v1.0

Change Notification for the UK Blood Transfusion Services

Date of Issue: 17 February 2025

Implementation: to be determined by each Service

No. 03 - 2025

Hepatitis C testing of donors transfused before 1996 (Infected Blood Inquiry update)

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG	GDRI Geographical Disease Risk Index	TD-DSG Tissue - Deceased Donors	TL-DSG Tissue - Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Transfusion						•	

eght.

Dr Angus Wells Chair of Standing Advisory Committee on Care & Selection of Donors (SACCSD)

depozz

Dr Stephen Thomas Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.					
original text	«inserted text»	deleted text			
transfusionquidelines.org	Page 1 of 3	JPACOffice@nhsbt.nhs.uk			

v1.0

1. Changes apply to the Whole Blood and Components DSG

Transfusion

(revised entry)

Obligatory	 Must not donate if: At any time the donor has: a) Received, or thinks they may have received, a transfusion of blood or blood components; in a country endemic for malaria or South American trypanosomiasis. b) Received treatment with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation. Must not donate if: Since January 1st 1980: a) Anywhere in the world the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, cryodepleted plasma, convalescent plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.
	b) Has had a plasma exchange performed.
Discretionary	 a) If on medical inquiry it is unlikely that the donor has been transfused, accept. b) If treatment with human immunoglobulin has been limited to specific immunoglobulin given as prophylaxis (e.g. «anti-D, anti-tetanus» anti-D, anti tetanus or hepatitis immunoglobulin etc.), accept. Autologous Transfusion in: the United Kingdom North America Australasia Western Europe (at any time) EU member states (from February 2005) If only the donor's own blood has been used, accept. 3. Donor transfused before 1st January 1980: a) If before 1st January 1980 the donor received, or thinks they may have received, a transfusion in a country endemic for malaria or South American trypanosomiasis, check
	 the <u>Geographical Disease Risk Index</u>. If transfused in an <u>at risk</u> country and a validated malarial antibody test and/or (as appropriate) a validated test for <i>T.cruzi</i> antibody is negative, accept. b) If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept.
See if Relevant	Bleeding Disorder Geographical Disease Risk Index



v1.0

	Immunodeficiency
	Immunoglobulin Therapy
	<u>Malaria</u>
	Prion Associated Diseases
	South American Trypanosomiasis
Additional Information	Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.
	Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections before accepting the donor.
	Coagulation concentrates:
	People who have received blood derived coagulation concentrates (these are made from the blood of many donors) may have been put at risk of infections that can be passed through blood.
	Donors transfused since 1980:
	In the autumn of 2003 a UK recipient of blood, taken from a healthy donor who later developed «variant Creutzfeldt-Jakob disease (vCJD)» vCJD , died from vCJD. Since then, there have been several cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD. In view of this, people transfused, or possibly transfused, since 1980 are now excluded from donation. This date is before «Bovine Spongiform Encephalopathy» <i>BSE</i> , which is believed to have caused vCJD, was prevalent.
	Plasma exchange results in a patient being exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.
	«Donors transfused before 1996 (Infected Blood Inquiry):
	The Infected Blood Inquiry (2024) recommended that anyone who received a transfusion before 1996 should be offered hepatitis C testing, unless they have already been tested.
	Advise the donor to discuss/seek testing for hepatitis C with their GP or another clinical service if:
	 they were transfused before 1996, and
	 they are currently deferred from donating blood, and
	• they haven't been tested for hepatitis C by a health care provider since, and
	• they haven't donated blood since the start of 1996.
	Donors who are accepted to donate do not need to see their GP as their blood will be tested as part of routine blood donation screening.»
Information	This entry reflects guidance from SaBTO (Advisory Committee on the Safety of Blood, Tissues and Organs) and its predecessor, the Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.
Reason for Change	«Addition of guidance for the management of previously deferred donors, following the recommendation of the Infected Blood Inquiry (2024) regarding hepatitis C testing.»
	Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.