

Change Notification for the UK Blood Transfusion Services

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

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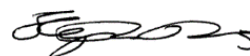
Cerebrovascular Disease and Intracranial Haemorrhage

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. Central Nervous System Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Cerebrovascular Disease and Intracranial Haemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Cardiovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Updated ‘See if Relevant’ links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Changes to the A-Z index	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



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



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

Central Nervous System Disease

(revised entry)

<p>«Excludes</p>	<p>«Cerebrovascular disease and all forms of intracranial haemorrhage.»</p>
<p>Obligatory</p>	<p>Must not donate if «has or has had»:</p> <p>a) «Dementia» Has dementia (e.g. Alzheimer's disease).</p> <p>b) «A» history of CNS disease of unknown «aetiology» or suspected infective origin. «These include, but are not limited to, neurodegenerative conditions,» (e.g. multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, «and» transverse myelitis, Creutzfeldt-Jakob disease (CJD)).</p> <p>c) Neurodegenerative conditions of unknown aetiology.</p> <p>d) Stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus.</p> <p>«c)» e) Malignant tumour.</p> <p>«d)» f) Parkinson's Disease.</p> <p>«e)» g) If having symptoms related to hypotension while taking dopamine receptor agonist drugs such as rotigotine, ropinirole and pramipexole.</p>
<p>Discretionary</p>	<p>a) Individuals who have had Bell's palsy more than four weeks ago and have discontinued any treatment for the condition for at least seven days, once investigated and discharged from specialist follow-up even if they have residual paralysis, accept.</p> <p>b) If «the donor has been investigated and» a definite diagnosis of transient global amnesia has been made, accept.</p> <p>c) If a berry aneurysm has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.</p> <p>«c)» d) If diagnosed with Idiopathic (benign) intracranial hypertension «(IIH)» and the person is asymptomatic and off all treatment, accept.</p> <ul style="list-style-type: none"> • «the donor is asymptomatic, and • if the donor is taking diuretics (e.g. Acetazolamide) for IIH and the dose has not changed in the last four weeks, <p>accept.»</p>

	<p>«d)» e) If taken for a condition other than Parkinson’s Disease, as long as not having symptoms of hypotension related to dopamine receptor agonist drugs such as rotigotine, bromocriptine, ropinirole and pramipexole, accept.</p>
See if Relevant	<p><u>Cardiovascular Disease</u> «Cerebrovascular Disease and Intracranial Haemorrhage» <u>Epilepsy</u> <u>Infection - General</u> <u>Neurosurgery</u> <u>Pituitary Disorders</u> <u>Prion Associated Diseases</u> <u>Steroid Therapy</u> <u>Urinary Catheterisation</u></p>
Additional Information	<p>Donor safety:</p> <p><i>A history of stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus puts a potential donor at increased risk of a further vascular incident affecting their brain. As donation can result in a drop in blood pressure, there is the possibility that this could lead to further problems. Although the level of risk will vary from person to person, it is not acceptable to put an individual at increased risk, for what could be a severe adverse event, to any unnecessary further risk.</i></p> <p>Transient global amnesia is a temporary and isolated disorder of memory. Affected individuals are usually over 50 years of age and there is an association with migraine. There is no association with cerebrovascular disease.</p> <p>Idiopathic or benign intracranial hypertension is a raised intracranial pressure where no mass or other disease is present. <i>Blood donation does not pose a risk to a donor with a history of idiopathic intracranial hypertension once treated and while donor remains symptom free.</i></p> <p>Parkinson’s disease is a movement disorder that can make venepuncture difficult and lead to damage to the donor’s arm. It <i>donors arm, it</i> is also treated with dopamine receptor agonist drugs (e.g. rotigotine, bromocriptine, ropinirole and pramipexole) that can cause hypotension and fainting.</p> <p>Recipient safety:</p> <p>It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion. Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation.</p>
Information	<p>This is a requirement of the Blood Safety and Quality Regulations 2005.</p>
Reason for Change	<p>«A discretion to accept donors on treatment for IIH has been added.» <i>The See if Relevant section has been revised.</i></p>

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

«Cerebrovascular Disease and Intracranial Haemorrhage» (new entry)

<i>«Includes</i>	<p>Diseases of the vasculature of the brain. This includes:</p> <ul style="list-style-type: none"> Stroke or Cerebrovascular accident (haemorrhagic or embolic) Transient Ischaemic Attack Vascular Dementia Carotid Artery Disease Cerebral haemorrhages and haematomas that are intracranial, subdural, subarachnoid, or epidural
<i>Obligatory</i>	Must not donate.
<i>Discretionary</i>	<p>If the donor has had one or more berry aneurysms treated by interventional radiology or surgery and</p> <ul style="list-style-type: none"> the donor has recovered from any associated subarachnoid haemorrhage, and there is no residual neurological deficit, such as a stroke, and any surgery did not require the use of dural grafts and/or was performed in the UK after 1992, <p>refer to a DCSO.</p> <p>If the donor has recovered from a single episode of intracranial haemorrhage due to trauma, and</p> <ul style="list-style-type: none"> there is no underlying cerebral or cerebrovascular disease, and there is no underlying bleeding disorder, and there is no residual neurological deficit, such as a stroke, <p>accept.</p>
<i>See if Relevant</i>	<p>Central Nervous System Disease Epilepsy Neurosurgery Transfusion</p>
<i>Additional Information</i>	<p>A history of thrombotic stroke or cerebral haemorrhage may increase the risk of donor adverse events. In order to reduce this risk, donors with a history of cerebrovascular disease must be deferred.</p> <p>If the incident was due to trauma, and not intrinsic cerebrovascular pathology, and donor has fully recovered, it may be appropriate to accept the donor.</p>
<i>Reason for Change</i>	This is a new entry.»

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

Cardiovascular Disease

(revised entry)

<i>Obligatory</i>	<p>Must not donate if has or has had:</p> <ul style="list-style-type: none"> a) An aneurysm. b) Cardiomyopathy. c) Ischaemic heart disease or angina regardless of cause including INOCA (myocardial ischaemia with non-obstructive coronary arteries). d) Heart failure. e) Myocarditis and it is less than 12 months from recovery. f) Peripheral vascular disease (including intermittent claudication and gangrene). g) Has required surgery for a blocked or narrowed artery including any type of amputation. h) Valvular heart disease. i) Heart Block or Bundle Branch Block.
<i>Discretionary</i>	<p>a) If a berry aneurysm has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.</p> <p>«a)» b) If an incidental heart murmur has been heard or a valve abnormality has been found at echo, which is asymptomatic and does not require follow up, accept.</p> <p>«b)» e) If asymptomatic and there is no treatment planned for Patent Foramen Ovale (PFO), accept.</p> <p>«c)» d) If a congenital heart defect has been treated medically or surgically, cure has been achieved (or the defect has spontaneously resolved) and donation is not excluded because of a transfusion history, accept.</p> <p>«d)» e) If the donor has been diagnosed with Right Bundle Branch Block (RBBB), and the donor has been clinically assessed and found to have no evidence of cardiac or pulmonary disease, accept.</p>

	<p>«e)» f) If the donor has been diagnosed with First Degree Heart Block, and the donor has been clinically assessed and found to have no evidence of cardiac disease, accept for whole blood donation.</p> <p>«f)» g) If the donor has been found to have coronary atheroma as an incidental finding during routine investigations and</p> <ul style="list-style-type: none"> • «if» the donor «has not been advised to take» is not on secondary preventative treatment with antiplatelet agents (e.g. aspirin) and/or cholesterol lowering medication, and • there is no history of chest pain or other cardiac symptoms, accept.
<p><i>See if Relevant</i></p>	<p><u>Arrhythmias</u> <u>Blood Pressure - High</u> <u>Cardiac Surgery</u> <u>Central Nervous System Disease</u> <u>«Cerebrovascular Disease and Intracranial Haemorrhage»</u> <u>Endocarditis</u> <u>Shunts, Stents and Devices</u> <u>Superficial Thrombophlebitis</u> <u>Thrombosis and Thrombophilia</u></p>
<p><i>Additional Information</i></p>	<p>A history of 'Cardiovascular Disease' means that removing blood from their circulation may put the donor at risk of having a heart attack, stroke or other vascular incident.</p> <p>Patent Foramen Ovale (PFO) is a normal variant found in up to 40% of the population at post mortem. If it is asymptomatic and no treatment or surgery is planned for this atrial septal defect, donors can be accepted.</p> <p>Incidental heart murmurs and valve abnormalities are increasingly being found due to the sensitivity of new testing regimes they are of no clinical significance if asymptomatic and they do not require follow up, donors may be accepted. «If the abnormality is of no clinical significance, i.e. the donor is asymptomatic and does not require treatment or follow up, the donor may be accepted.»</p> <p>RBBB and first degree heart block can be diagnosed in individuals in the absence of heart disease. Provided the donor has been clinically assessed and there is no evidence of cardiovascular or pulmonary disease, the donor can be accepted. If there is any uncertainty about the diagnosis or the results of investigations, refer to a DCSO.</p>
<p><i>Reason for Change</i></p>	<p>«Guidance on berry aneurysms has been moved to the <u>Cerebrovascular Disease and Intracranial Haemorrhage</u> entry.»</p> <p>Discretionary acceptance criteria for the incident finding of coronary atheroma, RBB and first degree heart block have been added. A clarification for INOCA has been added. The See if Relevant section has been updated.</p>

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

Update of links

The ‘See if Relevant’ sections of the following entries have been updated to reflect changes made to the contents of the ‘Central Nervous System Disease’ and ‘Cerebrovascular Disease and Intracranial Haemorrhage’ entries.

Blood Pressure – High (revised entry)

<i>See if Relevant</i>	<u>Cardiovascular Disease</u> «Cerebrovascular Disease and Intracranial Haemorrhage» <i>Central Nervous System Disease</i> <u>Diabetes Mellitus</u> <u>Kidney and Bladder Disease</u>
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Decompression Illness (revised entry)

<i>See if Relevant</i>	<u>Anticoagulant Therapy</u> <u>Cardiovascular Disease</u> «Cerebrovascular Disease and Intracranial Haemorrhage» <i>Central Nervous System Disease</i> <u>Disabled Donor</u> <u>Epilepsy</u> <u>Investigations</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Urinary Catheterisation</u> <u>Steroid Therapy</u> <u>Vertigo</u>
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Diabetes Mellitus (revised entry)

<i>See if Relevant</i>	<u>Cardiovascular Disease</u> «Cerebrovascular Disease and Intracranial Haemorrhage» <i>Central Nervous System Disease</i> <u>Chiropody</u> <u>Infection - General</u> <u>Pregnancy</u> <u>Shunts, Stents and Devices</u> <u>Tissue and Organ Recipients</u> <u>Wounds, Mouth and Skin Ulcers</u>
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Erectile Dysfunction

(revised entry)

<i>See if Relevant</i>	<p><u>Blood Pressure - High</u></p> <p>«Cerebrovascular Disease and Intracranial Haemorrhage» Central Nervous System Disease</p> <p><u>Diabetes Mellitus</u></p> <p><u>Prostate Problems</u></p>
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Hypercholesterolaemia

(revised entry)

<i>See if Relevant</i>	<p><u>Cardiovascular Disease</u></p> <p>«Cerebrovascular Disease and Intracranial Haemorrhage» Central Nervous System Disease</p>
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Sleep Apnoea

(revised entry)

<i>See if Relevant</i>	<p>Central Nervous System Disease</p> <p>«Cerebrovascular Disease and Intracranial Haemorrhage»</p> <p><u>Donor Weight</u></p> <p><u>Surgery</u></p>
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5. Changes apply to the **Whole Blood and Components DSG**

Changes to the A-Z index

The following entries will be **created**:

Carotid Artery Disease » Cerebrovascular Disease & Intracranial Haemorrhage

Cerebrovascular Accident » Cerebrovascular Disease & Intracranial Haemorrhage

IIH » Central Nervous System Disease

Vascular Dementia » Cerebrovascular Disease & Intracranial Haemorrhage

The following index entries will be **amended**:

Berry Aneurysm » ~~Cardiovascular Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

Cerebral Embolism » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

CVA » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

Mini Stroke » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

Stroke » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

Subarachnoid Haemorrhage » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

TIAs » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»

Transient Ischaemic Attacks » ~~Central Nervous System Disease~~ «Cerebrovascular Disease & Intracranial Haemorrhage»