Change Notification for the UK Blood Transfusion Services

Date of Issue: 13 October 2025 **Implementation:** to be determined by each Service

No. 30 - 2025

Hepatitis A

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. Hepatitis A	●	●	○	○	○	○	○

Dr Kenneth Douglas
Chair, Standing Advisory Committee on Cellular Therapy Products (SACCTP)

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~~

1. Changes apply to the **Bone Marrow** and **Cord Blood DSGs**

Hepatitis A (revised entry)

1. Affected Individual	
Obligatory	**Must not donate if:** • Less than 6 months from recovery «, or • Less than 6 months since the donor was diagnosed with hepatitis A infection following laboratory testing, if the recipient has not yet started transplant conditioning therapy. If the recipient has already started transplant conditioning therapy then the Transplant Centre must be informed immediately to allow a clinical risk assessment on the best way forward for the donor (refer to additional information).»
Discretionary	If less than 6 months from infection, but fully recovered, documented HAV RNA negative and anti HAV IgG positive after recovery, accept.
«See if Relevant	Travel
Additional Information	Hepatitis A is spread by the faecal-oral route and by sewage-contaminated food and water. It can also be spread sexually. There is no long-term infection with the virus but there are many reports of transmission by transfusion. Infection may be symptom free but can be serious and occasionally fatal. The Blood Services do not test for this infection. «Blood services may screen for hepatitis A infection using a test for hepatitis A virus RNA. Donors who are diagnosed with hepatitis A infection during pre-donation screening (i.e. before the recipient has started transplant conditioning therapy) or as part of an outbreak investigation must be deferred for 6 months, even if they do not have any symptoms of the disease. After six months, they may donate without further testing. Rarely, a donor may test positive for hepatitis A infection on the day of donation, after the recipient has already started transplant conditioning therapy. The Transplant Centre must then carry out an immediate clinical risk assessment regarding the risk of using the donation. Sometimes, when no good alternative HPC donor is available in a timely manner, the risk to the recipient from using the donation may be less than a significant delay to transplant to attempt to source an alternative donor.»
~~*Reason for Change*~~	~~*To clarify the wording of the discretionary entry.*~~
2. Current or Former Sexual Partner of Affected Individual	
Obligatory	**Must not donate if:** Less than 6 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.
Discretionary	If shown to be immune, accept.
Additional Information	There is a risk of transmitting the infection through sexual activity. Infection may be symptom free but can be serious and occasionally fatal. The 6-month exclusion

	allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.
~~*Reason for Change*~~	~~*To permit acceptance of donors who are shown to be immune.*~~
3. Person Currently or Formerly Sharing a Home with an Affected Individual	
Obligatory	**Must not donate if:** Less than 6 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.
Discretionary	If shown to be immune, accept.
Additional Information	Because hepatitis A is spread by the faecal-oral route household contacts may easily become infected. Infection may be symptom free but can be serious and occasionally fatal. The 6-month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.
~~*Reason for Change*~~	~~*To permit acceptance of donors who are shown to be immune.*~~
4. Immunisation	
Obligatory	**Known exposure:** **Must not donate if:** Less than 6 months after vaccine or intramuscular immunoglobulin was given.
Discretionary	**No known exposure:** Accept.
See if Relevant	Hepatitis B – Immunisation Travel
Additional Information	Hepatitis A immunisation is advised before travel to parts of the world where other infections relevant to donating such as malaria are common. The donor should be asked about any relevant travel history. Hepatitis A immunisation may be combined with hepatitis B immunisation. If less than 6 months from immunisation following known exposure, the donor may be accepted following individual risk assessment if the risk of delaying transplant outweighs the risk of transmission of hepatitis A.
~~*Reason for Change*~~	~~*The deferral period for immunization post known exposure has been reviewed following guidance from Public Health England.*~~
«Reason for Change	Some UK blood services have introduced universal donor testing for hepatitis A, using a test for hepatitis A virus RNA. Asymptomatic bone marrow, PBSC or lymphocyte donors may therefore rarely test positive either at pre-donation screening, or on the day of donation when pre-donation screening has been negative.»