Change Notification for the UK Blood Transfusion Services

Date of Issue: 07 October 2024 **Implementation:** to be determined by each Service

No. 27 – 2024

Platelet Disorders

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	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. Platelet Disorders	○	○	○	○	○	●	○
2. Platelet Count	○	○	○	○	○	●	○
3. Changes to the A-Z index	○	○	○	○	○	●	○

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Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	~~deleted text~~

1. Changes apply to the **Whole Blood and Components DSG**

Platelet Disorders **(revised entry)**

«Includes	Individuals with, or carriers of, an Inherited platelet disorder. These include: • Bernard-Soulier disease • Glanzmann's thrombasthenia • Hermansky-Pudlak syndrome • Jacobsen syndrome • Lowe syndrome • Paris-Trousseau syndrome • Platelet release and storage pool defects • Thrombocytopenia with absent radius syndrome Acquired platelet disorders due to an underlying condition.
Excludes	Donors taking medications that reduce platelet function e.g. Aspirin, Clopidogrel – see: • Nonsteroidal Anti-Inflammatory Drugs • Clopidogrel • Cardiovascular Disease • Other entries relevant to reason for treatment Donors identified as having an abnormal platelet count on testing by the blood transfusion service – see Platelet Count. Thrombotic thrombocytopenic purpura (TTP) – see Thrombosis and Thrombophilia.»
Obligatory	**Must not donate if:** «a) The donor has an inherited platelet disorder. b) The donor is an affected carrier of an inherited platelet disorder. c) The donor has an acquired platelet disorder due to an underlying condition. d) The donor had an acquired platelet disorder and the underlying cause precludes donation e.g. malignancy. e) There is a history of» ~~*a) Causes*~~ excessive bleeding or bruising. «f) The donor is requiring monitoring and/or follow up.» ~~*b) The donor has thrombocytosis.*~~

	~~*c) The donor has thrombocytopenia.*~~ ~~*d) Taking drugs to reduce platelet function.*~~ «g) There is any associated immune system or organ involvement e.g. heart, lung, kidney, that precludes donation. h) The donor has received a transfusion or plasma exchange since 1st January 1980. i) The donor has a platelet disorder and has ever: • received blood derived and recombinant products e.g.Factor VIIa, ADAMTS13 and/or • received or is currently on treatment to reduce or prevent excessive bleeding e.g. desmopressin (DDAVP®), tranexamic acid, oral contraceptive pill and similar hormone therapies, intrauterine device (IUD) and/or • needed iron supplementation. j) The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure. k) The donor has required or been advised they should receive immunisations subcutaneously rather than intramuscularly.»
Discretionary	«1. If the donor is a non-affected carrier of an inherited platelet disorder and fulfils all other criteria, refer to DCSO. 2. If the donor had an acquired platelet disorder (except immune thrombocytopenia/ITP – see Immune Thrombocytopenia) that has now fully resolved, the underlying condition does not preclude donation and they fulfil all other criteria, refer to DCSO.» ~~*If drugs to reduce platelet function are self prescribed (i.e. low dose aspirin), the donor meets all other criteria and the donation will not be used for platelets, accept.*~~
See if Relevant	Cardiovascular Disease «Clopidogrel» Haematological Disease Immune Thrombocytopenia «Nonsteroidal Anti-Inflammatory Drugs» Platelet Count «Transfusion» «Thrombosis and Thrombophilia»
Additional Information	~~*Bruising and post donation bleeding can be distressing and potentially dangerous.*~~

	«Platelet disorders can be inherited or can be acquired, e.g. due to an autoimmune reaction or malignancy such as leukaemia. Symptoms are similar whether there are too many platelets in circulation, too few platelets in circulation or the correct number of platelets are in circulation but they do not work properly. These disorders can cause significant bleeding, either spontaneously or in response to even minimal trauma or minor procedures. Nose bleeds, bleeding from the gums and petechiae are common. Bleeding can lead to iron deficiency anaemia. Individuals will have been assessed and advised about their condition and bleeding risk. Most would be at increased risk of bruising and other complications from blood donation so affected individuals must not be accepted. The diagnosis of the milder forms or carrier status of platelet disorders may arise from family screening, or through testing during investigation for menorrhagia (heavy periods), or bleeding during pregnancy or childbirth. Some people with the carrier state have symptoms which may or may not need treatment and/or are at risk of bleeding and therefore would be at increased risk of bruising and other complications from donation so affected carriers must not be accepted. Affected individuals and affected carriers may have been provided with a Bleeding Disorders Information Card. Carriers who have been diagnosed through family screening, have not had any symptoms and have had their platelet function investigated and demonstrated to be normal may be able to donate once this information has been confirmed with the donor's specialist or GP by a DCSO. Treatments include plasma products, plasma exchange or more rarely platelet transfusions. Curative treatment with stem cell or bone marrow transplant is an option for the most severe conditions. The inherited platelet disorders are often part of a multisystem condition, but carriers are less likely to have significant organ involvement. The guidance contained in this entry is not intended for use for donors without a platelet disorder, for example for someone who may have taken tranexamic acid for heavy periods due to an underlying gynaecological cause.» For donors who are identified as having an abnormal platelet count following testing by the blood transfusion service, refer to the Platelet Count entry.
Reason for Change	«Clarification of the scope of this entry. Expansion of obligatory and discretionary criteria. Addition of relevant links. Additional Information section rewritten to support revised entry.» ~~*Removal of link to Thrombocytosis entry and redirection to the Platelet Count page for donors identified as having an abnormal platelet count if tested by the blood transfusion service.*~~

2. Changes apply to the **Whole Blood and Components DSG**

Platelet Count (revised entry)

Obligatory	**All donors:** **Must not donate if:** a) Under investigation for an abnormal platelet count. b) The platelet count is known to be less than 150 × 10^9/L. c) The platelet count is known to be more than 450 × 10^9/L. «d) Any underlying cause precludes donation.» **In addition, for Platelet Component Donors only:** **Must not donate if:** The predicted post-donation platelet count is less than 100 × 10^9/L.
Discretionary	a) If a donor has been investigated for an abnormal platelet count and • no underlying cause has been identified that would lead to deferral, and • the donor does not require any monitoring or follow up, accept. b) If testing by the blood transfusion service finds a donor to have a platelet count which is outside the normal range, the donor can be accepted if their results comply with local policies and procedures. Blood transfusion services should have a written policy for management of donors who are found to have a platelet count of less than 150 × 10^9/L or more than 450 × 10^9/L during donation testing.
See if Relevant	Haematological Disease Immune Thrombocytopenia «Platelet Disorders» «Thrombosis and Thrombophilia»
Additional Information	Taking a platelet donation from a donor with a platelet count lower than 150 × 10^9/L is unlikely to provide a therapeutic dose. Platelet counts outside of the normal range (i.e. less than 150 × 10^9/L or more than 450 × 10^9/L may be due to an underlying disease process. High platelet counts can also be associated with iron deficiency. Transfusion services should ensure that, where abnormal platelet counts are identified as part of routine donation testing, these are reviewed and managed appropriately. Further investigation may be required for donors with persistently abnormal results.
Information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for Change	«Additions to the Obligatory and See if Relevant sections.» ~~*Clarification of guidance to include donors giving plasma by apheresis; revision of links in the See if Relevant section; and update of advice for management of donors who have abnormal platelet counts.*~~ ~~*Addition of requirement for services to have a written policy for management of donors found to have abnormal platelet counts if tested by the blood transfusion service. Discretionary advice allowing platelet donation from donors with a low platelet count in exceptional circumstances has been removed from this entry.*~~

3. Changes apply to the **Whole Blood and Components DSG**

Changes to the A-Z index

The following entries will be **created**:

Low platelet count » Platelet Count

High platelet count » Platelet Count

TTP » Thrombosis and Thrombophilia

Thrombotic Thrombocytopenic Purpura » Thrombosis and Thrombophilia

Essential Thrombocythaemia » Haematological Disease

The following entries will be **amended**:

Thrombocytopenia - Non-Immune » ~~*Platelet Disorders*~~ «Platelet Count»

Thrombocytosis » ~~*Platelet Disorders*~~ «Platelet Count»

There are **no changes** to the following entries:

Thrombocytopenia - Immune » Immune Thrombocytopenia

Thrombocythaemia » Haematological Disease