

Change Notification for the UK Blood Transfusion Services

Date of Issue: 13 August 2024

Implementation: to be determined by each Service

No. 31 – 2024

Acute Infection

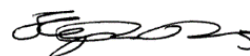
This notification includes the following changes:

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

1. Infection – Acute




Dr Akila Chandrasekar
 Chair of Standing Advisory Committee on
 Tissues & Cellular Therapy Products (SACTCTP)



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 Peripheral Blood Stem Cell DSG**

Infection – Acute

(revised entry)

<p><i>Obligatory</i></p>	<p>See: Is there is a specific entry for the disease you are concerned about?</p> <p>Must not donate if:</p> <p>a) Infected.</p> <p>b) Less than two weeks from recovery.</p> <p>c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.</p>
<p><i>Discretionary</i></p>	<p>«a)» Common viral respiratory tract infections such as colds, sore throats and seasonal influenza, if «not severe» recovering, accept.</p> <p>«b) Other types of infection:» see Additional Information.</p> <p>«c) If the patient has started conditioning, refer to DCSO. See Additional Information.</p> <p>d)» Cold sores, genital herpes: accept.</p>
<p><i>See if Relevant</i></p>	<p>Congo Fever</p> <p><u>Coronavirus Infection (COVID-19)</u></p> <p>Crimean Fever</p> <p>Ebola Fever</p> <p><u>Herpes - Genital</u></p> <p><u>Herpes - Oral</u></p> <p>Lassa Fever</p> <p>Marburg Fever</p> <p><u>MRSA</u></p> <p><u>Myocarditis</u></p> <p><u>Steroid Therapy</u></p> <p>«<u>Viral Haemorrhagic Fever</u>»</p> <p><u>West Nile Virus</u></p>
<p><i>Additional Information</i></p>	<p>Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. Waiting two weeks from when the infection is better and seven days from completing systemic antibiotic, anti-fungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on. «It also serves to protect the safety of the donor.»</p>

	<p>There is no evidence that cold sores «or»; genital herpes and common upper respiratory infections such as colds and sore throats can be passed on by transfusion but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.</p> <p>Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.</p> <p>Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.</p> <p>Donors «with mild symptoms or» recovering from seasonal influenza may be considered for donation following review by the Designated Medical Officer to confirm that the donor is fit enough to undergo the donation process.</p> <p>«If the patient has started conditioning</p> <p>Common respiratory infections: There is no evidence that common respiratory infections such as colds and sore throats can be transmitted by transfusion. G-CSF may cause side effects that overlap with those of common viruses e.g. headache, myalgia, fatigue but there is no evidence that G-CSF alters the course of such infections. Therefore, the decision on whether a donor can proceed depends on the severity of their symptoms, whether they would tolerate a possible worsening of them and whether they are well enough to travel and undergo a collection procedure or general anaesthetic (for BM).</p> <p>Other types of infection</p> <p>Liaison with the transplant centre is key. Sometimes, conditioning can be stopped or paused. Discussion with a microbiologist and the transplant centre may be needed to risk assess whether the donation can proceed. If the donor has a potentially serious infection, the donation may need to be postponed regardless of the patient’s status.»</p> <p>Unusual bacterial/fungal/protozoal infections</p> <p>Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.</p>
<p><i>Information</i></p>	<p>Part of this advice is a requirement of the EU Tissue & Cells Directive.</p>
<p><i>Reason for Change</i></p>	<p>«Additional guidance including for situations where the patient has started conditioning and information relating to common respiratory infections and other types of infection added.»</p>

	<p>Updated guidance regarding donors who are recovering from seasonal influenza.</p>
--	-------------------------------------------------------------------------------------------------