has been venesected or who currently requires venesection must be approved by a '**Designated Clinical Support Officer**' prior to acceptance.

Someone who has a diagnosis of GH following genetic testing but who has no iron overloading may be advised by their physician to donate blood, as this will reduce the likelihood of venesection being needed in the future. Donors in this situation can be accepted without DCSO referral, as long as they have not been venesected in clinic.

*Reason for Change*

~~Relevant links have been added under 'See if Relevant' together with 'Additional Information'.~~

Clarification of when referral to DCSO is required prior to donation.

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