

Position Statement

December 2024

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Changing whole blood donation frequency in response to blood shortages

1. Blood Services may wish to bleed whole blood donors more frequently than current JPAC guidelines. This might be as an urgent response to national or regional blood shortages as a result of increased demand for blood or disruption to collection activity. This may be due to national crises, major incidents or disease outbreaks.
2. Blood Services may choose to increase donation frequency as a strategic decision for managing their active donor base.
3. Experience from international Blood Services shows that many donors can tolerate, and are willing to donate, more often than current JPAC limits.
4. Data from the INTERVAL study suggests donation at eight (men) or 12 weeks (women) was not associated with a change in quality of life, physical activity or cognitive function.¹ This resulted in more blood donations.
5. The INTERVAL study also showed increase donation frequency was associated with increased donation side effects and lower iron stores. Many donors had at least one low haemoglobin (Hb) deferral and 25% of donors in the shortest donation interval group had laboratory evidence of iron depletion.
6. Blood Services who wish to bleed donors at intervals of less than 12 or 16 weeks (male and female donors respectively) must implement a package of measures to address the impact of lowered iron stores. Even without a change in donation interval, the recommendations below are useful tools to manage iron status in whole blood donors regardless of donation interval.
 - a. The minimum interval between whole blood donations must not be less than eight weeks for men and 12 weeks for women.
 - b. The total number of permissible donations per year is six for men and four for women. If this cannot be independently controlled by the Blood Establishment computer system, then donation intervals must be set to take account of these limits.
 - c. Ensure there is specific donor information regarding the risks of iron deficiency when donating at intervals of less than 16 weeks (as per current WB-DSG entry for Frequency of Donation).²

¹ Di Angelantonio E, et al. Efficiency and safety of varying the frequency of whole blood donation (INTERVAL): a randomised trial of 45 000 donors. *The Lancet*. 2017; 390(10110): 2360-2371. [doi.org/10.1016/s0140-6736\(17\)31928-1](https://doi.org/10.1016/s0140-6736(17)31928-1)

² www.transfusionguidelines.org/dsg/wb/guidelines/fr002-frequency-of-donation (accessed 18.12.24)

- d. Reviewing donor consent to ensure the risks of iron deficiency are included in the process.
7. Donors with two or more low Hb deferrals within the last two years should be excluded from an increased donation frequency panel/programme. Blood Services should review their current processes for the management of low Hb deferrals as this is a cause of donor attrition once the initial low Hb deferral has passed.
8. Donors on an increased donation frequency programme/panel must have a quantitative Hb screen on the day of the donation (e.g. Hemocue®, full blood count or another point of care testing device).
 - a. This Hb screening result must be easily visible at the donor's next attendance.
 - b. A procedure should be in place to identify and manage donors whose Hb has dropped 20 g/L since their last attendance (see EDQM Guide to the preparation, use and quality assurance of blood components, section 2.2.3).³
9. If such a reduction in donation interval is anticipated to last more than six months, Blood Services must risk assess and implement the use of test(s) to assess iron status. These could include serum ferritin, reticulocyte haemoglobin, iron studies and red blood cell (RBC) indices (i.e. MCV and MCH) (see EDQM Guide to the preparation, use and quality assurance of blood components, section 2.2.4.1).³
 - a. The choice of analysis and frequency of donation will determine how often these tests should be repeated, e.g. serum ferritin might be repeated every 12 months that a donor is on an increased donation frequency programme.
10. Blood Services must have processes to monitor the impact on donor health from changing donation frequency, including (but not limited to) donor adverse events, deferrals for low Hb and other deferrals.



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



Dr Stephen Thomas
Professional Director of JPAC

³ Guide to the preparation, use and quality assurance of blood components, 21st Edition (2023). European Committee on Blood Transfusion (CD-P-TS) of the European Directorate for the Quality of Medicines & HealthCare (EDQM). Available at www.edqm.eu/en/blood-guide (accessed 18.12.24)