

# **Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines (BM-DSG)**

**Edition 203 - 01 June 2007**

**Release 56 - 13 August 2024**

**Issue 01**

## **Introduction**

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These guidelines form a constituent part of Chapter 22 (haemopoietic progenitor cells) of the Guidelines for the Blood Transfusion Services in the United Kingdom.

The criteria are reviewed regularly to ensure that the stem cells obtained are of the highest quality and of sufficient quantity to meet the needs of recipients.

JPAC is responsible for this document and receives professional advice from the Standing Advisory Committees (SACs) that form part of its structure and from other relevant expert groups.

Users of these guidelines must ensure that they have the latest version and that recent changes have been implemented (usually within three months) by their national service.

Latest Updates lists alterations to the guidelines made since publication of this edition.

Comments about the content of these guidelines, including notification of errors, omissions and suggestions for improvements, should be sent to the Chair of SAC-Tissues and Cellular Therapy Products:

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# Contents

Introduction .....	1
Document and Change Control .....	3
General Principles .....	4
Medication .....	6
Use of Alphabetical Listing (A-Z) .....	7
A-Z Index .....	8
A-Z Topics .....	22
Updates .....	130
Appendix 1 - Changes to Donor Selection Guidelines .....	134
Appendix 2 - Withdrawal of Donations .....	136
Appendix 3 - Table of Immunisations .....	137

## Document and Change Control

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These guidelines are under the continuing review of the Standing Advisory Committee for Tissues and Cellular Therapy Products (SACTCTP) and for Transfusion Transmitted Infection (SACTTI). This is to ensure that they are accurate and up to date. All changes have the approval of the Joint UKBTS Professional Advisory Committee (JPAC).

### Change Notification.

A Change Notification Letter notifies changes to the **Medical Director** and the **Quality Manager** of each of the four national services. The **Professional Director of JPAC** is responsible for this notification. All changes will have the approval of the JPAC.

Implementation of changes is the responsibility of the individual Services.

### Document version terminology.

A version shall be any of the following:

Extensive revisions of this document are known as '**Editions**'.

Changes following the issue of 'Change Notification Letters' are known as '**Releases**'.

Changes to the website, which do not involve a change to the medical or scientific content, are given an '**Issue**' number.

Edition Date, Release Date and Issue Date is the date on which an Edition, Release or Issue is first published on the UKBTS website.

### Changes to printed versions.

The **Quality Manager** of each Blood Service will effect changes to the document. They will be informed when a new electronic version is released. The **Quality Manager** is responsible for ensuring that there is an effective Document Control and Document Change procedure in operation within their Blood Service to ensure that only up to date versions are in use and that all authorized copies, both electronic and paper, are traceable.

**Individual users** of these guidelines are responsible for ensuring that they are using an up-to-date version.

### Changes to the website versions.

The website will always display the up to date version. Any errors should be notified to [JPACOffice@nhsbt.nhs.uk](mailto:JPACOffice@nhsbt.nhs.uk)

## General Principles

This document provides guidance for the selection of unrelated allogeneic bone marrow and peripheral blood stem cell donors. It must be read in conjunction with Chapter 22 (haemopoietic progenitor cells) of the Guidelines for the Blood Transfusion Services in the United Kingdom - 8th Edition, 2013, which lists the general, and some specific aspects of donor selection.

Donors are selected firstly to ensure that they do not come to harm from giving their donation and secondly to ensure that their donation is unlikely to harm any recipient. The ultimate responsibility for the selection of donors rests with the respective **National Medical Director**.

The immediate responsibility is with the **Qualified Healthcare Professional** who must ensure that the donor fulfils the respective selection guidelines. When it is not clear if an individual donor is acceptable, the donation should not be collected without discussion with a **Designated Medical Officer**. It is recognized that a particular donation of bone marrow or peripheral blood stem cells may be potentially uniquely life saving. It is important that when a **Designated Medical Officer** makes a concession outside of these guidelines, that this is discussed with the medical team of the recipient and the reasoning for the concession documented.

The prospective donor must be evaluated for their suitability to donate by a **Qualified Healthcare Professional** who has undergone appropriate training to use this document. They must verify their assessment by signing and dating the donation record.

Special note must be taken of the content of the **Tissues Safety Entry** in the **A-Z**.

It is the responsibility of the **Qualified Healthcare Professional** to ensure that the donor clearly understands the nature of the donation process. They must also understand the health questions and other information presented to them. The donor is asked about confidential aspects of their medical history, hence great care must be taken over privacy and confidentiality. This means that third party interpreters can only be used, as described in the **A-Z** entry on **Communication Difficulties**.

Where there is separate guidance for **Bone Marrow** and for **Peripheral Blood Stem Cell** donors, this is made clear.

When there is a recognized risk to either the donor or the recipient, the guidelines **must** be followed.

The following terms may be used:

### Including

Lists any other terms which may be covered by the Guideline.

### Definition

Where additional clarity is required, a definition is provided.

### Obligatory

This will indicate how the donor **must** be dealt with by the use of several terms:

#### Must not donate

The donor **must** not donate if any of the statements apply to them, **unless** a 'discretion' clearly applies. Often the exclusion will depend on time related factors. If a donation cannot be taken, the donor **must** be clearly advised why.

#### Refer to Designated Medical Officer

Is used when there is a need to seek further advice. The **Designated Medical Officer** is a suitably trained person authorized to undertake this task by the **National Medical Director**.

#### Discretionary

Gives reasons why a donor may be permitted to donate. The statements are conditional. All statements that **must** be fulfilled come before the final statement that they may be accepted. If the donor fulfils these requirements, as well as all others that apply, then they can be accepted.

#### See if relevant

Is used when an **A-Z** entry may or may not need to be consulted. This will depend upon the information provided by the donor.

#### Additional Information

This provides background information as to why a particular action or actions is required.

#### See

Means that the specified **A-Z** entry **must** be consulted.

#### Reason for Change

This indicates the background to any changes made to the entry since the last Edition or Release.

Some or all of these terms may be used under each subject heading or sub-heading.

This section was last updated in TDSG-BM Edition 203, Release 02.

## Medication

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The underlying illness suffered by a donor, rather than the properties of any drug they have taken, is the usual reason for them not being eligible to donate.

In general, traces of drugs in stem cells are harmless to their recipients. However, donors treated with certain drugs are deferred for periods associated with the pharmacokinetic properties of the drug. Examples are some drugs used to treat acne, psoriasis and some prostate problems. All such drugs have their own entry in the **A-Z** section.

This section was last updated in TDSG-BM Edition 203, Release 02.

## Use of Alphabetical Listing (A-Z)

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Any medical condition, or possible contraindication to donation, elicited at any point during donation, processing or storage, must be managed according to the **A-Z** section of these guidelines. Any donated stem cells, which, as a result, are unsuitable for clinical use, **must** be clearly labelled as unfit for use.

Any new health risks identified by this process should be notified to the Standing Advisory Committee on Tissues and Cellular Therapy Products, so they can be considered for incorporation into future revisions of these guidelines.

If late information is provided by the donor, or through any other source, that the donation is medically unfit, this must be recorded and reported to the **Designated Medical Officer**.

**Donations must not be accepted from donors who exhibit health risks that are not listed in this guidance, without referral to, and acceptance by, the Designated Medical Officer.**

This section was last updated in TDSG-BM Edition 203, Release 02.

**A-Z Index****A**

Accident	Accident	22
Acetylcholinesterase Deficiency	Acetylcholinesterase Deficiency	22
Acupuncture	Complementary Therapy	41
Addiction and Drug Abuse	Addiction and Drug Abuse	22
Addison's Disease	Adrenal Failure	23
Adrenal Failure	Adrenal Failure	23
African Trypanosomiasis	African Trypanosomiasis	23
Age	Age	23
AIDS - Infection	HIV	67
AIDS - Risk	Tissues Safety Entry	117
Alcoholism	Addiction and Drug Abuse	22
Alcoholism	Liver Disease	81
Allergy	Allergy	24
Alternative Therapies	Complementary Therapy	41
Anaemia	Anaemia	24
Anaesthetic	Anaesthetic	24
Angina Pectoris	Angina Pectoris	25
Animal Bite	Animal Bite	25
Ankylosing Spondylitis	Ankylosing Spondylitis	26
Anthrax	Anthrax	26
Anti Smoking Treatments	Anti Smoking Treatments	26
Antibiotic Therapy	Antibiotic Therapy	27
Anticoagulant Therapy	Anticoagulant Therapy	27
Anticonvulsant Therapy	Anticonvulsant Therapy	27
Antidepressant Therapy	Mental Health Problems	87
Antifungals	Infection - General	75
Antihistamine Tablets	Antihistamine Tablets	27
Anti-Obesity Drugs	Anti-Obesity Drugs	28
Antivirals	Infection - General	75
Arrhythmias	Arrhythmias	28
Arthritis	Arthritis	28
Arthropod Borne Encephalitis	Infection - Acute	73
Asthma	Asthma	29
Autoimmune Disease	Autoimmune Disease	29
<b>B</b>		
Babesiosis	Babesiosis	30
Back Problems	Back Problems	30
Basal Cell Carcinoma	Basal Cell Carcinoma	30



<b>For</b>	<b>See</b>	<b>Page</b>
BCG	BCG	31
BCG Immunisation	BCG	31
Beta Blockers	Beta Blockers	31
Bilharzia	Infection - Acute	73
Bipolar Disorder	Mental Health Problems	87
Bleeding Disorder	Bleeding Disorder	31
Blind Donor	Disabled Donor	48
Blood Pressure - High	Blood Pressure - High	32
Blood Pressure - Low	Blood Pressure - Low	33
Blood Transfusion	Transfusion	119
Blood Volume Estimation	Blood Volume Estimation	33
Body Piercing	Body Piercing	34
Bone Graft	Tissue and Cell Allograft Recipients	116
Bone Graft	Surgery	111
Borrelia	Infection - Acute	73
Botulism - Immunisation	Immunisation - Non-Live	72
Brain Surgery	Neurosurgery	91
Brain Tumour	Malignancy	85
Brain Tumour	Neurosurgery	91
Breast Biopsy	Surgery	111
Breast Lump	Breast Lump	35
Bronchitis	Bronchitis	35
Brucellosis	Brucellosis	35
<b>C</b>		
Cancer	Malignancy	85
Candida	Thrush - Oral	115
Candida	Thrush - Vaginal	115
Cannabis	Addiction and Drug Abuse	22
Cardiac Surgery	Cardiac Surgery	35
Cardiomyopathy	Cardiomyopathy	36
Cardiovascular Disease	Cardiovascular Disease	36
Catarrh	Catarrh	36
Central Nervous System Disease	Central Nervous System Disease	36
Cerebral Haemorrhage	Cerebrovascular Disease	37
Cerebrovascular Disease	Cerebrovascular Disease	37
Cervical Carcinoma in Situ	Cervical Dysplasia	38
Cervical Cone Biopsy	Cervical Dysplasia	38
Cervical Dysplasia	Cervical Dysplasia	38
Chagas' Disease	Chagas' Disease	38

<b>For</b>	<b>See</b>	<b>Page</b>
Chemsex	Tissues Safety Entry	117
Chicken Pox	Chicken Pox	38
Chik V	Tropical Viruses	121
Chikungunya Virus	Tropical Viruses	121
Chiropody	Chiropody	39
Chlamydia	Infection - Acute	73
Chlamydia	Sexually Transmitted Disease	106
Cholecystitis	Gall Bladder Disease	53
Cholera - Immunisation	Immunisation - Non-Live	72
Chondromalacia	Chondromalacia	39
Christmas Disease	Bleeding Disorder	31
Chronic Fatigue Syndrome	Post Viral Fatigue Syndrome	98
Cirrhosis	Liver Disease	81
Clinical Trials	Clinical Trials	39
Clopidogrel	Clopidogrel	39
Coagulation Factor Concentrates	Bleeding Disorder	31
Coeliac Disease	Coeliac Disease	40
Colitis - Infection	Infection - General	75
Colitis - Inflammatory Bowel Disease	Inflammatory Bowel Disease	77
Colostomy	Colostomy	40
Communication Difficulties	Communication Difficulties	40
Complementary Therapy	Complementary Therapy	41
Cone Biopsy	Cervical Dysplasia	38
Congo Fever	Congo Fever	42
Contact with Infectious Disease	Infectious Diseases - Contact with	76
Contagious Pustular Dermatitis	Infection - Acute	73
Contraceptive Implant	Contraceptive Implant	42
Contraceptive Injection	Contraceptive Injection	43
Contraceptive Pill	Contraceptive Pill	43
Corneal Transplant	Corneal Transplant	43
Coronary Thrombosis	Coronary Thrombosis	43
Coronavirus Contact	Coronavirus Infection (COVID-19)	43
Coronavirus Infection (COVID-19)	Coronavirus Infection (COVID-19)	43
Coronavirus Vaccination	Coronavirus Vaccination	45
Cortisone (Periarticular)	Steroid Therapy	110
Cortisone Tablets	Steroid Therapy	110
CoV	Coronavirus Infection (COVID-19)	43
COVID-19	Coronavirus Infection (COVID-19)	43

<b>For</b>	<b>See</b>	<b>Page</b>
Creutzfeldt-Jakob Disease	Prion Associated Diseases	99
Crimean-Congo Fever	Viral Haemorrhagic Fever	124
Crohn's Disease	Inflammatory Bowel Disease	77
Cystitis	Infection - General	75
Cytomegalovirus	Infection - General	75
<b>D</b>		
Deaf Donor	Disabled Donor	48
Deep Vein Thrombosis	Thrombosis and Thrombophilia	114
Dementia	Dementia	46
Dengue (Virus) Fever	Tropical Viruses	121
Dental Treatment	Dental Treatment	46
Depression	Mental Health Problems	87
Dermatitis	Dermatitis	46
Diabetes Insipidus	Diabetes Insipidus	47
Diabetes Mellitus	Diabetes Mellitus	47
Diarrhoea	Diarrhoea	48
Digoxin	Digoxin	48
Dilatation and Curettage	Dilatation and Curettage	48
Diphtheria	Infection - Acute	73
Diphtheria	Infection - Acute	73
Diphtheria Immunisation	Immunisation - Non-Live	72
Diphtheria Immunisation	Immunisation - Non-Live	72
Diphtheria Tetanus Immunisation	Immunisation - Non-Live	72
Diphtheria Tetanus Immunisation	Immunisation - Non-Live	72
Diphtheria Tetanus Pertussis Immunisation	Immunisation - Non-Live	72
Diphtheria Tetanus Pertussis Immunisation	Immunisation - Non-Live	72
Disabled Donor	Disabled Donor	48
Disc Surgery	Back Problems	30
Disease of Unknown Aetiology	Disease of Unknown Aetiology	49
Diuretics	Diuretics	50
Diverticulosis	Diverticulosis	50
Drug Abuse	Addiction and Drug Abuse	22
Drug Treatment	Drug Treatment	50
DTP Immunisation	Immunisation - Non-Live	72
Duodenal Ulcer	Peptic Ulcer	95
<b>E</b>		
Ear Piercing	Body Piercing	34
Ebola Fever	Viral Haemorrhagic Fever	124
Eczema	Dermatitis	46
Electrolysis	Electrolysis	50

<b>For</b>	<b>See</b>	<b>Page</b>
Elliptocytosis	Hereditary Elliptocytosis	66
Emphysema	Emphysema	51
Encephalitis	Infection - General	75
Endocarditis	Endocarditis	51
Endometriosis	Endometriosis	51
Epilepsy	Epilepsy	51
Episcleritis	Inflammatory Eye Disease	
Eye Disease	Eye Disease	51
Eye Drops	Eye Drops	52
<b>F</b>		
Factor V Leiden	Thrombosis and Thrombophilia	114
Faints	Faints	53
Febrile Episodes	Pyrexia	100
Fever	Pyrexia	100
Fibroids - Removal	Surgery	111
Filariasis	Filariasis	53
Fits	Epilepsy	51
Food Allergy	Allergy	24
Food Poisoning	Diarrhoea	48
Foreign Travel	Travel	121
Fungal Infection	Infection - General	75
Fungal Infection of Nails	Infection - Chronic	74
<b>G</b>		
G6PD Deficiency	G6PD Deficiency	53
Gall Bladder Disease	Gall Bladder Disease	53
Gastrectomy	Malignancy	85
Gastrectomy	Surgery	111
Gastrointestinal Disease	Inflammatory Bowel Disease	77
Gastrointestinal Disease	Infection - General	75
Gastrointestinal Disease	Malignancy	85
G-CSF	G-CSF	54
Gender Reassignment	Transgender Individuals	120
Genital Herpes Infection	Herpes - Genital	66
Genital Warts	Genital Warts	54
German Measles	Rubella	104
Giardiasis	Giardiasis	54
Gilbert's Disease	Liver Disease	81
Gilbert's Syndrome	Liver Disease	81
Glandular Fever	Infection - Acute	73
Glandular Fever	Liver Disease	81

<b>For</b>	<b>See</b>	<b>Page</b>
Glaucoma	Glaucoma	54
Glycogen Storage Disease	Glycogen Storage Disease	55
Goitre	Thyroid Disease	116
Gonorrhoea	Sexually Transmitted Disease	106
Gout	Gout	55
Grand Mal	Epilepsy	51
Granuloma Inguinale	Granuloma Inguinale	55
Grave's Disease	Thyroid Disease	116
Growth Hormone	Growth Hormone	55
Guillain-Barré Syndrome	Guillain-Barré Syndrome	56
<b>H</b>		
Haematological Disease	Haematological Disease	56
Haematuria	Haematuria	56
Haemochromatosis	Haemochromatosis	57
Haemoglobin Disorders	Haemoglobin Disorders	57
Haemolytic Anaemia	Haemolytic Anaemia	57
Haemophilia	Bleeding Disorder	31
Haemophilus Influenzae Type B Immunisation	Immunisation - Non-Live	72
Haemorrhoids	Haemorrhoids	57
Hand, Foot and Mouth Disease	Infection - Acute	73
Hashimoto's Disease	Thyroid Disease	116
Hay Fever	Allergy	24
Hazardous Activity	Hazardous Activity	58
Head Injury	Accident	22
Headache	Headache	58
Heaf Test	Heaf Test	58
Health Care Worker	Health Care Worker	59
Heart Operation	Cardiac Surgery	35
Henna Painting	Henna Painting	59
Hepatitis	Hepatitis	59
Hepatitis A	Hepatitis A	59
Hepatitis A - Immunisation	Hepatitis A	59
Hepatitis B	Hepatitis B	61
Hepatitis B - Immunisation	Hepatitis B	61
Hepatitis C	Hepatitis C	63
Hepatitis E	Hepatitis E	65
Hepatitis of Unknown Origin	Hepatitis of Unknown Origin	65
Hepatitis of Viral Origin	Hepatitis A	59
Hepatitis of Viral Origin	Hepatitis B	61

<b>For</b>	<b>See</b>	<b>Page</b>
Hepatitis of Viral Origin	Hepatitis C	63
Hepatitis of Viral Origin	Hepatitis E	65
Hepatitis of Viral Origin	Hepatitis of Unknown Origin	65
Hereditary Elliptocytosis	Hereditary Elliptocytosis	66
Hereditary Spherocytosis	Hereditary Spherocytosis	66
Herpes - Genital	Herpes - Genital	66
Herpes - Oral	Herpes - Oral	67
Herpes Simplex	Herpes Simplex	67
Herpes Zoster	Herpes Zoster	67
HIV	HIV	67
Homeopathy	Complementary Therapy	41
Hormone Replacement Therapy	Hormone Replacement Therapy	68
HTLV	HTLV	68
Human Bite	Inoculation Injury	78
Human Pituitary Extract	Pituitary Extract - Human	95
Huntingdon's Chorea	Huntington's Disease	69
Huntington's Disease	Huntington's Disease	69
Hydatid Disease	Hydatid Disease	69
Hydatidiform Mole	Pregnancy	98
Hydrocephalus	Hydrocephalus	69
Hypercholesterolaemia	Hypercholesterolaemia	70
Hypertension	Blood Pressure - High	32
Hyperthyroidism	Thyroid Disease	116
Hypnotics	Hypnotics	70
Hypothyroidism	Thyroid Disease	116
Hysterectomy	Surgery	111
<b>I</b>		
Idiopathic Thrombocytopenic Purpura (ITP)	Immune Thrombocytopenia	70
IgA deficiency	IgA deficiency	70
Ileostomy	Ileostomy	70
Immune Thrombocytopenia	Immune Thrombocytopenia	70
Immunisation	Immunisation	71
Immunisation - Live	Immunisation - Live	71
Immunisation - Non-Live	Immunisation - Non-Live	72
Immunodeficiency	Immunosuppression	73
Immunoglobulin Therapy	Immunoglobulin Therapy	72
Immunosuppression	Immunosuppression	73
Infection - Acute	Infection - Acute	73
Infection - Chronic	Infection - Chronic	74

<b>For</b>	<b>See</b>	<b>Page</b>
Infection - General	Infection - General	75
Infection - Tropical	Infection - Tropical	75
Infectious Diseases - Contact with	Infectious Diseases - Contact with	76
Infertility	Infertility	77
Inflammatory Bowel Disease	Inflammatory Bowel Disease	77
Inflammatory Eye Disease	Autoimmune Disease	29
Influenza Immunisation	Immunisation - Non-Live	72
Inherited Diseases	Inherited Diseases	78
Injected Drugs of Misuse	Addiction and Drug Abuse	22
Inoculation Injury	Inoculation Injury	78
Inoculations	Immunisation	71
Intermittent Claudication	Intermittent Claudication	78
Irritable Bowel Syndrome	Irritable Bowel Syndrome	79
ITP	Immune Thrombocytopenia	70
<b>J</b>		
Japanese Encephalitis - Immunisation	Immunisation - Non-Live	72
Jaundice	Jaundice	79
<b>K</b>		
Kala-Azar	Kala-Azar	79
Kidney Disease	Kidney Disease	79
Kidney Donor	Surgery	111
Kidney Recipient	Tissue and Cell Allograft Recipients	116
Kidney Stones	Infection - General	75
Kidney Stones	Renal Colic	103
Klinefelter's Syndrome	Klinefelter's Syndrome	80
<b>L</b>		
Laminectomy	Surgery	111
Laminectomy	Back Problems	30
Laser Treatment	Laser Treatment	80
Lassa Fever	Viral Haemorrhagic Fever	124
Latex Allergy	Allergy	24
Legionnaire's Disease	Infection - Acute	73
Leishmaniasis	Leishmaniasis	80
Leptospirosis	Infection - Acute	73
Leukaemia	Leukaemia	80
Listeriosis	Infection - Acute	73
Liver Disease	Liver Disease	81
Lyme Disease	Infection - Acute	73
Lymphogranuloma Venereum	Sexually Transmitted Disease	106
<b>M</b>		
Malaria	Malaria	83
Malaria - Contact in UK	Malaria - Contact in UK	84

<b>For</b>	<b>See</b>	<b>Page</b>
Malignancy	Malignancy	85
Malignant Hypertension	Blood Pressure - High	32
Malignant Melanoma	Malignancy	85
Mantoux Test	Mantoux Test	86
Marburg Fever	Viral Haemorrhagic Fever	124
Marfan's Syndrome	Marfan's Syndrome	86
Mastectomy	Malignancy	85
Mastectomy	Surgery	111
Measles	Measles	86
Measles Immunisation	Immunisation - Live	71
Measles Mumps Rubella (MMR) Immunisation	Immunisation - Live	71
Measles Rubella Immunisation	Immunisation - Live	71
Medication (Drugs)	Drug Treatment	50
Meningitis	Meningitis	86
Meningococcal Meningitis Immunisation	Immunisation - Non-Live	72
Menopause	Menopause	87
Mental Health Problems	Mental Health Problems	87
MERS	Coronavirus Infection (COVID-19)	43
Middle Eastern Respiratory Syndrome	Coronavirus Infection (COVID-19)	43
Migraine	Migraine	87
Mitral Valve Prolapse	Cardiovascular Disease	36
Molar Pregnancy	Pregnancy	98
Monkeypox	Mpox (Monkeypox)	87
Mpox	Mpox (Monkeypox)	87
Mpox (Monkeypox)	Mpox (Monkeypox)	87
MRSA	MRSA	89
Multiple Sclerosis	Multiple Sclerosis	90
Mumps	Mumps	90
Mumps - Immunisation	Immunisation - Live	71
Muscular Dystrophy	Muscular Dystrophy	90
Myalgic Encephalomyelitis	Post Viral Fatigue Syndrome	98
Myasthenia Gravis	Myasthenia Gravis	90
Myelodysplastic Syndrome	Myelodysplastic Syndrome	90
Myeloproliferative Syndrome	Myeloproliferative Syndrome	90
Myocarditis	Myocarditis	91
Myomectomy	Surgery	111
Myxoedema	Thyroid Disease	116
Ménière's Disease	Ménière's Disease	91



<b>For</b>	<b>See</b>	<b>Page</b>
<b>N</b>		
Narcolepsy	Narcolepsy	91
Needle-Stick Injury	Inoculation Injury	78
Nephrectomy	Surgery	111
Nephritis	Kidney Disease	79
Neurofibromatosis	Neurofibromatosis	91
Neurological Conditions	Central Nervous System Disease	36
Neurosurgery	Neurosurgery	91
Night Sweats	Night Sweats	92
Non-Specific Urethritis	Non-Specific Urethritis	92
Nonsteroidal Anti-Inflammatory Drugs (NSAID)	Nonsteroidal Anti-Inflammatory Drugs (NSAID)	92
Novel Coronavirus	Coronavirus Infection (COVID-19)	43
NSAID	Nonsteroidal Anti-Inflammatory Drugs (NSAID)	92
NSU	Non-Specific Urethritis	92
<b>O</b>		
Obesity	Weight	126
Ocular Surgery	Ocular Surgery	92
Ocular Tissue Recipient	Ocular Tissue Recipient	92
Operations	Operations	93
Operations	Transfusion	119
Operations	Surgery	111
Orf	Infection - Acute	73
Organ Donor	Organ Donor	93
Organ Recipient	Organ Recipient	93
Oseltamivir (Tamiflu®)	Infection - Acute	73
Osteoarthritis	Osteoarthritis	93
Osteomalacia	Osteomalacia	93
Osteomyelitis	Osteomyelitis	93
Osteoporosis	Osteoporosis	94
Ovarian Cyst	Ovarian Cyst	94
<b>P</b>		
Paget's Disease of Bone	Paget's Disease of Bone	94
Pain Killers	Pain Killers	94
Paratyphoid	Infection - Chronic	74
Peptic Ulcer	Peptic Ulcer	95
Pericarditis - Viral	Infection - Acute	73
Periods	Periods	95
Peritonitis	Infection - General	75
Peritonitis	Surgery	111
Peritonsillar Abscess	Infection - Acute	73
Permanent Makeup	Body Piercing	34

<b>For</b>	<b>See</b>	<b>Page</b>
Perthes' Disease	Perthes' Disease	95
Petit Mal	Epilepsy	51
Phlebitis	Phlebitis	95
Pituitary Extract - Human	Pituitary Extract - Human	95
Platelet Disorder	Platelet Disorder	96
Pleurisy	Pleurisy	96
Pneumococcal Immunisation	Immunisation - Non-Live	72
Pneumonia	Infection - Acute	73
Pneumothorax	Pneumothorax	96
Poisoning	Poisoning	96
Polio - Contact With	Infectious Diseases - Contact with	76
Polio - Injected Immunisation	Immunisation - Non-Live	72
Polio - Oral Immunisation	Immunisation - Live	71
Polycystic Kidney Disease	Polycystic Kidney Disease	97
Polycythaemia	Polycythaemia	97
Polymyalgia Rheumatica	Autoimmune Disease	29
Porphyria	Porphyria	97
Post Viral Fatigue Syndrome	Post Viral Fatigue Syndrome	98
Pre- and Post Exposure Prophylaxis for HIV	Pre- and Post Exposure Prophylaxis for HIV	98
Pregnancy	Pregnancy	98
Prion Associated Diseases	Prion Associated Diseases	99
Proctitis	Inflammatory Bowel Disease	77
Proctitis	Infection - General	75
Prostatectomy	Surgery	111
Psoriasis	Psoriasis	100
Psychiatric Problems	Mental Health Problems	87
Pulmonary Embolism	Thrombosis and Thrombophilia	114
Pyelonephritis	Infection - Acute	73
Pyrexia	Pyrexia	100
Pyruvate Kinase Deficiency	Pyruvate Kinase Deficiency	101
<b>Q</b>		
Q Fever	Q Fever	101
Quinsy	Infection - Acute	73
<b>R</b>		
Rabies	Rabies	101
Radiation Therapy	Radiation Therapy	102
Radionuclides	Radionuclides	102
Raynaud's Syndrome	Raynaud's Syndrome	102
Recipients of Normal Human Immunoglobulin	Recipients of Normal Human Immunoglobulin	103
Reiter's Syndrome	Reiter's Syndrome	103

<b>For</b>	<b>See</b>	<b>Page</b>
Relapsing Fever	Infection - Acute	73
Relenza® (Zanamivir)	Infection - Acute	73
Renal Colic	Renal Colic	103
Renal Disease	Kidney Disease	79
Respiratory Disease	Respiratory Disease	103
Resurfacing of Hip	Tissue and Cell Allograft Recipients	116
Resurfacing of Hip	Surgery	111
Retinitis Pigmentosa	Retinitis Pigmentosa	103
Rheumatic Fever	Rheumatic Fever	103
Rheumatoid Arthritis	Rheumatoid Arthritis	104
Ringworm	Ringworm	104
Risk Factors	Tissues Safety Entry	117
Rodent Ulcer	Basal Cell Carcinoma	30
Rubella	Rubella	104
Rubella - Immunisation	Immunisation - Live	71
<b>S</b>		
Salpingitis	Sexually Transmitted Disease	106
Salpingitis	Infection - Acute	73
Sandfly Fever	Infection - Acute	73
Sarcoidosis	Sarcoidosis	104
SARS	Coronavirus Infection (COVID-19)	43
SARS-CoV-2	Coronavirus Infection (COVID-19)	43
SBE	Endocarditis	51
Schistosomiasis	Infection - Acute	73
Sclera Recipient	Ocular Tissue Recipient	92
Scleritis	Inflammatory Eye Disease	
Self-Catheterization	Self-Catheterization	105
Semi-Permanent Makeup	Body Piercing	34
Severe Acute Respiratory Syndrome	Coronavirus Infection (COVID-19)	43
Severe Exercise Intolerance Disease (SEID)	Post Viral Fatigue Syndrome	98
Sex Change	Transgender Individuals	120
Sex Worker	Sex Worker	105
Sexually Transmitted Disease	Sexually Transmitted Disease	106
Shingles	Shingles	107
Sickle-Cell Disease	Haemoglobin Disorders	57
Sickle-Cell Trait	Sickle-Cell Trait	107
Skin Cancer	Malignancy	85
Skin Disease	Skin Disease	107
Sleeping Sickness	Sleeping Sickness	108

<b>For</b>	<b>See</b>	<b>Page</b>
Smallpox Immunization	Smallpox Immunization	108
Snake Bite	Snake Bite	108
South American Trypanosomiasis	South American Trypanosomiasis	108
South American Trypanosomiasis Risk	South American Trypanosomiasis Risk	109
Spherocytosis	Hereditary Spherocytosis	66
Spina Bifida	Spina Bifida	109
Spinal Surgery	Spinal Surgery	110
Splenectomy	Splenectomy	110
Squamous Cell Carcinoma	Malignancy	85
Steroid Therapy	Steroid Therapy	110
Stroke	Stroke	111
Subacute Bacterial Endocarditis	Endocarditis	51
Surgery	Surgery	111
Syphilis	Syphilis	112
Syphilis Sexual Contact	Syphilis	112
Systemic Lupus Erythematosus	Systemic Lupus Erythematosus	113
<b>T</b>		
Tamiflu® (Oseltamivir)	Infection - Acute	73
Tamoxifen	Tamoxifen	113
Tattoo	Body Piercing	34
Temporal Arteritis	Autoimmune Disease	29
Tetanus Immunization	Tetanus Immunization	113
Thalassaemia Major	Thalassaemia Major	113
Thalassaemia Trait	Haemoglobin Disorders	57
Therapeutic Venesection	Therapeutic Venesection	113
Threadworms	Threadworms	114
Thrombosis and Thrombophilia	Thrombosis and Thrombophilia	114
Thrush - Oral	Thrush - Oral	115
Thrush - Vaginal	Thrush - Vaginal	115
Thyroid Disease	Thyroid Disease	116
Thyroxine	Thyroid Disease	116
Tick-Borne Encephalitis	Infection - Acute	73
Tick-Borne Encephalitis - Immunisation	Immunisation - Non-Live	72
Tissue and Cell Allograft Recipients	Tissue and Cell Allograft Recipients	116
Tissues Safety Entry	Tissues Safety Entry	117
Topical Medication	Topical Medication	118
Toxoplasmosis	Toxoplasmosis	119
Transfusion	Transfusion	119
Transgender Individuals	Transgender Individuals	120

<b>For</b>	<b>See</b>	<b>Page</b>
Transient Ischaemic Attacks	Transient Ischaemic Attacks	121
Trauma	Accident	22
Travel	Travel	121
Tropical Areas	Infection - Tropical	75
Tropical Diseases	Infection - Tropical	75
Tropical Viruses	Tropical Viruses	121
Trypanosoma Cruzi Infection	Trypanosoma Cruzi Infection	122
Tuberculosis	Tuberculosis	123
Tumour Chemotherapy	Malignancy	85
Turner's Syndrome	Turner's Syndrome	124
Typhoid	Infection - Chronic	74
Typhoid - Injected Immunisation	Immunisation - Non-Live	72
Typhoid - Oral Immunisation	Immunisation - Live	71
<b>U</b>		
Ulcerative Colitis	Inflammatory Bowel Disease	77
Urethritis (Non-Specific)	Non-Specific Urethritis	92
Urinary Tract Infection	Infection - General	75
UTI	Infection - General	75
<b>V</b>		
Vaccination	Immunisation	71
Varicose Veins	Varicose Veins	124
Vasculitis	Vasculitis	124
Viral Disease	Infection - General	75
Viral Haemorrhagic Fever	Viral Haemorrhagic Fever	124
Vitamin Treatment	Vitamin Treatment	125
Vitiligo	Autoimmune Disease	29
Von Recklinghausen's Disease	Neurofibromatosis	91
Von Willebrand's Disease	Bleeding Disorder	31
<b>W</b>		
Warts	Warts	126
Weight	Weight	126
West Nile Virus	West Nile Virus	127
Whooping Cough	Whooping Cough	128
Wilson's Disease	Liver Disease	81
<b>X</b>		
Xenotransplantation	Xenotransplantation	128
XMRV	XMRV	129
<b>Y</b>		
Yaws	Yaws	129
Yellow Fever - Infection	Tropical Viruses	121
Yellow Fever Immunisation	Immunisation - Live	71
<b>Z</b>		
Zanamivir (Relenza®)	Infection - Acute	73
Zika Virus	Tropical Viruses	121

## Accident

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<i>Includes</i>	Trauma
<i>Obligatory</i>	<b>Must not donate if:</b> a) Not recovered.  b) Still under follow-up.  c) Has a plaster-cast.
<i>See if Relevant</i>	<u>Neurosurgery</u> <u>Surgery</u> <u>Tetanus Immunization</u> <u>Transfusion</u>
<i>Additional Information</i>	An unhealed wound or sore is a risk for bacteria entering the blood. Bacteria in blood can be a serious threat to anybody receiving stem cells. This is because the bacteria can multiply to dangerous levels. A plaster-cast can hide a wound or sore.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Acetylcholinesterase Deficiency

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<i>Obligatory</i>	<b>Bone Marrow Donor: Must not donate.</b>
<i>Discretionary</i>	<b>PBSC Donor:</b> Accept.
<i>Additional Information</i>	Bone marrow donation requires a general anaesthetic and acetylcholinesterase deficiency is an anaesthetic risk.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Addiction and Drug Abuse

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Has injected, or has been injected with drugs in the past 12 months  b) Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent.  c) Has injected, been injected with, or taken non-parenteral chemsex drugs in the past 3 months. Please see <u>Tissues Safety Entry</u> .
<i>Discretionary</i>	a) Accept if has not injected or been injected with other non-prescription drugs (other than drugs of addiction), such as bodybuilding drugs or injectable tanning agent within the past 3 months.  b) Accept if has not injected or been injected with drugs of addiction within the last 12 months  c) If has not injected or been injected with drugs of addiction within the last 3 months – <b>refer to designated medical officer</b> . The donor may be accepted with individual risk assessment. See additional information section  d) May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.  e) Previous use of non-parenteral drugs does not necessarily require exclusion.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>

<i>Additional Information</i>	Injecting drugs has been linked with the passing on of many infections, including hepatitis and HIV. It can be many years before any infection shows itself. Former drug users often do not realize that they can still pass infection on to others many years after they last used drugs themselves. The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation. This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative, if this test is stopped for any reason the guidance will change  Anyone obviously affected by alcohol or other drugs that can affect the mind, cannot give valid consent or fully understand why they are being asked certain questions.
<i>Reason for Change</i>	Obligatory section updated as a part of the implementation of recommendations from the FAIR III report, including addition of chemsex drugs.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 52

## Adrenal Failure

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<i>Includes</i>	Addison's Disease
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Adrenal failure is due to the adrenal glands producing insufficient steroid hormones to maintain health. There are many causes, including autoimmune disease, infection, and congenital adrenal hyperplasia. Affected individuals take replacement steroid hormones. The dose of these must be increased during times of stress.  BM donors are deferred, because of the increased risk of a general anaesthetic.  PBSC donation could pose a risk to a donor, as the stress of donation could cause an increase in their cortisol requirements and fluid shifts during apheresis may not be well tolerated.  There is also a possibility of transmission of autoimmune adrenal failure to the recipient.
<i>Reason for Change</i>	Changed PBSC donation from discretionary to obligatory 'must not donate,' as with bone marrow donors. 'Additional information' added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 54

## African Trypanosomiasis

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(Sleeping Sickness)	
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Age

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Over sixty years of age.  b) Under seventeen years of age.
<i>Additional Information</i>	The lower age limit takes account of national laws on age of consent. The upper age limit for

recruitment to the British Bone Marrow Registry is fifty years.

*Reason for Change*

The upper age limit for acceptance has been raised from fifty-seven to sixty years.

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Allergy

*Obligatory*

**Ensure:**

a) Procedures will not expose the donor to something they are allergic to, e.g. iodine, latex, lidocaine (previously known as lignocaine).

**b) Inform Transplant Centre if:**

Cells are from an individual with a known allergy.

*See if Relevant*

Asthma  
Steroid Therapy

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Anaemia

*Obligatory*

**Inform Transplant Centre if:**

Cells are from a donor that has an inherited disorder.

*Discretionary*

**1. History of anaemia:**

This must be assessed regarding its cause, current status and what treatment has been received.

**2. Iron deficiency:**

a) If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.

b) Medication to prevent, as opposed to treat, may be acceptable.

**3. Other types:**

a) Accept or exclude according to the guidelines.

b) In other cases:

**Refer to a Designated Medical Officer.**

*See if Relevant*

Haemoglobin Disorders  
Haemolytic Anaemia  
Malignancy

**If treated with blood components or products or by plasma exchange or filtration:**

Transfusion

*Additional Information*

A successful transplant will mean the recipient will produce the same blood as the donor. This would be unacceptable for a homozygous (major) form of blood disorder but would probably be acceptable for a heterozygous (minor form, or trait).

By informing the transplant centre, details can be passed on to the person receiving the transplant. This can avoid unnecessary problems in the future. For example searching for the cause of small red cells or anaemia in a person who has had a transplant from a donor with thalassaemia minor (trait).

Donating bone marrow will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.

Giving PBSC by apheresis results in a smaller loss of haemoglobin.

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Anaesthetic



*Obligatory* **Bone Marrow Donor:  
Must not donate if:**  
Previous severe reaction to general anaesthetic.

*See if Relevant* Accident  
Dental Treatment  
Surgery  
Transfusion

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Angina Pectoris

*Obligatory* **Must not donate.**

*See if Relevant* Cardiovascular Disease

*Additional Information* A history of angina means that the donor has coronary artery disease. Removing blood from the circulation may put the donor at risk of having a heart attack.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Animal Bite

(Non-Human)

*Obligatory* **1. All donors:  
Must not donate if:**

- a) Ever bitten by a non-human primate
- b) Any wound is infected or not healed.
- c) Less than 24 months since bitten anywhere in the world by a bat or by any other mammal outside of the British Isles.

*See if Relevant* Human Bite  
Infection - General  
Rabies Immunization

*Additional Information* Being bitten by a non-human primate should result in permanent deferral. Risks include simian T-lymphotropic virus, Herpes B, simian foamy virus and other as yet unknown viruses. Non-human primates include chimpanzees, gorillas, orangutans, gibbons, monkeys (old and new world), tarsiers, lemurs and lorises.

Animal bites may result in many different infections. Allowing all wounds to heal and for any obvious infection to have resolved should avoid problems. Rabies, and similar diseases, have long incubation periods and do not show as a wound infection. There is no evidence that these infections have ever been transmitted through a blood transfusion. These diseases appear to be confined to the nervous system during their incubation periods. There is evidence that they have been transmitted through organ, tissue and ocular transplants. For this reason there are different rules for material that may contain nervous system tissue.

Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, or woken to find that a bat has been with them while asleep, should be considered at risk of rabies. Bat bites are usually insignificant and easily overlooked. Merely being in a place where bats roost is not considered a risk.

*Reason for Change* To extend the deferral period following being bitten by a bat or other mammal outside of the UK from 12 to 24 months, and to provide more information on the potential risks resulting from non-human primate bites. To provide a detailed definition of a non-human primate.

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 37

## Ankylosing Spondylitis

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<i>Obligatory</i>	<b>Must not donate if:</b> The cardiovascular system is involved.
<i>Discretionary</i>	If mild and affecting the locomotor system only, accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Nonsteroidal Anti-Inflammatory Drugs (NSAID)</u>
<i>Additional Information</i>	Ankylosing spondylitis can affect the heart valves and the major artery of the body (aorta). Removing blood from the circulation may put the donor at risk of having a heart problem.
<i>See</i>	<u>Autoimmune Disease</u>
<i>Reason for Change</i>	A link to 'Autoimmune Disease' added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Anthrax

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### Exposure

<i>Discretionary</i>	Even if on prophylactic antibiotics, accept.
<i>Additional Information</i>	Anthrax infection most commonly affects the skin through direct contact with infected material such as animal hides. If spores have been inhaled there is no evidence that there is any spread to the bloodstream until the person has developed signs of infection. For this reason it is considered safe to accept exposed donors provided they have not shown signs of infection, even if they have been given prophylactic antibiotics.

### Immunisation

<i>See</i>	<u>Immunisation - Non-Live</u>
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### Infection

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Anti Smoking Treatments

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<i>Obligatory</i>	<b>Must not donate if:</b> Experiencing symptoms related to treatment.
<i>Discretionary</i>	If well, accept donors using nicotine replacement therapy (patches, sprays etc) or Bupropion (Zyban, Amfebutamone).
<i>See if Relevant</i>	<u>Acupuncture</u>
<i>Additional Information</i>	Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected may make their problems worse.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Antibiotic Therapy

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<i>Additional Information</i>	Treatment with antibiotics is not of itself a reason for deferral but the reason for the treatment may be. When treatment is being given to prevent infection, rather than to treat it, see if there is a relevant entry. If not, discuss with a <b>Designated Medical Officer</b> .
<i>See</i>	<u>Infection - General</u>
<i>Reason for Change</i>	Additional Information has been added for clarity.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Anticoagulant Therapy

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Taking anticoagulant treatment.</p> <p>b) Treatment was for cardiovascular disease.</p> <p>c) Treatment was for axillary vein thrombosis.</p> <p>d) Treatment was for repeated thrombophlebitis or thrombosis.</p>
<i>Discretionary</i>	If treatment has been completed more than seven days ago and a specific cause, not of itself a reason for exclusion, has been identified for an isolated deep vein thrombosis or pulmonary embolism, accept.
<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Thrombosis</u>
<i>Additional Information</i>	<p>Treatment with anticoagulants will make it more likely that a donor will bleed or bruise after donation. The effect of treatment wears off over some days and after seven days, the blood clotting mechanisms should be back to normal.</p> <p>If the donor has cardiovascular disease, removing blood from the circulation will put the donor at risk of having a heart problem.</p> <p>Some causes of thrombosis make it more likely that blood clots will happen again. This could be made worse by donating.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Anticonvulsant Therapy

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>Taken for epilepsy.</p>
<i>Discretionary</i>	If used for treating bipolar disorder or chronic pain syndromes and the underlying condition is not a reason to exclude, accept.
<i>See if Relevant</i>	<u>Epilepsy</u> <u>Mental Health Problems</u>
<i>Additional Information</i>	<p>Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy.</p> <p>It may also cause difficulties with the DVLA and/or employment in a person who has been free from fits for some time.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Antihistamine Tablets

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Allergy</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Anti-Obesity Drugs

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Weight</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Arrhythmias

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<i>Obligatory</i>	<p><b>1. Must not donate if:</b></p> <p>a) Symptomatic or requires treatment</p> <p>b) The donor is undergoing investigation</p> <p>c) The donor has a history of an arrhythmia (eg Atrial Fibrillation, Atrial Flutter, Supraventricular Tachycardia, Ventricular Tachycardia) even if their symptoms have now settled.</p>
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**2. In other cases:**  
Refer to a '**Designated Clinical Support Officer**'.

<i>Discretionary</i>	<p>1. Donors with a previous history of an arrhythmia triggered by a non-cardiac medical condition which has now been treated (eg thyrotoxicosis), refer to a Designated Clinical Support Officer.</p> <p>2. Donors who have been treated by ablation therapy for Supraventricular Tachycardia (including Wolff-Parkinson White Syndrome), refer to a Designated Clinical Support Officer.</p> <p>3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, <b>accept</b>.</p>
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*See if Relevant*      Cardiovascular Disease

*Additional Information*      Some heart irregularities may be made worse through blood loss or by a general anaesthetic. This includes a risk that donation could trigger a recurrence in someone with a history of a previous arrhythmia. In cases where the donor's eligibility is not clear, Designated Clinical Support Officer referral ensures further information can be sought regarding their condition.

*Reason for Change*      This entry has been revised to clarify the obligatory and discretionary criteria.

*Update Information*      This entry was last updated in TDSG-BM Edition 203, Release 47

## Arthritis

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*See if Relevant*      Ankylosing Spondylitis

Autoimmune Disease  
Osteoarthritis  
Psoriasis  
Rheumatoid Arthritis

*Reason for Change* A link has been added for Autoimmune Disease.  
*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Asthma

*Obligatory* **1. Bone Marrow Donor:**  
**Must not donate if:**  
 Dependent on medication other than inhalers.

**2. Bone Marrow & PBSC Donor:**  
**Must not donate if:**  
 a) Asthma is symptomatic.  
 b) Taking, or has completed, oral or parenteral steroids within the last seven days.

*Discretionary* If exercise induced, accept.

*See if Relevant* Infection - General  
Steroid Therapy

*Additional Information* The risk associated with a general anaesthetic is increased in people with asthma.

Taking a donation from a person with symptomatic asthma will lower the amount of oxygen the blood can carry and could make them worse.

Steroid therapy can hide the signs and symptoms of infection. Stem cells from an infected donor could be dangerous to the person receiving them.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Autoimmune Disease

*Obligatory* **See:**  
 Is there an entry for the condition?

**1. Must not donate if:**  
 The donor has needed treatment to suppress the condition in the last 12 months.

**2. Inform Transplant Centre if:**  
 Cells are from a donor that has an autoimmune disorder.

*See if Relevant* G-CSF  
Liver Disease

**If treated with immunoglobulin or plasma exchange or filtration:**  
Transfusion

*Additional Information* **PBSC Donors.**  
 G-CSF may cause a flare of some autoimmune diseases. The risk should be assessed by the **Designated Medical Officer** and discussed with the donor.

Treatment to suppress the condition may be with steroids, immunosuppressive drugs, antimetabolites, antibodies directed against parts of the immune system as well as other therapies. These will affect the donor's immune system. This may make the donor more susceptible to certain types of infection and also will make some infections more difficult to diagnose.

Autoimmune disease is caused by the body attacking itself. This is with antibodies that are

in the fluid part of the blood (plasma), and with immune cells directly attacking target cells in the part/s of the body affected.

Transfusion of antibodies, or transfer of immune cells, could lead to similar damage in the people receiving them.

<i>Reason for Change</i>	A note and link have been added about G-CSF flare of autoimmune disease.  Additional Information has been added to clarify treatment that may have been used to suppress the condition.
<i>Update Information</i>	Part of this advice is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-BM Edition 203, Release 02

## Babesiosis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Back Problems

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<i>Obligatory</i>	<p><b>1. Bone Marrow Donor:</b> <b>Must not donate if:</b> a) Surgery within last five years.  b) Disc problem/sciatica.  c) Chronic pain requiring ongoing medical treatment.</p> <p><b>2. PBSC Donor:</b> <b>See:</b> Is there an entry for the underlying condition?  <b>Must not donate if:</b> Not able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).</p>
<i>Discretionary</i>	<p><b>1. Bone Marrow Donor:</b> If the pain is infrequent, related to exertion or strain, accept.</p> <p><b>2. PBSC Donor:</b> If the donor can tolerate the procedure, accept.</p>
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Neurosurgery</u> <u>Surgery</u>
<i>Additional Information</i>	The operation to remove bone marrow could make any problem worse.
<i>Reason for Change</i>	An entry has been added for PBSC Donors. An additional link has been added for 'Disabled Donor'.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Basal Cell Carcinoma

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Still receiving treatment.
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b) Any wound has not healed.

*Additional Information*

Although basal cell carcinoma is a form of cancer it only spreads locally. As it does not spread by the blood stream it is not a risk to people receiving donated material.

An unhealed wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving donated material. This is because the bacteria can multiply to dangerous levels.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 02

## BCG

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*Obligatory*

**Must not donate if:**

- a) The inoculation site has not yet healed.
- b) Less than four weeks after inoculation.

*Additional Information*

BCG is an immunization with live bacteria. By four weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed it is possible that there may still be infection present. We do not want to pass BCG, or other infections, on to people receiving donated material.

*Reason for Change*

Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunizations other than smallpox.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 09

## Beta Blockers

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*Obligatory*

**Must not donate if:**

- a) Used for the treatment of cardiovascular disease.
- b) Used to control symptoms of thyroid disease.

*Discretionary*

If used for non-cardiovascular disease or the donor has controlled hypertension, accept.

*See if Relevant*

Anxiety Disorders  
Blood Pressure - High  
Migraine

*Additional Information*

Beta blockers are often used to treat serious heart disease such as coronary artery disease (angina and after a myocardial infarction) and arrhythmias (abnormal heart rhythm). They may also be used to control the symptoms associated with an overactive thyroid gland. Patients with these disorders **must not donate**.

They are often used as treatment for hypertension (high blood pressure). There is evidence that shows that donors taking beta blockers do not have an increased incidence of adverse events related to donation.

They are also used to treat many other conditions such as migraine, tremor, anxiety and glaucoma. In most situations this should not prevent donation.

*Reason for Change*

A link to 'Anxiety Disorders' has been added.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 02

## Bleeding Disorder

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*Includes* Carriers

## Affected Individual

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Treated with blood derived coagulation factor concentrates.</p> <p>b) There is a history of excessive bleeding or bruising.</p>
<i>Discretionary</i>	<p><b>Carrier state:</b> This does not necessarily prevent donation: <b>Refer to a Designated Medical Officer</b> who will liaise with the haematologist that investigated the donor.</p>
<i>See if Relevant</i>	<p><u>Transfusion</u></p>
<i>Additional Information</i>	<p>People who have received blood derived coagulation concentrates (these are made from the blood of many hundreds of individual donors) may have been put at risk of infections that can be passed through donations.</p> <p>If someone has had problems with bleeding or bruising taking blood or bone marrow could be harmful.</p> <p>Some people with the carrier state (trait) for some bleeding disorders may be at risk of bleeding themselves.</p>

## Family Members, Carers and Sexual Partners of Individuals Treated with Blood Derived Coagulation Factor Concentrates

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Treated with blood derived coagulation factor concentrates.</p> <p>b) A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.</p> <p>c) Less than 3 months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an affected individual.</p> <p>d) Diagnosed as affected (even mildly) by the disorder.</p>
<i>Discretionary</i>	<p>If 3 months months or more from last sexual contact or inoculation injury, accept.</p>
<i>See if Relevant</i>	<p><u>Inoculation Injury</u> <u>Transfusion</u></p>
<i>Additional Information</i>	<p><b>Blood derived coagulation concentrates:</b> These are made from the blood of many donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners.</p> <p>Many bleeding disorders are inherited. Family members that are blood relations may be affected by the bleeding disorder so would be at risk of excessive bleeding or bruising. Most close blood relations would have been screened by a haematologist from whom additional information may be available.</p> <p>Waiting 3 months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the Blood &amp; Tissues Services will be picked up.</p>
<i>Reason for Change</i>	<p>This entry has been extensively rewritten to improve clarity.</p>
<i>Update Information</i>	<p>This entry was last updated in TDSG-BM Edition 203, Release 27</p>

## Blood Pressure - High



*Obligatory* **Must not donate if:**

- a) The cause of hypertension is under investigation.
- b) Anti-hypertensive medication has been altered in the last four weeks.
- c) Is having problems with feeling faint, fainting or giddiness.
- d) Has suffered from heart failure.
- e) Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow up for their renal impairment.
- f) Has required surgery for a blocked or narrowed artery including any type of amputation.
- g) Has or has had gangrene.

*Discretionary*

- a) If the donor is being regularly assessed for high blood pressure but treatment has not been commenced, accept.
- b) If the donor is taking medication for raised blood pressure and neither the type nor the dose has been changed in the last four weeks and they are otherwise well, accept.
- c) If gangrene was not related to diabetes or peripheral vascular disease (e.g. it was due to hypothermia or meningococcal meningitis) and all wounds are fully healed, even if amputation was required, accept.

*See if Relevant*

Cardiovascular Disease  
Central Nervous System Disease  
Intermittent Claudication

*Additional Information*

In the UK about one in twenty individuals has hypertension. Most people with hypertension are in good health and are fit to donate blood.

It is however important that complications due to raised blood pressure are carefully assessed and, where necessary, donors are excluded from donating (e.g. those with heart failure or damage to their kidneys, or those experiencing hypotensive side effects from their medication).

*Reason for Change*

The rationale for **not** accepting donors on medication, other than beta blockers or diuretics, for the treatment of hypertension was reviewed by the Standing Advisory Committee for the Care and Selection of Donors in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications.

*Update Information*

This entry was last updated in DSG-WB Edition 202 Release 11

## Blood Pressure - Low

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*Discretionary*

If the donor is in good health and does not have faints or dizzy spells, accept.

*Additional Information*

Low blood pressure is not normally a problem. It is common in women and seems to be linked with levels of the female sex hormone oestrogen.

Low blood pressure can be caused by serious heart disease. In such cases a donation would not be taken.

Fainting can put a donor at risk of injury. Any donor who has problems with faints or dizzy spells should not donate.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 02

## Blood Volume Estimation

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*Obligatory*

Must not donate:  
 If the estimated blood volume is less than 3.8 litres.

*See if Relevant*

Weight

<i>Additional Information</i>	It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic. There is a minimum donor weight at which a donation can be accepted. This is not always appropriate. Obesity also makes it desirable to use factors in addition to the donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse incident.
<i>Reason for Change</i>	This is a new entry to take account of increasing levels of obesity.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Body Piercing

<i>Includes</i>	Derma-rolling, ear and body piercing, permanent and semi-permanent makeup, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials and ritual self-flagellation.
<i>Obligatory</i>	<b>Must not donate if:</b> Less than 3 months after last piercing.
<i>Discretionary</i>	Piercings performed within the UK in a commercial setting: Accept  Piercings performed outside the UK or within the UK in an unlicensed non-commercial premises more than 3 months ago: Accept  Painting, stencilling or transfers applied to the skin without piercing: Accept
<i>Additional Information</i>	Under all current legislation it is a criminal offence to trade without registration (licensing) or to be in breach of the relevant byelaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.  In the UK local authorities are responsible for regulating and monitoring businesses providing semi-permanent skin colouring procedures (micropigmentation, semi-permanent make-up and temporary tattooing). The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government (Miscellaneous Provisions) Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make byelaws.  For piercings performed outside the UK or within the UK in an unlicensed, non-commercial establishment less than 3 months ago, the donor may only be accepted following documented individual risk assessment and discussion with the transplant centre if the risk of delaying transplant outweighs the risk of transmission of infections.  Piercing has passed infection from person to person. Waiting 3 months helps to ensure that the infections tested for by the Blood & Tissues Services will be picked up.  Platelet rich plasma (PRP) facials (also known as 'Vampire Facials') have been associated with HIV transmission.  Ritual self-flagellation is carried out by some religious groups. The practice includes beating or flogging oneself with sharp objects. It may be associated with exposure to blood from other participants, either directly or through contamination of shared equipment.  This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative, if this test is stopped for any reason the guidance will change
<i>Reason for Change</i>	To add Derma-rolling, ear and body piercing, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials and ritual self-flagellation to the entry and to add information regarding PRP facials and ritual self-flagellation.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 44.

## Breast Lump

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Malignant.  b) Not fully investigated and cleared of malignancy.
<i>See if Relevant</i>	<u>Malignancy</u>
<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Bronchitis

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### Acute

*See* Infection - Acute

### Chronic

<i>Obligatory</i>	<b>Must not donate if:</b> a) Repeated regular attacks of cough with sputum.  b) Dyspnoea at rest or on minimal exertion.
<i>See if Relevant</i>	<u>Infection - General</u> <u>Steroid Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Brucellosis

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Undulant Fever	
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Cardiac Surgery

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If for congenital heart disease and has no residual disability, does not require antibiotic cover, and is not excluded because of their transfusion history: <b>Refer to a Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Endocarditis</u> <u>Surgery</u> <u>Transfusion</u>
<i>Additional Information</i>	Individuals who have had cardiac surgery, other than for congenital abnormality, are unlikely to be fit enough to safely have a large volume of blood removed. An individual who has had congenital abnormalities corrected can often lead a normal lifestyle and may be able to give blood safely. If the criteria under 'Discretionary' are met, the Designated Medical Officer can make a documented decision based on the individual's medical history.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Cardiomyopathy

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Cardiovascular Disease

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<i>Obligatory</i>	<p><b>1. Must not donate if:</b></p> <p>a) Has ischaemic heart disease.</p> <p>b) Recurrent thrombophlebitis or thrombosis.</p> <p><b>2. Bone Marrow Donor:</b> Discuss with the anaesthetist if the donor has any other form of cardiovascular disease.</p>
<i>Discretionary</i>	If asymptomatic mitral valve prolapse only, accept.
<i>See if Relevant</i>	<p><u>Angina Pectoris</u></p> <p><u>Blood Pressure - High</u></p> <p><u>Cardiac Surgery</u></p> <p><u>Cardiomyopathy</u></p> <p><u>Endocarditis</u></p> <p><u>Myocarditis</u></p> <p><u>Thrombosis</u></p>
<i>Reason for Change</i>	Additional links have been added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Catarrh

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### Acute

See Infection - Acute

### Chronic

<i>Obligatory</i>	If on prescribed medication: <b>Refer to a Designated Medical Officer.</b>
<i>Discretionary</i>	If using a nasal decongestant only, accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Central Nervous System Disease

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<i>Excludes</i>	Cerebrovascular disease, including stroke, cerebral haemorrhage, embolus or transient ischaemic attack. See specific entry for <u>Cerebrovascular Disease</u> .
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Has Dementia (e.g. Alzheimer's disease).</p> <p>b) History of CNS disease of unknown or suspected infective origin (e.g. multiple sclerosis)</p>

(MS), optic neuritis, clinically isolated syndrome, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).

c) Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).

d) CNS tumour.

e) Parkinson's Disease.

f) Having symptoms related to hypotension while taking dopamine receptor agonist drugs such as rotigotine, ropinirole and pramipexole.

*Discretionary*

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.

b) If a definite diagnosis of transient global amnesia has been made, accept.

c) If the cause of the disease is not established, refer to DCSO.

d) 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.

*See if Relevant*

Cerebrovascular Disease  
Epilepsy  
Malignancy  
Neurosurgery  
Prion Associated Diseases  
Rabies

*Additional Information*

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.

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.

*Information*

This is a requirement of the EU Tissue & Cells Directive.

*Reason for Change*

Obligatory section updated to move 'stroke, transient ischaemic attack/s or cerebral embolus' to the new entry created for 'cerebrovascular disease'. Revisions to the text of the 'Discretionary' and 'Additional information' sections.

*Update Information*

This entry was last updated in BM-DSG Edition 203 Release 55

## Cerebrovascular Disease

*Definition*

Diseases of the vasculature of the brain. This includes stroke, cerebrovascular accident (haemorrhagic or embolic), transient ischaemic attack. Cerebral haemorrhage includes haemorrhages or haematomas that are intracerebral, subdural, subarachnoid, or epidural.

*Obligatory*

**Must not donate.**

*Discretionary*

If a berry aneurysm has been treated by interventional radiology, and the person has not had a stroke or suffered neurological deficit, refer to DCSO for individual risk assessment.

*See if Relevant*

Central Nervous System Disease

*Additional Information*

Both embolic stroke and cerebral haemorrhage, (includes haemorrhages or haematomas that are intracerebral, subdural, subarachnoid, or epidural) may pose a risk of causing adverse events in stem cell donors. In order to reduce this risk, donors with a history of cerebrovascular disease must be excluded.

As regards cerebral haemorrhage after trauma, there is a concern that donors with previous traumatic brain injury may be at risk of further brain haemorrhage after stem cell donation. A small number of cases of cerebral haemorrhage in stem cell donors have been reported. In the few that occurred within 36 hours of donation, some of the donors had had previous traumatic brain injury (concussion).

<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in CB-DSG Edition 203 Release 55

## Cervical Dysplasia

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Undergoing investigation or treatment.  b) Diagnosed with invasive cervical carcinoma.
<i>Discretionary</i>	a) If the donor had colposcopy treatment for abnormal cervical cells and has been discharged to routine screening, accept. It is not necessary to wait for a normal smear result before donating.  b) If only having regular review of smears, accept.
<i>Additional Information</i>	Cervical screening includes testing for high risk Human Papilloma Virus (HR-HPV). Women who are positive for HR-HPV may be called for routine smear tests at more frequent intervals. They can donate provided they are not undergoing other tests or awaiting colposcopy investigation.  Women with abnormal cells on a smear test are triaged according to their risk of developing cervical carcinoma. Women at higher risk will be referred for investigation and treatment via colposcopy.  Abnormalities identified at colposcopy include cervical intra epithelial neoplasia (CIN, Grades 1-3) and cervical glandular intra epithelial neoplasia (CGIN). CIN-3 is also known as cervical carcinoma in situ. By definition, patients with CIN or CGIN do not have invasive cervical carcinoma, so can be accepted once treated, fully healed and discharged. There is no need to wait for the results of their next routine smear, usually at 6 months post treatment, unless the donor has been advised that follow up will be necessary at the colposcopy clinic.
<i>Reason for Change</i>	Updated to clarify the scope of entry, when a donor can be accepted after treatment for cervical dysplasia and the significance of HR-HPV testing.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 44.

## Chagas' Disease

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South American Trypanosomiasis

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>South American Trypanosomiasis Risk</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Chicken Pox

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### Contact

See Infectious Diseases - Contact with

## Herpes Zoster (Varicella Zoster)

See Infection - Acute

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Chiropody

*Obligatory* **Must not donate if:**  
There are open wounds or infection.

*See if Relevant* Fungal infection:  
Infection - Chronic

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Chondromalacia

*Discretionary* Accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Clinical Trials

*Obligatory* **Must not donate if:**  
Participating in a clinical trial. This includes the use of drugs of any kind (oral, parenteral, transcutaneous, etc.) and applies to healthy individuals participating as volunteers - for example in 'phase 1' clinical trials.

*Discretionary* If a **Designated Medical Officer** has examined and agreed the trial protocol, accept.

*See if Relevant* Complementary Therapy  
Transfusion

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Clopidogrel

*Obligatory* **Must not donate**

*Discretionary* If prescribed for primary prevention of cardiovascular disease, discuss with DCSO.

*Additional Information* Clopidogrel is an antiplatelet drug which is used in the treatment and secondary prevention of cardiovascular disease and stroke. In this case, the underlying condition would be a contraindication to donation, in the interests of donor safety.

Occasionally Clopidogrel is used for primary prevention in patients who are intolerant of or hypersensitive to aspirin. Donor needs to be assessed by DCSO for the suitability of withholding clopidogrel for the relevant procedure.

*Reason for Change* This is a new entry.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 47.

## Coeliac Disease

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*Discretionary* Accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Colostomy

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*Obligatory* **Must not donate if:**  
For malignancy or inflammatory bowel disease.

*Discretionary* If the reason for the colostomy is not of itself a reason to exclude and the stoma is healthy, accept.

*See if Relevant* Surgery

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Communication Difficulties

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*Obligatory* **1. All donors must:**

- a) Fully understand the donation process.
- b) Give their informed consent to the process and to the testing of their blood for diseases that may affect its suitability for use.

**2. Third party interpreters:**  
If they are to be present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified health professional, they must:

- a) Understand the importance of providing an accurate and truthful translation of the information provided, to enable the tissue/cell establishment to comply with regulatory requirements
- b) Not be personally known to the donor.
- c) Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.

*See if Relevant* Disabled Donor

*Additional Information* The Services are aware of their duties under Race Relations and Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for individuals whose first language is not English, or who have other difficulties in communicating. Potential donors with such difficulties are advised to seek advice from their local Blood Service before offering to donate stem cells to see if their needs can be met.

**Every donor must:**

- a) Be provided with accurate educational materials, which are written in terms which can be understood by members of the general public.
- b) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional.
- c) Provide written informed consent to proceed with the donation process which must be countersigned by the qualified health professional responsible for obtaining the health history.

A qualified health professional may assist a donor in the completion of the health and



medical history questionnaire and in understanding the consent statement and any other information provided by the Blood Service. To facilitate comprehension it is permissible to use alternative formats (e.g. a language other than English, audio, computer, Braille) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present there is no standardized way of assessing comprehension so this will be a personal judgement made by the health professional.

#### **Use of third party interpreters.**

It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified health professional. The third party **must not** however be present during any exchange of confidential information, unless they are **not** personally known to the donor and understand the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

#### **Rationale.**

There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified health professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent, this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Blood Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the HTA and Health and Safety Regulations no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

<i>Reason for Change</i>	<ol style="list-style-type: none"> <li>1. To clarify that interpreters and translators do not need to understand all the regulatory requirements of the Human Tissue Act, but are aware of the importance of providing a truthful and accurate translation to enable the tissue/cell establishment to comply with regulatory requirements</li> <li>2. To clarify that interpreters and translators have a duty of confidentiality</li> </ol>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 20

## **Complementary Therapy**

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<i>Obligatory</i>	<p><b>1. Must not donate if:</b> The condition for which treatment was given is not acceptable.</p> <p><b>2. Therapies involving penetration by needles or other invasive procedures:</b></p> <p><b>Must not donate if:</b> Less than 3 months from completing treatment</p>
<i>Discretionary</i>	<p>a) If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept</p> <p>b) For all other therapies involving penetration by needles or other invasive procedures:</p> <p><b>1. Performed within the NHS</b> If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.</p>

**2. Performed outside of the NHS**

2a) If performed by a Qualified Health Care Professional registered with the General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Dental Council (GDC), The General Chiropractic Council (GCC), The General Optical Council (GOC), The General Osteopathic Council (GOsC) or General Pharmaceutical Council (GPhC), Pharmaceutical Society of Northern Ireland (PSNI), The Health and Care Professions Council (HCPC) (which regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Physiotherapists, Prosthetists and Orthotists, Radiographers and Speech and Language Therapists), accept.

2b) Treatments performed within commercial premises in the UK: Accept.

2c) If performed within unlicensed, non-commercial premises in the UK, or for any treatment performed outside the UK more than 3 months ago: Accept.

*Additional Information*

Equipment that has been reused has passed infection from person to person. Therapists who are subject to discipline from statutorily constituted professional authorities are unlikely to re-use needles.

Commercial premises may be based in shops and clinics and also include operators running an acupuncture business from a residential premise such as their own homes. Under all current legislation it is a criminal offence to trade as an acupuncturist without registration (licensing) or to be in breach of the relevant byelaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.

In the UK local authorities are responsible for regulating and monitoring businesses providing tattooing, cosmetic piercings, semi-permanent skin colouring (micropigmentation, semi-permanent make-up and temporary tattooing), electrolysis and acupuncture. The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government (Miscellaneous Provisions) Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make byelaws.

Healthcare professionals registered with statutory body may not need to register with the local authority as their statutory body is responsible for their regulation.

This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative, if this test is stopped for any reason the guidance will change.

When there is any doubt about infection being passed on, waiting 3 months means infections are more likely to be picked up by the tests used by Blood & Tissue Services

*Reason for Change*

The regulatory organisations for Pharmacists in the UK have been added. The HCPC ceased to be the regulatory authority for Social Workers in England in 2019. The list of health and care professionals regulated by the HCPC has been amended.

*Update Information*

This entry was last updated in TDSG-LD Edition 203, Release 43.

**Congo Fever**

*Obligatory*

**Must not donate if:**

Less than twelve months following recovery or from return to the UK, if occurred abroad.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 02

**Contraceptive Implant**

*Discretionary*

Accept.

*See if Relevant*

Surgery

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Contraceptive Injection

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*Discretionary* Accept.  
*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Contraceptive Pill

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*Discretionary* Accept.  
*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Corneal Transplant

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*Obligatory* **Must not donate.**  
*See if Relevant* Prion Associated Diseases  
*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Coronary Thrombosis

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*Includes* Heart Attack  
Myocardial Infarct  
*Obligatory* **Must not donate.**  
*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Coronavirus Infection (COVID-19)

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*Includes* COVID-19 disease (due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV).

### 1. Person with confirmed symptomatic COVID-19

*Obligatory* **Must not donate if less than 14 days** since resolution of symptoms.

*Discretionary* a) If **more than 14 days** have passed since resolution of symptoms, accept.

b) If **less than 14 days** since resolution of symptoms: refer to designated clinical support officer for individual risk assessment, if donation is urgent and cannot be delayed.

See additional information.

## 2. Person with confirmed SARS-CoV-2

*Obligatory* **Must not donate if less than 14 days** since confirmation of infection by positive results in a diagnostic test.

*Discretionary* If **less than 14 days** have passed since confirmation of infection by positive results in a diagnostic test, refer to designated clinical support officer for individual risk assessment, if donation is urgent and cannot be delayed.

See additional information.

## 3. Person with suspected COVID-19

*Discretionary* a) If **more than 14 days** have passed since resolution of symptoms, and donor has been tested and advised they **do not** have COVID-19, and the donor remains well, accept.

b) If **less than 14 days** have passed since resolution of symptoms, and:

- Donor has been tested and advised they **do not** have COVID-19, and the donor remains well.  
OR
- If the donor has **not** been tested to exclude the diagnosis of COVID-19.

Refer to designated clinical support officer for advice.

*See if Relevant* Coronavirus Vaccination  
Infection - Acute  
Contact with Infectious Diseases

*Additional Information* Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for tissue transplant recipients. Since 2002 there have been outbreaks in humans of new strains of coronavirus, associated with severe pulmonary infections and mortality rates of 10-35% e.g. SARS and MERS.

COVID-19 is an illness characterised by respiratory symptoms, including coughing and breathlessness, and fever. It is caused by infection with a newly identified Coronavirus, SARS-CoV-2. Its full pathogenesis remains unknown but individuals with certain underlying chronic conditions, the elderly and immunocompromised individuals are at risk of more severe disease.

Some persons with SARS-CoV-2 infection may be asymptomatic. It is possible that they may have undergone testing for occupational health reasons (for example).

Some individuals will have symptoms for a protracted length of time after the systemic and respiratory symptoms of the acute infection have resolved. A wide range of symptoms, including cardiac and neurological, have been reported. It is important to identify any of the specific ongoing symptoms such as chest pain, palpitations, shortness of breath, fatigue, even if seemingly mild or infrequent, that suggest that a donor may not have fully recovered to their pre-COVID-19 state of health, and that may put a donor at risk of an adverse event.

There is no evidence at present that SARS-CoV-2 can be transmitted by tissue/cell transplantation.

For Bone Marrow (HPC-M) donations, donation should be scheduled in accordance with current guidance from the Royal College of Surgeons and Association of Anaesthetists and in discussion with the collection centre.

*Post Donation Illness* Donors must be provided with information about contacting the registry co-ordinating their donation and the collection centre they donated at if they develop any illness within 14 days after donation.

*Reason for Change* Additional Information' section updated following removal of NICE recommendation to test donors.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 54

## Coronavirus Vaccination

*Obligatory* **Must not donate if:**

i) Less than 14 days after the last immunization if the vaccine given was nucleic acid (mRNA) vaccine.

ii) Less than 28 days after the last immunization if the vaccine given was virus-vector-based (non-replicating virus) vaccine.

See additional information for further information on different types of vaccine.

iii) If donor felt unwell due to unexpected complications (other than common side effects) after any vaccination, refer to Designated Clinical Support Officer for individual risk assessment.

Timings above refer to interval between vaccination and start of G-CSF or general anaesthetic for BM donation.

*Discretionary* If the transplant cannot be delayed, Donors may be accepted less than 14 days (nucleic acid vaccines) or 28 days (viral vector vaccines) after the date of the most recent vaccination, subject to individual risk assessment. See additional information.

*See if Relevant* Coronavirus Infection

*Additional Information* All COVID-19 vaccines currently licensed in the UK are non-live. Normally, no deferral period is applied after immunisation with non-live vaccines. However as the effects of the newly developed coronavirus vaccines on donor health and donation safety are not fully established yet, as a precautionary principle, a 14 to 28 day post vaccine deferral period, depending on the type of vaccine is recommended.

Immune thrombocytopenia (ITP) can occur after all types of Covid 19 vaccines. There have been a small number of reports of vaccine induced thrombosis and thrombocytopenia syndrome (VITTS), in people receiving virus vector based (non-replicating) coronavirus vaccine. VITTS patients have severe clinical symptoms whilst ITP may be sub-clinical and go unnoticed on symptoms alone. The incidence is unclear but may be similar to other vaccine induced ITP. Therefore a 14 day deferral period has been recommended after vaccination with mRNA vaccines.

GCSF administration carries a small risk of inflammation associated thrombosis and thrombocytopenia. There is a theoretical concern that GCSF could exacerbate the immune response related to VITTS. Headaches and abdominal pain are side effects of GCSF which are primary symptoms associated with cerebral venous thrombosis and splanchnic vein thrombosis respectively, due to VITTS. As a precautionary measure the post vaccination deferral period for bone marrow and PBSC donors receiving virus-vector-based (non-replicating virus) vaccines has been extended to 28 days, for donor protection. As the reported events are extremely rare, donors may be accepted less than 28 days after vaccination subject to a careful individualised risk assessment.

Consideration of checking a platelet count after vaccination to rule out thrombocytopenia is recommended. This could be included as a part of medical assessment if undertaken 14 days or more after vaccination. If less than 14 days between vaccination and medical assessment, or vaccination was given after medical assessment, additional Full Blood Count should be done before commencing GCSF/ general anaesthetic (frozen cells) and before commencing patient conditioning (for fresh cells).

For donors who have commenced GCSF, the vaccination (first or second dose) must be delayed at least until 72 hours after stem cell collection (both PBSC & Bone Marrow Donation). This is a precautionary advice to avoid vaccination when receiving GCSF and allow for post donation recovery period.

For donors vaccinated as part of a clinical trial or outside of the UK, the type of vaccine used should be established to determine the appropriate deferral period.

There may be new types of vaccine that become available, and it may not be known which type of vaccine was used for immunisation. In situations where information about vaccine type is missing or the vaccination is experimental, a four-week deferral period should be applied.

The British Society for Immunology has published an infographic to explain to the general public the different types of COVID-19 vaccines, including brand names, available in the UK, in other countries, and in clinical trials. See the following link: <https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/types-vaccines-for-covid-19>

*Reason for Change* To update the obligatory and discretionary sections.

*Update Information* This entry was last updated in BM-DSG Edition 203 Release 55

## Dementia

*Obligatory* **Must not donate.**

*Update Information* This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 02

## Dental Treatment

*Obligatory* **Must not donate if:**  
 a) Less than seven days since root canal treatment, dental capping or having a tooth removed.  
 b) Less than 24 hours since a filling, scale and polish or other superficial treatments.  
 c) All wounds are not healed.  
 d) There is any infection.

*Discretionary* If inspection or dental impressions only, accept.

*See if Relevant* Surgery  
Infection - General

*Additional Information* Dental extractions and other treatments can result in bacteria getting into the blood stream. The waiting times after treatment are to allow healing and for any bacteria that have entered the blood stream to be cleared.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Dermatitis

*Obligatory* **Must not donate if:**  
 a) Venepuncture or harvest site is affected.  
 b) Using systemic therapy.

*Discretionary* If the area affected is small, the venepuncture or harvest site is unaffected and using topical treatment only, accept.

*See if Relevant*

Allergy  
Infection - General  
Steroid Therapy

<i>Reason for Change</i>	To add a link to Alitretinoin.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 17

## Diabetes Insipidus

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Diabetes Mellitus

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*Obligatory* **Must not donate if:**

- a) Requires treatment with insulin.
- b) Has had a transplant of pancreatic tissue
- c) Has significant end-organ complication -see discretionary
- d) Suffers from Hypoglycaemic attacks

Diabetes is poorly controlled -see additional information

*Discretionary* The donor needs to be reviewed by the DCSO if they suffer from complications of diabetes mellitus which may cause a health risk to the donor or recipient. Complications include peripheral vascular disease, renal impairment, autonomic neuropathy, and cardiovascular disease.

Hypoglycaemic attacks are less common in Type II Diabetes but can still be a complication of some medications.

*Additional Information* Diabetes Mellitus can result in acute illness, chronic morbidities, and death, and hence national guidelines recommend maintaining good glycaemic control to prevent or minimise macrovascular and microvascular complications. It is estimated that 3.8 million of the UK population have diabetes (8.6%) (The state of the nation 2019-A review of diabetes services in Wales).

Type I Diabetes (T1DM) comprises the minority (<10%) and the patients are insulin dependent, more prone to have hypoglycaemic events. It is, at least in part, considered to be genetically inherited. A review of the medical literature suggests that T1DM may be transmitted to the recipient after a successful transplant.

Type II Diabetes (T2DM) is commoner and many people with this type are in good health and do not require insulin treatment.

It is however important that complications due to diabetes are carefully assessed and, where necessary, donors are excluded from donating (e.g., those at risk of postural hypotension due to autonomic neuropathy, or those at risk of bacteraemia due to unhealed ulcers).

Diabetic patients are advised to maintain good glycaemic control -HbA1c 7-8% (52 -64mmol /mol) to prevent macrovascular and microvascular complications.

UK blood services accept donors who are on oral medications for Diabetes following 2008 review and recommendation by SAC-CSD, and later this recommendation was reviewed to accept donors using some non-insulin derived injectable drugs. SHOT donor haemovigilance has not reported any donor adverse events related to diabetes. (SHOT 2009-2021)

Blood Safety and Quality Regulations require UK blood services not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.

<i>Reason for Change</i>	Updating the guideline.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 47.

## Diarrhoea

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<i>Includes</i>	D & V Entero-colitis Food Poisoning Gastric Flu Gastro-enteritis
<i>Obligatory</i>	<b>Must not donate if:</b> a) Chronic or associated with inflammatory bowel disease.  b) Less than two weeks since full recovery.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Digoxin

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Dilatation and Curettage

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<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Disabled Donor

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<i>Obligatory</i>	<p><b>1. All donors must:</b></p> <p>a) Fully understand the donation process</p> <p>b) Give their informed consent to the process and to the testing of their blood for diseases that may affect the suitability of their stem cells for use</p> <p><b>2. Third party interpreters:</b> If they are to be present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified health professional, they must:</p> <p>a) Understand the requirements of the Human Tissue Act (HTA) relevant to the donation process</p> <p>b) Not be personally known to the donor.</p> <p><b>3. PBSC Donor:</b> Must be able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).</p> <p><b>4. Bone Marrow donor:</b> Discuss with anaesthetist.</p>
<i>Discretionary</i>	<b>Donors with difficulty in reading:</b>



Ensure by questioning the donor that they:

a) Understand and fully complete the tick-box questionnaire

b) Give valid consent to donation and to the testing of their blood for diseases that may affect its suitability for use.

*See if Relevant*

Self-catheterization

Spina Bifida

*Additional Information*

The Services are aware of their duties under Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for disabled individuals. Potential donors with such difficulties are advised to seek advice from their local Service before offering to donate stem cells to see if their needs can be met. **Every donor must:**

be provided with accurate educational materials, which are written in terms which can be understood by members of the general public

complete a health and medical history questionnaire and undergo a personal interview performed by a health professional

provide written informed consent to proceed with the donation process which must be countersigned by the qualified health professional responsible for obtaining the health history.

A qualified health professional may assist a donor in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Service. To facilitate comprehension it is permissible to use alternative formats (e.g. audio, Braille, computer or alternative language) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present there is no standardized way of assessing comprehension so this will be a personal judgement made by the health professional.

**Use of third party interpreters.**

It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified health professional. The third party **must not** however be present during any exchange of confidential information, unless they are **not** personally known to the donor and understand the requirements of that part of the HTA relevant to the donation process. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

**Rationale.**

There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified health professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the relevant aspects of the HTA this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Blood Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the HTA and Health and Safety Regulations no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

*Reason for Change*

This is a revised entry to clarify the use of interpreters by the Blood & Tissue Services.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 02

**Disease of Unknown Aetiology**

*Obligatory*

**See:**

Is there is a specific entry for the disease?

**Must not donate.**

<i>Discretionary</i>	If safety and quality of the donation is unlikely to be affected, discuss with Designated Clinical Support Officer. See 'additional information' section.
<i>Additional Information</i>	When the cause of an illness is not clear, there is an unknown risk to any recipient of donated material.  In certain circumstances, the aetiology could be multi-factorial, although it is not clearly established, there are no concerns relating to person to person transmission. In these cases, cells could be accepted for clinical use, based on current available evidence, after taking into consideration the impact of the donation on the donor's health
<i>Reason for Change</i>	To clarify that if the safety and quality of the tissues and cells is not impacted, donation can be permitted.
<i>Update Information</i>	This is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-BM Edition 203, Release 44.

**Diuretics**

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<i>Discretionary</i>	If taken for pre-menstrual syndrome, or to treat hypertension as either the only drug or in conjunction with Beta Blockers, accept.
<i>See if Relevant</i>	<u>Blood Pressure - High</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

**Diverticulosis**

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

**Drug Treatment**

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<i>Obligatory</i>	The taking of some drugs may make a donor ineligible. This could be due to the underlying disease or to the medication.  <b>See:</b> Any specific entry for the disease or the drug.
<i>Discretionary</i>	Self-medication with some drugs e.g. vitamins, aspirin, sleeping tablets, need not prevent a donation being accepted, providing the donor meets all other criteria.
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

**Electrolysis**

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<i>Discretionary</i>	Accept.
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*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Emphysema

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*Obligatory* **Must not donate.**  
*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Endocarditis

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*Obligatory* **Must not donate if:**  
 a) Active infection.  
 b) Has a heart defect and has been told to take antibiotics when having treatment (e.g. dental) that may result in bacteraemia.

*See if Relevant* Infection - General

*Reason for Change* This new entry replaces the previous entry for 'Subacute Bacterial Endocarditis'. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Endometriosis

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*Discretionary* Accept.

*See if Relevant* Surgery

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Epilepsy

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*Obligatory* **Must not donate if:**  
 a) Requiring treatment for epilepsy.  
 b) Has had an epileptic episode in the last three years.

*Discretionary* **Previous epilepsy:**  
 A person with a past history of epilepsy who for the past three years has neither required anticonvulsant therapy, nor been subject to fits, may be considered as a donor.

*See if Relevant* Malignancy  
Neurosurgery

*Additional Information* Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy. It may also cause difficulties with the DVLA and/or employment in a person who has been free from fits for some time.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Eye Disease

<i>Obligatory</i>	<p><b>1. Must not donate for BM or PBSC if:</b></p> <p>a) Active ocular inflammation</p> <p>b) History of malignancy</p> <p>c) Ocular tissue transplanted</p> <p><b>2. Must not donate for PBSC if:</b></p> <p>a) History of inflammatory eye disease (e.g. uveitis, scleritis, iritis, episcleritis, conjunctivitis)</p> <p>b) Associated with severe or multisystem autoimmune disease</p> <p>c) History of detached retina or any eye condition/injury that affects blood vessels of eye</p> <p>d) History of bleeding or clots in the eye or retina such as optic neuritis, optic neuropathy, or autoimmune retinopathy</p>
<i>Discretionary</i>	<p>a) History of inflammatory eye disease:</p> <ul style="list-style-type: none"> <li>• If transient viral conjunctivitis, which is fully resolved, accept.</li> <li>• For others, where a clear infectious aetiology has been identified, and the inflammation is resolved, seek advice from DCSO.</li> </ul> <p>b) If it is an isolated autoimmune inflammatory process, or if it is a recurring inflammation or increased risk or recurrence (e.g. HLA-B27) or exacerbation (toxoplasma chorioretinitis), accept for BM only, subject to advice from DCSO.</p>
<i>See if Relevant</i>	<p><u>Autoimmune Disease</u></p> <p><u>Central Nervous System Disease</u></p> <p><u>Glaucoma</u></p> <p><u>Infection - General</u></p> <p><u>Malignancy</u></p> <p><u>Ocular Surgery</u></p> <p><u>Ocular Tissue Recipient</u></p> <p><u>Steroid Therapy</u></p> <p><u>Tissue and Cell Allograft Recipients</u></p>
<i>Additional Information</i>	<p>Inflammatory eye disease can be due to:</p> <p>a) Infectious causes, such as toxoplasmosis, CMV, leptospirosis, tuberculosis.</p> <p>b) Isolated auto immune or non-infectious such as HLA-B27 associated, traumatic /sympathetic ophthalmopathy, drug induced.</p> <p>c) Associated with systemic diseases such as Behcet's Disease, arthritis, connective tissue diseases.</p> <p>Infectious eye diseases can aggravate years after initial treatment and the role of GCSF in response to infectious agents is not fully understood.</p> <p>Uveitis has been reported as a side effect of GCSF. A history of eye inflammation in association with systemic disease usually requires deferral due to the underlying condition. If such an association cannot be excluded at medical examination, consider BM only. Acceptable for donation only by BM method if recurring inflammation or increased risk for recurrence (e.g., HLA-B27).</p>
<i>Reason for Change</i>	'Obligatory' and 'Discretionary' sections expanded. 'Additional Information' section added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 54

## Eye Drops

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<i>Obligatory</i>	<b>Determine what they are being used to treat.</b> <b>See:</b> Is there a relevant entry.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Glaucoma</u> <u>Infection - General</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Eye drops are used to treat a wide range of conditions, some of which would prevent the person from donating. It is important to know exactly why the drops are being used.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Faints

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<i>Obligatory</i>	<b>PBSC Donor:</b> <b>Must not donate if:</b> History of either a severe syncopal attack or two consecutive faints following whole blood donation.
<i>Discretionary</i>	If the donor is accepted, careful observation is required.
<i>Additional Information</i>	A previous history of being prone to faints increases the likelihood of an adverse reaction to donation.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Filariasis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## G6PD Deficiency

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<i>Obligatory</i>	<b>1. Must not donate if:</b> Severe.  <b>2. If accepted, must inform:</b> Transplant Centre, Collection centre and, If BM donor, the anesthetist.
<i>Additional Information</i>	This is an X linked red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a <b>Designated Medical Officer</b> . The condition would be transmissible to recipient of stem cells so Transplant Centres need to undertake their own risk assessment.
<i>Reason for Change</i>	To improve clarity and provide additional information.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 29

## Gall Bladder Disease

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<i>Obligatory</i>	<b>Must not donate if:</b>
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	a) Symptomatic.
	b) Associated with an inherited haemolytic anaemia e.g. spherocytosis.
<i>Discretionary</i>	If recovered or has asymptomatic gallstones, accept.
<i>See if Relevant</i>	<u>Haemolytic Anaemia</u> <u>Infection - General</u> <u>Malignancy</u> <u>Surgery</u>
<i>Reason for Change</i>	A link has been added for Haemolytic Anaemia and for Malignancy.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## G-CSF

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<i>Obligatory</i>	<b>PBSC Donors:</b> The donor must be advised of the adverse events associated with this drug.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Sickle-cell Trait</u>
<i>Reason for Change</i>	To introduce an entry for G-CSF.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Genital Warts

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Sexually Transmitted Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Giardiasis

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<i>Discretionary</i>	Accept.
<i>Additional Information</i>	This is a local intestinal infection that does not affect donation.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Glaucoma

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<i>Obligatory</i>	<b>Must not donate if:</b> Received transplant of sclera during glaucoma surgery.
<i>Discretionary</i>	If treatment is complete, no scleral transplant was given, or if treated by eye drops only, accept.
<i>See if Relevant</i>	<u>Ocular Tissue Recipient</u> <u>Surgery</u> <u>Tissue and Cell Allograft Recipients</u>
<i>Additional Information</i>	If surgery was performed after 1997 and the sclera was supplied through UK Transplant, this information will be stored on the National Transplant Database.
<i>Update Information</i>	

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Glycogen Storage Disease

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*Obligatory* **Must not donate**

*Additional Information* Glycogen storage disease (GSD) is the result of defects in the processing of glycogen synthesis or breakdown within muscles, liver, and other cell types. GSD in humans is genetic caused by an inborn error of metabolism (genetically defective enzymes) involved in these processes. Donation may present a risk to the donor, even for milder forms of glycogen storage disease

*Reason for Change* This is a new entry

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 29

## Gout

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*Obligatory* **Must not donate.**

*Discretionary* Accept if:

a) For BM donation

b) For PBSC: Discuss with DCSO. See 'Additional Information'

*Additional Information* Gout is an acute arthritis caused by build-up of uric acid crystals in the joint space. There have been reports of severe exacerbation of gout following administration of G-CSF.

In the interests of donor protection, caution should be exercised before considering donors with gout for PBSC donation. In these circumstances, donors should be counselled about the possibility of exacerbation of their condition and consent to this before proceeding to receive G-CSF.

Affected individuals should be excluded from PBSC donation unless permitted by DCSO based on individual risk assessment.

*Reason for Change* Exclude affected individuals from donation of PBSC unless permitted by DCSO.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 54

## Granuloma Inguinale

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*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Growth Hormone

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*Obligatory* **Must not donate if:**  
Has ever received human pituitary derived growth hormone.

<i>Discretionary</i>	If treated exclusively with recombinant-derived growth hormone, accept. In the UK this has been since 1987.
<i>See if Relevant</i>	<u>Prion Associated Diseases</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Guillain-Barré Syndrome

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<i>Obligatory</i>	<p><b>Refer to a Designated Medical Officer:</b>  <b>Must not donate if:</b></p> <p>a) Less than 24 months from resolution.</p> <p>b) There has been any recurrence of symptoms.</p> <p>c) The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barré syndrome that recovered completely within 12 months.</p>
<i>See if Relevant</i>	<b>If treated with immunoglobulin or plasma exchange:</b> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Haematological Disease

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Malignant.</p> <p>b) Clonal disorder such as primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).</p>
<i>Discretionary</i>	If polycythaemia or thrombocytosis is secondary to a non-malignant/clonal condition, accept.
<i>See if Relevant</i>	<u>Anaemia</u> <u>Haemoglobin Disorders</u> <u>Immune Thrombocytopenia</u> <u>Therapeutic Venesection</u>
<i>Additional Information</i>	Clonal disorders result from the proliferation of a single cell. Because they have the potential to become malignant they are treated in the same way as malignancy.
<i>Reason for Change</i>	<p>Monoclonal gammopathy of unknown significance (MGUS) has been added as an example of a clonal disorder.</p> <p>'Additional Information' has been added.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Haematuria

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Due to infection.</p> <p>b) Due to malignancy.</p>
<i>See if Relevant</i>	<u>Kidney Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02



## Haemochromatosis

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Haemoglobin Disorders

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Thalassaemia major or intermedia  b) Sickle cell disease (HbSS, HbSC, HbSBthal, HbSD)  c) High affinity haemoglobin  d) Other clinically significant structural or functional haemoglobinopathies</p>
<i>Discretionary</i>	<p>a) Donors with traits for abnormal haemoglobin, accept. Inform transplant centre  b) Donors with sickle cell trait – accept for bone marrow only.</p>
<i>See if Relevant</i>	<p><u>Anaemia</u>  <u>Sickle-Cell Trait</u>  <u>Thalassaemia Trait</u>  <u>Transfusion</u></p>
<i>Reason for Change</i>	Stem cells from a donor who is heterozygous for a haemoglobin disorder may be accepted for transplant after a risk assessment by the transplant centre. There is no evidence of clinically significant sickling during PBSC collection in those with sickle cell trait. However, subclinical sickling has been demonstrated with PBSC collection, so those with sickle cell trait must donate by BM only.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 29

## Haemolytic Anaemia

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<i>Obligatory</i>	<p><b>See:</b></p> <p>a) Is there an entry for the condition?  b) If not: <b>Refer to a Designated Medical Officer.</b></p>
<i>See if Relevant</i>	<p><u>Autoimmune Disorder</u>  <u>G6PD Deficiency</u>  <u>Haemoglobin Disorders</u>  <u>Hereditary Elliptocytosis</u>  <u>Hereditary Spherocytosis</u>  <u>Pyruvate Kinase Deficiency</u>  <u>Transfusion</u></p>
<i>Reason for Change</i>	To include an entry for haemolytic anaemia.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Haemorrhoids

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<i>Includes</i>	Piles
<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Anaemia</u> <u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Hazardous Activity

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<i>Obligatory</i>	<p><b>1. PBSC Donor:</b> <b>Must not donate if:</b></p> <p>a) Required to undertake a hazardous activity the same working day.</p> <p>b) Donors must be advised of the risks of delayed faints and told not to perform a hazardous occupation or hobby on the same day.</p>
<i>Discretionary</i>	<p><b>Hazardous occupation:</b> If going off duty, accept.</p>
<i>Additional Information</i>	<p>If a donor has an adverse event after donating, some activities (occupations or hobbies) may lead to harm to the donor or others.</p> <p>Examples of hazardous activities include: diving (all types), flying, parachuting, motor sport, climbing, etc.</p> <p>Examples of hazardous occupations include: air traffic controller, ambulance driver, climbing ladders or scaffolding, crane or heavy machine operator, diver, fire crew, flying, Large Goods Vehicle (LGV, HGV over 7.5 tonnes), bus or train driver, miner working underground, etc.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Headache

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### Occasional

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Migraine</u>

### Regular

<i>Obligatory</i>	<p><b>Must not donate if:</b> Not investigated.</p>
<i>Discretionary</i>	If investigated and diagnosis does not contra-indicate donation, accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Heaf Test

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<i>Obligatory</i>	<p><b>Must not donate until:</b> Healing.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Health Care Worker

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### History of Inoculation Injury

See Inoculation Injury

### No Inoculation History

*Discretionary* Accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Henna Painting

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*Discretionary* Accept.

*See if Relevant* Body Piercing

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Hepatitis

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*Obligatory* **Note:**  
Hepatitis has a number of causes including infection and hypersensitivity to drugs. Our concern is with viral hepatitis.

*Discretionary* If fully recovered from non-viral hepatitis, accept.

*See if Relevant* Hepatitis A  
Hepatitis B  
Hepatitis C  
Hepatitis E  
Hepatitis of Unknown Origin

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Hepatitis A

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### 1. Affected Individual

*Obligatory* **Must not donate if:**  
Less than 6 months from recovery

*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.

*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. Immunization

*Obligatory* **Known exposure.**  
**Must not donate if:**  
Less than six months after vaccine or intramuscular immunoglobulin was given.

*Discretionary* **No known exposure:**  
Accept.

*See if Relevant* Hepatitis B - Post Immunization Travel

*Additional Information* Hepatitis A immunization 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 immunization may be combined with Hepatitis B immunization.

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.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 31

## Hepatitis B

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### 1. Person with current hepatitis B infection

*Obligatory*     **Must not donate.**

*Additional Information*

Hepatitis B is a serious viral infection that can lead to chronic liver disease and liver cancer (hepatoma).

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Cases are often linked to place of birth, or mother's place of birth. The condition is very common in many parts of the world and vertical spread from mother to baby is often a major route of transmission. Hepatitis B may also be acquired by injecting drug use, sexual transmission and more rarely tattoos and piercings

### 2. Person with previous diagnosed (recovered) hepatitis B infection

*Obligatory*     **Must not donate:**  
if less than 12 months since diagnosis

*Discretionary*     If more than 12 months since diagnosis of HBV infection, and if they have successfully cleared the infection, accept.

Refer to the designated medical officer if advice on interpretation of test results is required

*See if Relevant*     Tissue Safety Entry

*Additional Information*

Leaving 12 months from diagnosis before testing allows sufficient time for a donor to clear any acute infection or develop markers of a chronic infection which will be detected on screening.

If less than 12 months from diagnosis the donor may be accepted if the risk of delaying transplant outweighs the risk of transmission of hepatitis B subject to documented individual risk assessment.

Anti-HBc is required as a mandatory test under the EU Cell and Tissue Directive for cell and tissue donations, and is therefore a regulatory requirement. If the donor is HBsAg negative and HBV DNA negative anti-HBs testing is not required. Anti-HBc must be carried out to comply with regulation and there is no requirement for anti-HBs levels. However some international stem cell registries require anti-HBs status to determine donor suitability.

### 3. Current or Former Sexual Partner of an infected individual

*Obligatory*     Obtain history (including time since last sexual contact, and the dates that HBV immunisation given).

**Must not donate if:**  
Less than 3 months from last sexual contact

*Discretionary*     If more than 3 months since last sexual contact, accept.

If less than 3 months since last sexual contact, and the donor is shown to be naturally immune, accept.

*Additional Information* A donor with a period of less than 3 months since the last sexual contact with an infected individual may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B. A shortened time between last sexual contact and testing increases the risk of not detecting a recently acquired infection on screening.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

*Reason for Change* This entry has been modified in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July (2017).

#### 4. Current or former sexual partner of person who had recovered from hepatitis B infection at the time of last sexual contact

*Obligatory* Obtain history (including time since last contact, date that the partner was diagnosed with HBV infection and the date that HBV immunisation of the donor commenced).

**Must not donate if:**

Less than 3 months from last sexual contact with the a partner who has been diagnosed with HBV infection **less than** 12 months ago

*Discretionary* a) If **more than** 3 months since last sexual contact, regardless of when the partner was diagnosed with the HBV infection, accept  
or  
b) If partner was diagnosed with HBV infection **more than** 12 months ago and has cleared the infection at the time of last sexual contact, accept.

*Additional Information* A donor who had sexual contact less than 3 months ago with a partner who had been diagnosed with the HBV infection less than 12 months ago at the time of sexual contact, may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

*Reason for Change* This entry has been modified in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.

#### 5. Person Sharing a Home with a person with hepatitis B infection

*Obligatory* Obtain history to determine if they are still sharing a home, and if not, the time since sharing ceased

**Must not donate:**

If less than 3 months since sharing ceased.

*Discretionary* If more than 3 months since sharing ceased, accept.

If less than 3 months since sharing ceased, and the donor is shown to be naturally immune, accept

*See if Relevant* 6. Hepatitis B Immunization, below.

*Additional*

<i>Information</i>	A person sharing a home with a person infected with hepatitis B within the past 3 months may be accepted following individual risk assessment if the risk of delaying transplant outweighs the risk of transmission of hepatitis B.
<i>Reason for Change</i>	This entry has been modified in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.

## 6. Hepatitis B Immunization

<i>Obligatory</i>	<p><b>a) If Immunised Following Known Exposure:</b> <b>Must not donate</b></p> <p><b>b) If Immunised With No Known Exposure:</b> <b>Must not donate if:</b> Less than 7 days after the last immunization was given.</p>
<i>Discretionary</i>	<p><b>a) If Immunised Following Known Exposure:</b> If more than 3 months from immunization, accept</p> <p><b>b) If Immunised With No Known Exposure:</b> If more than 7 days after the last immunization was given, accept.</p>
<i>See if Relevant</i>	<u>Hepatitis A - 4. Immunization</u>
<i>Additional Information</i>	<p>Immunization post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg. Generally immunoglobulin would only be given after a known exposure to hepatitis B.</p> <p>There is no requirement to monitor the anti-HBs level.</p> <p>May be combined with hepatitis A immunization.</p> <p>Sensitive assays for HBsAg may be positive following recent immunization. This is why a 7 day deferral is required.</p>
<i>Reason for Change</i>	The immunisation section has been incorporated into the main Hepatitis B entry.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 27

## Hepatitis C

### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If the individual has been told that he/she is HCV antibody negative, then samples should be taken to determine eligibility.
<i>See if Relevant</i>	<p><u>Liver Disease</u></p> <p><u>Tissues Safety Entry</u></p>
<i>Additional Information</i>	<p>Hepatitis C is a serious viral infection that can lead to chronic liver disease, liver cancer (hepatoma) and chronic fatigue syndrome. It has also been linked with malignant lymphomas and autoimmune disease. The infection is very easily spread by transfusion.</p> <p>Individuals who are chronically infected are sometimes referred to as 'carriers'.</p>

They often have no, or minimal, symptoms associated with their infection.

Many cases are linked to previous drug use and, before the introduction of HCV screening of blood donations, to transfusion.

Individuals who have had Hepatitis C infection in the past, and have been told that they have been successfully treated, will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before their donation can be issued, their tissues/cells cannot be used.

*Reason for Change* 'Additional Information' has been added.

## 2. Current or Former Sexual Partners of HCV Positive Individuals

*Obligatory* **Must not donate if**  
Less than 3 months from the last sexual contact

*Discretionary* a) If less than 3 months from the last sexual contact and the donor/donor family reports that their current or former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for at least 6 months prior to the last sexual contact and continues in sustained remission, accept.

b) If more than 3 months since last sexual contact, accept.

*See if Relevant* Tissues Safety Entry

*Additional Information* Confirmation of the success of treatment of the HCV positive partner is not required  
Individuals who remain HCV RNA negative six months after completing treatment are likely to have been 'cured', with a risk of relapse of less than 1%

In the United Kingdom sexual transmission of HCV from an infected individual to a sexual partner is low, but not zero.

As the treated individual would have a very low (<1%) risk of relapse of infection and sexual transmission of the hepatitis C virus is rare, the transmission of hepatitis C from a successfully treated individual to a sexual partner is most unlikely. This guidance presumes that a validated NAT test for HCV is negative, if this test is stopped for any reason the guidance will change.

*Reason for Change* To include guidance for persons with treated and successfully cleared past Hepatitis C infection.

## 3. Person currently or formerly Sharing Home with an affected individual

*Discretionary* Accept.

*See if Relevant* Sexual Partners of HCV Positive Individuals above.

*Additional Information* Hepatitis C is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood route. For these reasons household contacts do not need to be deferred.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 31



## Hepatitis E

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### Infection

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery.
<i>Discretionary</i>	If less than 6 months from recovery and HEV RNA negative and anti HEV IgG positive, accept.
<i>See if Relevant</i>	<u>Travel</u>
<i>Additional Information</i>	Hepatitis E is an infectious hepatitis that is usually spread through contaminated food or water. Infection may be associated with travel to countries with poor hygiene/sewage conditions but increasingly, cases of hepatitis E are being identified in the UK usually due to consumption of undercooked contaminated meat. Hepatitis E can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion and transplant. Infection in healthy individuals is often symptom free but in people with underlying problems in their immune systems it can be serious and occasionally fatal. The Blood Services currently test for this infection.
<i>Reason for Change</i>	The obligatory deferral has been reduced from 12 to 6 months and a discretion to accept on full recovery added. Additional Information has been updated. The deferral for household and sexual contacts has been removed.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 29

## Hepatitis of Unknown Origin

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### Affected Individuals

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 24 months from recovery.
<i>Discretionary</i>	a) If more than 12 months, but less than 24 months from recovery, obtain history and blood samples and refer to a <b>Designated Medical Officer</b> .  b) If more than 24 months from recovery, accept.
<i>Additional Information</i>	If more than 12 months and less than 24 months from recovery: c) If negative for all markers of hepatitis B, accept.  d) If HB core antibody is positive and HBsAg is negative and HBV-DNA is negative, accept.

### Person Sharing Home

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from recovery of the last affected person in the home.
<i>See if Relevant</i>	Sexual Partner of Affected Individuals above.
<i>Additional Information</i>	Most hepatitis of unknown origin will have been due to hepatitis A or hepatitis E (or non-viral causes). Additional testing for those who give a history of hepatitis between 12 and 24 months before donation will exclude the rare case of HBV

which may have delayed clearance of infection and therefore will still present a risk through donation.

*Reason for Change* Clarification regarding hepatitis B markers has been added to the additional information.  
To remove the requirement for anti-HBs levels to be >100 iu/l for acceptance of stem cell donations from donors who are anti-HBc-positive provided the HBV DNA result is negative.

### Sexual Partner of Affected Individuals

*Obligatory* **Must not donate if:**  
Less than 12 months from recovery of partner.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 17

### Hereditary Elliptocytosis

*Obligatory* **1. Must not donate if:**  
Clinically significant haemolysis.

**2. Inform Transplant Centre if:**  
Cells are from a donor with hereditary elliptocytosis.

*Additional Information* Hereditary elliptocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a **Designated Medical Officer**.

*Reason for Change* This entry replaces the previous entry for Elliptocytosis

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

### Hereditary Spherocytosis

*Obligatory* **1. Must not donate if:**  
Clinically significant haemolysis.

**2. Inform Transplant Centre if:**  
Cells are from a donor with hereditary spherocytosis.

*Additional Information* Hereditary spherocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a **Designated Medical Officer**.

*Reason for Change* The entry has been changed to be consistent with the guideline for 'Hereditary Elliptocytosis'.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

### Herpes - Genital

*Obligatory* **Must not donate if:**  
Fresh lesions.

*Discretionary* If lesions are healing, provided there is no history of other Sexually Transmitted Diseases, accept.

*See if Relevant* Sexually Transmitted Disease

*Additional Information*

There is no need to defer donors who have a sexual partner with Herpes if the donor themselves is asymptomatic.

*Reason for Change* Addition of 'Additional Information' section, to include clarification regarding sexual partners.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 52

## Herpes - Oral

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*Obligatory* **Must not donate if:**  
Fresh lesions.

*Discretionary* If lesions are healing, accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Herpes Simplex

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*See if Relevant* Herpes - Genital  
Herpes - Oral

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Herpes Zoster

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*See if Relevant* Infection - Acute  
Infectious Diseases - Contact with

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## HIV

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*Includes* AIDS

### Current or Former Sexual Partners of Confirmed Case

*Obligatory* **Must not donate if:**  
Less than 3 months from last sexual contact.

*See if Relevant* Tissues Safety Entry

*Additional Information* HIV infection can be spread through sexual activity, including oral and anal sex. Despite regular sexual contact transmission of infection may not happen. It may however not be transmitted for a long time into a relationship. This could be because the infection becomes more active in the infected partner, the uninfected partner acquires another infection or injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (condoms etc.). In the early stages of infection the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion or transplantation.

Waiting 3 months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services. This guidance presumes that a validated NAT test for HIV is negative, if this test is stopped for any reason the guidance will change.

*Reason for Change* This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017. The current and former sexual partner entries have been combined. Additional information section added

## Infection

*Obligatory* **Must not donate.**  
*See if Relevant* Tissues Safety Entry

## Person Currently or Formerly Sharing a Home with an Affected Individual

*Discretionary* Accept.

*See if Relevant* Current or Former Sexual Partner of Affected Individual above.

*Additional Information* HIV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons household contacts do not need to be deferred.

*Reason for Change* This is an additional entry.

*Update Information* This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 27

## Hormone Replacement Therapy

*Obligatory* **Must not donate if:**  
a) Used for malignancy.  
b) A recipient of human gonadotrophin of pituitary origin.  
c) A recipient of human pituitary growth hormone.

*Discretionary* a) If treated with gonadotrophins that were exclusively non-pituitary derived, accept.  
b) If treated with growth hormone that was exclusively recombinant, accept.  
c) If treatment for menopausal symptoms or osteoporosis prevention, accept.

*See if Relevant* Prion Associated Diseases  
Thyroid Disease

*Reason for Change* The discretionary entry has been re-worded for clarity.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## HTLV

### Current and Former Sexual Partners of Confirmed Case

*Obligatory* **Must not donate if:**  
Less than 3 months from last sexual contact

*See if Relevant* Tissues Safety Entry

*Additional Information* There is no defined infectious window period for HTLV. The risk of missing recent infection with individual sample testing is low after 3 months.

*Reason for Change* This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017

## Infection

*Obligatory* **Must not donate.**

*See if Relevant* Tissues Safety Entry

## Person Currently or Formerly Sharing a Home with an Affected Individual

*Discretionary* Accept.

*See if Relevant* Current or Former Sexual Partner of Affected Individual above.

*Additional Information* HTLV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons household contacts do not need to be deferred.

*Reason for Change* This is an additional entry.

*Update Information* This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 27

## Huntington's Disease

*Obligatory* **Must not donate if:**  
Symptomatic.

*Discretionary* Asymptomatic carriers, accept.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Hydatid Disease

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Hydrocephalus

*Obligatory* **Must not donate if:**  
Has an indwelling shunt.

*See if Relevant* Neurosurgery  
Spina Bifida

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Hypercholesterolaemia

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Has caused symptomatic disease.  b) Associated with cardiovascular disease.
<i>Discretionary</i>	If has not led to symptomatic disease, even if on treatment, accept.
<i>See if Relevant</i>	<u>Cardiovascular Disease</u>
<i>Additional Information</i>	Hypercholesterolaemia occurs when the level of cholesterol in the blood is outside of the reference range for the donor's age and sex. Usually this is managed by modifying the diet and often by the use of drugs. High levels of cholesterol are of themselves not a reason to defer a donor. If the hypercholesterolaemia has led to symptomatic disease, such as cardiovascular problems or transient visual or neurological problems the donor should not be accepted, even if their cholesterol has returned to normal levels.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Hypnotics

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## IgA deficiency

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ileostomy

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<i>Obligatory</i>	<b>Must not donate if:</b> a) For malignancy  b) Inflammatory bowel disease.
<i>Discretionary</i>	If the reason for the ileostomy is not of itself a reason to exclude and the stoma is healthy, accept.
<i>See if Relevant</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Immune Thrombocytopenia

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Symptomatic.  b) Chronic.  c) Recovered, but less than six months from recovery.  This applies to both adult and childhood disease.
<i>See if Relevant</i>	<b>If treated with immunoglobulin or plasma exchange:</b>

Transfusion

**If treated with immunosuppressive therapy:**  
Immunosuppression

*Reason for Change* The links have been revised.  
  
The phrase, 'Recovered, but has ever had a recurrence' has been removed and 'five years from recovery' has been reduced to six months as both were considered unnecessarily restrictive.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

**Immunisation**

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**Non-exposed**

*See* Immunisation - Live  
Immunisation - Non-Live

If you do not know if an immunisation is live or not, see the specific entry for the type of immunisation or:  
**Refer to a Designated Medical Officer.**

**Post Exposure**

*Obligatory*

- 1. BCG:**  
**See:** BCG
- 2. Hepatitis A:**  
**See:** Hepatitis A
- 3. Hepatitis B:**  
**See:** Hepatitis B
- 4. Rabies:**  
**See:** Rabies
- 5. Smallpox:**  
**See:** Smallpox Immunisation
- 6. Tetanus:**  
**See:** Tetanus Immunisation

*Reason for Change* Update the 'Hepatitis A' part of the 'Post-exposure' section to refer directly to the 'Hepatitis A' entry.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 42

**Immunisation - Live**

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**No Exposure**

*Obligatory* **Must not donate if:**  
Less than eight weeks from administration.

*Discretionary* If more than four weeks from administration of a live immunisation other than smallpox immunisation and the inoculation site has healed, accept.

*See if Relevant*

BCG  
Smallpox Immunisation

<i>Additional Information</i>	Live immunisations use living viruses or living bacteria that will stimulate the immune system but do not normally cause a severe illness. They may however cause severe illness in people who are already unwell and have a weakened immune system. By four weeks, any infection caused by the immunisation should have been controlled and so should not be passed on through donated material. There are special rules for BCG and smallpox immunisations.
<i>Reason for Change</i>	Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunisations other than smallpox.
<i>Update Information</i>	This advice is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-BM Edition 203, Release 09

## Immunisation - Non-Live

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### No Exposure

<i>Obligatory</i>	1. Hepatitis B If less than seven days from when the last immunisation was given:  2. Coronavirus: See ' <u>Coronavirus Vaccination</u> ' entry
<i>Discretionary</i>	Other non-live immunisations, accept.
<i>See if Relevant</i>	<u>Immunisation</u> - 2. Post Exposure
<i>Additional Information</i>	Sensitive assays for HBsAg may be positive following recent immunisation. Full screening for Hepatitis B may be required.  "Non-Live" immunisations do not use material that can cause infection. This means there is no risk to people receiving stem cells.
<i>Reason for Change</i>	To add Coronavirus Vaccination to obligatory section.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 39

## Immunoglobulin Therapy

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<i>Obligatory</i>	<b>Must not donate if:</b> a ) Immunosuppressed.  b) Donors with recovered immunodeficiency: <b>Refer to a Designated Medical Officer.</b>
<i>Discretionary</i>	a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.  b) Routine ante- and post- natal use of anti-D immunoglobulin, accept.  c) If single dose prophylactic immunoglobulin has been given, accept.
<i>See if Relevant</i>	<u>Hepatitis A</u> <u>Hepatitis B</u> <u>Rabies</u> <u>Tetanus Immunization</u>
<i>Additional Information</i>	Immunoglobulin used before 1980 is unlikely to be affected by vCJD.



Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD.

*See* **If treated with intravenous or subcutaneous human immunoglobulin:  
Transfusion**

*Reason for Change* A link to 'Transfusion' has been added.

*Update Information* The advice reflects advice from the MSBTO committee of the DH.

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Immunosuppression

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*Obligatory* **Must not donate if:**  
a ) Immunosuppressed.

b) Donors with recovered immunodeficiency:  
**Refer to a Designated Medical Officer.**

*See if Relevant* Autoimmune Disease  
Immunoglobulin Therapy  
Steroid Therapy

*Reason for Change* Additional links have been added.

*Update Information* This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Infection - Acute

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*Obligatory* **See:**  
Is there is a specific entry for the disease you are concerned about?

**Must not donate if:**

a) Infected.

b) Less than two weeks from recovery.

c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.

*Discretionary* a) Common viral respiratory tract infections such as colds, sore throats and seasonal influenza, if not severe, accept.

b) Other types of infection: see Additional Information.

c) If the patient has started conditioning, refer to DCSO. See Additional Information.

d) Cold sores, genital herpes: accept.

*See if Relevant* Coronavirus Infection (COVID-19)  
Herpes - Genital  
Herpes - Oral  
MRSA  
Myocarditis  
Steroid Therapy  
Viral Haemorrhagic Fever  
West Nile Virus

*Additional Information* 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.

There is no evidence that cold sores or genital herpes 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.

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.

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.

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.

**If the patient has started conditioning**

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).

**Other types of infection**

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.

**Unusual bacterial/fungal/protozoal infections**

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.

<i>Information</i>	Part of this advice is a requirement of the EU Tissue & Cells Directive.
<i>Reason for Change</i>	Additional guidance including for situations where the patient has started conditioning and information relating to common respiratory infections and other types of infection added.
<i>Update Information</i>	This entry was last updated in BM-DSG Edition 203 Release 56

**Infection - Chronic**

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	<p><b>1. Acne:</b> Most donors with acne can be accepted.</p> <p><b>2. Chronic fungal infections:</b> a) If on local therapy for superficial infections only, accept.</p> <p>b) If on systemic anti-fungal treatment only for treatment of a localised, non-systemic fungal infection, and there are no complications, accept.</p>

c) If otherwise more than seven days from completing systemic antifungal therapy, accept.

### 3. Typhoid and Paratyphoid

If more than seven days from completion of antibiotic course and last symptoms, accept.

*See if Relevant* Acne  
Steroid Therapy

*Additional Information* Typhoid and paratyphoid are gastrointestinal infections which rarely have a chronic carrier state. It is usually caught while travelling. It is passed by the faecal-oral route and is not transmitted by tissue or cell transplantation.

#### Unusual bacterial/fungal/protozoal infections

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 immuno-compromised patients, or infections which lie dormant or may be difficult to eradicate.

#### Local fungal infections, e.g. nail infection or athlete's foot

Systemic oral antifungal treatment may be prescribed to treat localised fungal nail infections or athlete's foot which are difficult to eradicate. Despite the systemic treatment, due to the fact that the infection is localised to the nails/digits the risk to donated tissue/cells is considered to be remote.

*Reason for Change* To add guidance for acceptance of donors on oral antifungal treatment for localised nail infections or athlete's foot.

*Update Information* Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 38.

## Infection - General

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*Obligatory* **See:**  
Is there a specific entry for the disease?

*See if Relevant* Decide if the infection is of short duration with no long lasting carrier stage, e.g. flu:  
Infection - Acute

Or if lasting a long time (more than a few weeks) and possibly with long lasting carriage of the infecting organism, e.g. malaria or typhoid  
Infection - Chronic

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Infection - Tropical

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*Obligatory* **Must not donate if:**  
Filariasis or Leishmaniasis

*See if Relevant* Congo Fever  
Crimean Fever  
Ebola Fever  
Lassa Fever  
Marburg Fever  
Malaria  
South American Trypanosomiasis Risk  
**Other infections, see:**  
Infection - General

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Infectious Diseases - Contact with

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*Obligatory* **See:**  
Is there a specific entry for the disease with which there has been contact?

**Must not donate if:**  
Within the incubation period for the condition or, if this is not known, less than four weeks from last contact.

*Discretionary*

a) If the infection is known to lead to permanent immunity (e.g. chickenpox, measles, mumps, rubella, whooping cough) and there is a definite history of past infection with the disease with which contact has occurred, accept.

b) Contact with common upper respiratory tract infections (e.g. colds, sore throats, influenza, SARS CoV-2), accept.

c) Contact with norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept.

d) Contact with skin conditions which are not transmissible by donated material (such as scabies, ringworm, tinea) if no signs of infection, accept.

e) Individuals who have been prescribed prophylactic antibiotics after contact with meningitis, anthrax or chlamydia, provided they are symptom free, accept.

*See if Relevant*

Coronavirus Infection  
Hepatitis  
Hepatitis A  
Hepatitis B  
Hepatitis C  
Hepatitis E  
HIV  
HTLV  
Meningitis  
Monkeypox  
Sexually Transmitted Disease  
Smallpox Immunization  
Syphilis  
Tuberculosis

*Additional Information* Many infectious diseases can be passed on through donated material, even before a potential donor develops any symptoms of the infection. This may lead to serious infection in the person receiving a donation.

Many diseases are not infectious and so are not normally a risk.

Contacts with meningitis or anthrax are often prescribed prophylactic antibiotics. These should prevent the disease from developing, so provided the potential donor is well, they may be accepted.

If in doubt, contact a '**Designated Clinical Support Officer**'.

*Reason for Change* To add 'discretionary' and 'additional information' sections and to update the 'see if relevant' section with additional links.

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 49

## Infertility

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Under investigation.</p> <p>b) Less than 12 weeks after completion of treatment with clomiphene (Clomid).</p> <p>c) Less than 12 weeks after completion of treatment with tamoxifen.</p> <p>d) Has ever been given human gonadotrophin of pituitary origin.</p> <p>e) If donor knows that they have ever been treated with Metrodin HP<sup>®</sup>.</p>
<i>Discretionary</i>	<p>Take care to exclude pregnancy.</p> <p>If treated exclusively with non-pituitary derived gonadotrophins, accept.</p>
<i>See if Relevant</i>	<u>Prion Associated Diseases</u>
<i>Additional Information</i>	<p>The use of human gonadotrophin of pituitary origin (follicle-stimulating hormone (FSH) and luteinizing hormone (LH)) had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.</p> <p>The 12 week period is an additional safeguard to avoid taking a donation early in a pregnancy.</p> <p>There is <b>no evidence</b> that transfer of tissues (eggs or embryos) between individuals might lead to the spread of vCJD.</p> <p>Metrodin HP<sup>®</sup> was withdrawn by the Committee on Safety of Medicines in 2003 and following advice from the Medicines and Healthcare products Regulatory Agency the precautionary principle has been applied to withdraw donors who have been treated with this product. Donors treated for infertility after 2003 in the UK will not have been treated with this product.</p>
<i>Reason for Change</i>	To update the 'additional information' section with a statement that there is no evidence that transplantation of eggs or embryos might lead to spread of vCJD.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 44.

## Inflammatory Bowel Disease

<i>Includes</i>	Crohn's Disease Ulcerative Colitis
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	Refer to designated clinical support officer. Donor may be considered if in stable remission and off treatment, but should not receive GCSF, so could donate bone marrow only.
<i>See if Relevant</i>	<u>Infection – General</u> <u>Malignancy</u> <u>Radiation Therapy</u>
<i>Additional Information</i>	The cause of these conditions is not fully understood and may include infection. Lesions caused by the disease can increase the risk of bacteria entering the blood stream. There is a risk of adoptive transfer of disease-causing cells which should be discussed with the recipient.

*Reason for Change* 'See if Relevant' section has been added.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 42

## Inherited Diseases

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*Obligatory* **See:**  
Is there a specific entry for the condition? If not:  
**Refer to a Designated Medical Officer.**

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Inoculation Injury

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*Includes* Human Bite

*Definition* A non-consented injury or assault in which an individual is exposed to potentially infective material that could be transferred through donation. The causes may range from a sharps injury to bites, punches and abrasions or sexual assault where mucous membranes have been contaminated with human blood or other body fluids. It also applies to any inoculation injury with abnormal prions from any species.

*Obligatory* **Must not donate if:**

- a) The incident involved any material containing abnormal prions.
- b) Less than 3 months after the date of an inoculation injury, or contamination of mucosa or non-intact skin with blood or body fluids.
- c) Under ongoing investigations following exposure - **refer to DSCO.**

*See if Relevant* Animal Bite  
Hepatitis  
HIV  
HTLV  
Prion Associated Diseases  
Tissues Safety Entry  
Xenotransplantation

*Additional Information* Human blood or body fluids may be contaminated with infective material such that the infection may then be passed on by donated material. Waiting three months (if validated tests for infectious markers that include HBV, HCV HIV NAT are negative) helps to ensure that any infection is not passed on.

Donors who are under investigation may be accepted subject to individual risk assessment.

*Reason for Change* The 'Definitions' section was updated as part of the implementation of recommendations from the FAIR III report. Additional 'see if relevant' links added. 'Additional information' section updated.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 52

## Intermittent Claudication

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*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Irritable Bowel Syndrome

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Jaundice

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Jaundiced or has a history of jaundice.</p> <p>b) If the cause of the jaundice was viral see the specific entry for that condition.</p> <p>c) If the cause of the jaundice was not known, treat as <b>Hepatitis of Unknown Origin</b>.</p>
<i>Discretionary</i>	<p>a) If fully recovered from a non-viral cause of jaundice (this includes, but is not limited to, physiological jaundice of the newborn, gall stones and drug reactions), accept.</p> <p>b) If due to Gilbert's Syndrome, accept.</p>
<i>See if Relevant</i>	<p><u>Gall Bladder Disease</u>  <u>Gilbert's Syndrome</u>  <u>Hepatitis A</u>  <u>Hepatitis B</u>  <u>Hepatitis C</u>  <u>Hepatitis E</u>  <u>Hepatitis of Unknown Origin</u></p>
<i>Additional Information</i>	Many things can cause jaundice. The concern is with infectious causes that might be passed on by donation.
<i>Reason for Change</i>	<p>In 'Obligatory' the link to Hepatitis B' has been changed to 'Hepatitis of Unknown Origin'.</p> <p>There have been other minor changes to improve clarity and to avoid the unnecessary exclusion of donors.</p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Kala-Azar

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Kidney Disease

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### Acute Nephritis

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>Less than 12 months since recovery.</p>
<i>Discretionary</i>	<p><b>1. All tissues:</b></p> <p>a) Self-limiting renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.</p> <p>b) If there is doubt about the diagnosis refer to a <b>Designated Medical Officer</b>.</p>
<i>Additional</i>	

*Information* If the donor is well and has not received treatment to suppress the condition in the last 12 months it is unlikely that their donation will pose a risk to the recipient.

*Reason for Change* To align the guidance with that for blood donors, the deferral period following an attack of 'Acute Nephritis' has been reduced from five years to 12 months

## Chronic Nephritis

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 17

## Klinefelter's Syndrome

*Discretionary* Accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Laser Treatment

*Obligatory* **Must not donate if:**  
For malignancy.

*Discretionary*

- a) If for Basal Cell Carcinoma, treatment is completed and fully recovered, accept.
- b) If for Cervical Carcinoma in Situ, see Cervical Dysplasia entry.
- c) If for cosmetic purposes, accept when healed.
- d) If laser refractive surgery to the cornea, accept when healed.

*See if Relevant* Basal Cell Carcinoma  
Cervical Dysplasia

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 44.

## Leishmaniasis

*Includes* Kala-Azar

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Leukaemia

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02



## Liver Disease

### 1. Non-Alcoholic Fatty Liver Disease (NAFLD)

<i>Excludes</i>	Alcoholic Fatty Liver Disease (AFLD)
<i>Obligatory</i>	<b>Must not donate if diagnosed with:</b> <ul style="list-style-type: none"> <li>• Non-alcoholic steatohepatitis (NASH)</li> <li>• Cirrhosis</li> </ul>
<i>Discretionary</i>	A diagnosis of non-alcoholic fatty liver disease does not necessarily prevent donation. If the donor is otherwise well and managed with diet and lifestyle changes such as exercise, accept.
<i>Additional Information</i>	NAFLD is a common medical condition, caused mainly by lifestyle factors such as weight, type 2 diabetes, high blood pressure and high cholesterol. There is no drug treatment for this condition. It is usually managed with diet and lifestyle changes along with treatment of any associated medical conditions. Regular monitoring of the condition, e.g. blood tests and liver scans, should not preclude donation.

NASH is an advanced form of NAFLD. It is caused by an excessive accumulation of fat in the liver. This can progress to chronic liver inflammation and can result in cirrhosis if untreated.

### 2. Alcohol Related Liver Disease

<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	If the donor is well, and <ul style="list-style-type: none"> <li>• not under specialist follow up, and</li> <li>• has not been diagnosed with alcohol related hepatitis or cirrhosis,</li> </ul> accept. <p>Refer to a <b>Designated Clinical Support Officer (DCSO)</b> if there is uncertainty about the diagnosis or the extent of liver damage.</p>
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u>
<i>Additional Information</i>	Alcohol-related liver disease is common but preventable liver damage that is caused by drinking too much alcohol. It is reversible in the early stages when it is characterised mainly by fatty liver changes. In some individuals it may progress to alcoholic hepatitis and alcoholic cirrhosis.

### 3. Infective Liver Disease

<i>Includes</i>	Liver abscess, Glandular fever, Viral hepatitis
<i>Obligatory</i>	Refer to the specific entry for the condition. If there is no specific entry, <b>must not donate</b> .
<i>Discretionary</i>	If the donor is fully recovered and there is no specific guidance for the condition, refer to <u>Infection – General</u> .
<i>See if Relevant</i>	For Glandular Fever, see <u>Infection – Acute Infection – General Hepatitis</u>

### 4. Autoimmune Liver Disease

*Includes*

Autoimmune Hepatitis (AIH), Primary Biliary Cholangitis (PBC) and Primary Sclerosing Cholangitis (PSC).

<i>Obligatory</i>	<b>Must not donate</b>
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Hepatitis</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Autoimmune liver disease in its early stages may be asymptomatic or present with mild symptoms such as itchy skin (pruritis) and fatigue. The donor may require no treatment or treatment for symptom control only for an extended period.

## 5. Drug or Pregnancy Induced Liver Disease

<i>Includes</i>	Acute Liver Failure
<i>Obligatory</i>	<b>Must not donate if:</b> <ul style="list-style-type: none"> <li>• Under active investigation, treatment or follow up by a specialist</li> <li>• Has received a liver transplant</li> <li>• Has chronic liver failure</li> </ul>
<i>Discretionary</i>	If the donor has recovered, is not on treatment and has been discharged from follow up, accept. If there is doubt about the diagnosis, refer to a DCSO.
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u> <u>Tissue and Organ Recipients</u>
<i>Additional Information</i>	Liver failure may be acute or chronic. Acute liver failure (also known as fulminant liver failure) can be caused by drugs, such as paracetamol overdose, prescription medications, herbal preparations and ingestion of toxins. Liver problems can also occur during pregnancy e.g acute fatty liver of pregnancy (AFLP) and intrahepatic cholestasis of pregnancy (ICP). Acute liver failure can occur in an individual with no pre-existing liver disease. It is often reversible with full recovery if adequately treated.  Chronic liver failure is caused by longstanding liver disease such as autoimmune liver disease, hepatitis, alcohol related liver disease, liver cirrhosis, haemochromatosis and Wilson's disease.

## 6. Liver Cirrhosis

<i>Obligatory</i>	<b>Must not donate</b>
<i>Additional Information</i>	Cirrhosis can be caused by many different conditions and by several different liver conditions in combination. Transmissible viruses, some of which are not detected in transfusion service testing, can cause some cases. Because cirrhosis is a sign of worsening or progressive liver disease, it is considered safest not to accept individuals with cirrhosis.

## 7. Liver Tumours

<i>Includes</i>	Liver Cancer, Hepatocellular Carcinoma, Bile Duct Cancer.
<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	Donors with benign liver cysts or adenomas who are fit and well, even if regularly monitored, refer to DCSO.
<i>See if Relevant</i>	<u>Malignancy</u>
<i>Additional Information</i>	If in doubt about the diagnosis, refer to a DCSO.

## 8. Inherited Diseases Affecting the Liver

<i>Obligatory</i>	Refer to the entry for the condition. If there is no specific entry, refer to a DCSO.
<i>Discretionary</i>	a) If the donor is well and stable on treatment for Wilson's Disease, refer to DCSO. b) If the donor has Gilbert's Syndrome, accept.
<i>See if Relevant</i>	<u>Inherited Diseases</u>
<i>Additional Information</i>	Wilson's disease is caused by an excessive accumulation of copper in the liver and other organs. e.g. brain. If diagnosed and treated early with chelating agents, such as Penicillamine and Trientine, and avoidance of high copper foods, the prognosis is good and individuals can lead a normal life. If there is uncertainty about the donor's health or treatment, refer to a Designated Clinical Support Officer.  Alpha-1-antitrypsin deficiency can occasionally cause liver disease in adults. This may lead to liver failure and the need for liver transplantation.  Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice (yellowing of the whites of the eyes).
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 51

## Malaria

<i>Definition</i>	<p><b>Resident</b> – A donor who has ever been present in a malaria risk area (or areas), for a continuous period of 6 months or more (at any point in their lifetime)</p> <p><b>Visitor</b> – A donor who has visited or travelled through a malaria risk area (or areas) within the past 12 months</p> <p><b>Unexplained febrile illness</b> – A donor who had undiagnosed fever (that could have been malaria) while present in, or within four months of leaving, a malaria risk area.</p> <p><b>Previous diagnosis of malaria</b> – A donor who previously had a confirmed diagnosis of malaria, at any point in their lifetime.</p> <p><b>Malaria risk area</b> – Risk area for country as defined by the GDRI</p> <p><b>MAT:</b> Malarial Antibody Test</p> <p><b>NAT:</b> Nucleic Acid Test (for malaria)</p>
<i>Obligatory</i>	<p><b>Must not donate (if no testing is available):</b> Applies to all groups as defined above</p>
<i>Discretionary</i>	<p><b>1a) Previous Malaria:</b></p> <p>If <b>less than 4 months</b> have passed since anti-malaria therapy has been completed and symptoms caused by malaria have resolved, refer to DCSO. See 'Additional Information' section.</p> <p>If <b>more than 4 months</b> have passed since anti-malaria therapy has been completed and symptoms caused by malaria have resolved, obtain a blood sample for MAT and NAT test. See information below in this section.</p> <p><b>1b) Unexplained Febrile illness:</b></p> <p>If <b>less than 4 months</b> from the date of recovery of symptoms of unexplained febrile illness that could have been malaria: refer to DCSO. See 'Additional Information' section.</p>

If **more than 4 months** from the date of recovery of symptoms of unexplained febrile illness that could have been malaria: Obtain a blood sample for MAT and NAT. See information below in this section.

**1c) Resident:**

If **less than 4 months** since date last present in a malaria risk area: Obtain a blood sample for MAT and NAT. See information below in this section.

If **more than 4 months** since date last present in a malaria risk area: Obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release stem cells. See information below in this section.

**1d) Visitor:**

If **less than 4 months** since return: Obtain a blood sample for MAT and NAT. Donors may be accepted with individual risk assessment with expert advice. See information below in this section.

If **more than 4 and less than 12 months** since return: Obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release stem cells. See information below in this section.

If **more than 12 months** since return: testing not required, accept

**NB.** Please consider *T. cruzi* or a tropical virus risk if the area is also identified as a risk area for these infections

The results of MAT and NAT tests must be reviewed as a part of donor medical clearance to determine the suitability of stem cells for clinical use. If the exposure or, for donors with a history of malaria where treatment was completed and symptoms have resolved, is less than four months prior to donation, NAT must be done and shown to be negative, irrespective of MAT results. If the exposure or, for donors with a history of malaria where treatment was completed and symptoms have resolved was more than four months prior to donation and MAT is negative, NAT is not required. In case of positive MAT results with a confirmed negative NAT test, a risk assessment can be performed for accepting stem cells for clinical release after seeking expert opinion.

*See if Relevant*

Geographical Disease Risk Index for countries with a current endemic malaria risk.

*Additional Information*

Symptoms and signs of possible malaria include: fever, flu-like illness, (including shaking chills, headache, muscle aches, and tiredness), anaemia, jaundice, nausea, vomiting, diarrhoea and cough.

Cases of malaria transmission have occurred many years after the donor was last at risk of becoming infected with malaria. This is mainly a problem in people who have had repeated episodes of infection with malaria. This is uncommon, but before allowing someone who has had, or may have had malaria to donate, it is safer to test for malaria antibodies rather than to wait a specific length of time. Malaria may be fatal.

For bone marrow/stem cell donors, if it is an emergency and due to the life saving nature of the treatment, donors may be accepted with individual risk assessment and expert advice for interpretation of MAT and NAT results, at any time point following exposure/recovery. If the donor informs of active malaria infection at donor assessment, they could be treated before donation. If the stem cells are not required for life saving treatment immediately, a four-month deferral should apply. Between 4 months and 12 months following recovery, either a negative MAT or a positive MAT/negative malaria NAT and risk assessment should be applied.

Some countries have malaria as well as tropical viral risk. Both risks have to be considered if the donor had symptoms after travel or stay.

*Reason for Change*

This guidance was updated based on advice from the SACTTI parasitology sub-group.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 50

## Malaria - Contact in UK

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Malignancy

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*Obligatory* **Must not donate.**

- Discretionary*
- a) If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required, refer to designated clinical support officer.
- b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli, prostatic intraepithelial neoplasia PIN or Barrett's oesophagus) that is being regularly monitored, or has had a similar condition cured and has been discharged from follow-up, accept.
- c) If the potential donor has been cured of a carcinoma in situ (CIS) and discharged from follow-up, accept. Donors who have been returned to routine screening following treatment for cervical CIS can be accepted.
- Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS) and Bowen's disease.
- d) If the potential donor has had a diagnosis of melanoma in situ (including Lentigo Maligna), refer to Designated Clinical Support Officer to confirm they have not had an invasive melanoma (eg Lentigo Maligna Melanoma).
- e) Potential donors with a high risk of cancer due to family history or following genetic tests, even if had or having prophylactic surgery or on prophylactic medication (e.g. Tamoxifen), or on routine follow up, accept.

*See if Relevant*

Basal Cell Carcinoma  
Cervical Carcinoma in Situ

Liver Disease  
Surgery  
Transfusion

*Additional Information*

Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons it is considered safer not to accept blood from people who have had a malignancy.

Basal cell carcinoma (rodent ulcer) does not spread through the blood, therefore people who have had successful treatment may donate.

The term carcinoma in situ (CIS) refers to a group of abnormal cells which have not invaded deeper tissue or spread to another part of the body. Donors who have been cured and discharged from follow up may donate. For cervical CIS, donors can be accepted if treatment is complete and any follow up smear, if performed, did not show abnormal cells. Regular screening smears are not defined as follow up.

Premalignant conditions are very common, particularly in older donors. Regular monitoring should prevent donors with invasive malignancy from being accepted. However donors with a haematological clonal pre-malignant condition should not be accepted for tissue donation.

Melanoma in situ which has been cured by excision is not associated with a risk of metastasis. Patients with a confirmed diagnosis of melanoma in situ (ie Breslow thickness of 0 and no regression) do not require ongoing follow up beyond the initial post-operative appointment.

Lentigo Maligna is a form of melanoma in situ found on the head and neck. It should be distinguished from Lentigo Maligna Melanoma which is a true malignant melanoma.

*Reason for Change* Advice has been added for basal cell carcinoma treated systemically.

*Update Information* This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 31.

## Mantoux Test

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*Obligatory* **Must not donate unless:**  
Negative and no further investigations planned.

*See if Relevant* Tuberculosis

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Marfan's Syndrome

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*Obligatory* **Must not donate if:**  
Cardiac involvement.

*Discretionary* Otherwise accept.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Measles

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### Affected Individual

*See* Infection - Acute

### Contact

*See* Infectious Diseases - Contact with

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Meningitis

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### Affected Individual

*See* Infection - Acute

### Contact

*Discretionary* Even if on prophylactic antibiotics, accept.

*Update Information*

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Menopause

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Hormone Replacement Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Mental Health Problems

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<i>Obligatory</i>	<b>Must not donate if:</b> Not able to fully understand and consent to the donation process and to the testing of their blood for diseases that may affect its suitability for use.
<i>See if Relevant</i>	<u>Communication Difficulties</u>
<i>Additional Information</i>	Many people have mental health problems that can be controlled with regular medication. Providing individuals are well on the day of donation and have the mental capacity to give full informed consent, there is no reason why they cannot donate whether on medication or not. Individuals who are over anxious, depressed, manic or psychotic cannot always give valid consent, or fully understand why they are being asked certain questions.
<i>Reason for Change</i>	To ensure that all donors with mental health conditions can donate if they are well enough to do so and have the mental capacity to give full informed consent.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 17

## Migraine

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Attacks are frequent, severe, and require regular treatment.  b) On prophylaxis with clonidine.
<i>Discretionary</i>	If on prophylaxis with beta-blockers or pizotifen (Sanomigran), accept.
<i>See if Relevant</i>	<u>Headache</u>
<i>Additional Information</i>	Migraine is caused by a disturbance in the normal blood flow to parts of the brain. In its more severe forms it can be severely disabling. By not accepting people with the more severe forms of migraine we hope to prevent precipitating an attack through the process of donating blood. Any donor who has had severe migraine associated with giving blood on more than one occasion should be advised not to continue as a donor.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Mpox (Monkeypox)

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### 1. Affected Individuals

<i>Obligatory</i>	<b>Must not donate</b>
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*Discretionary* If the donor has recovered from confirmed or suspected Mpox infection and

- It is at least 28 days since the diagnosis of Mpox was made, and
- It is at least 14 days since recovery, and the donor remains well, and
- It is at least 14 days since all skin lesions have healed, and
- It is more than seven days since completing any antiviral or antibiotic therapy, and
- The donor has been discharged from all follow up (including public health surveillance),

accept.

*Post Donation Illness* Donors must be provided with information about contacting the registry co-ordinating their donation and the collection centre they donated at if they develop any illness within 21 days after donation. Seek public health advice to determine the risk.

## 2. Contact with an individual with Mpox

*Includes* Individuals who have been identified by public health teams as a close contact of an individual with Mpox.

*Obligatory* **Must not donate**

*Discretionary* If it is more than 21 days since last contact, and

- the donor has no symptoms of Mpox, and
- the donor had completed any isolation period, and
- the donor had been discharged from all follow-up (including surveillance by public health), and
- the donor fulfils the criteria in section 3 below regarding vaccination of applicable,

accept.

*Post Donation Illness* If the donor has retrospectively reported contact with Mpox in the incubation period, seek public health advice to determine the risk.

## 3. Immunisation for contact or risk

*Excludes* Individuals who have received vaccination because they work in a health care setting – see section 4 below.

*Obligatory* **Must not donate**

*Discretionary* If the donor fulfils the criteria in section 2 above and:

- it is more than four weeks since the most recent dose of a non- live or attenuated smallpox vaccination e.g. Imvanex, and
- the course of vaccination (if more than one dose) is complete,

accept.

If less than 4 weeks since most recent dose, **refer to DCSO** for individual risk assessment. See Additional Information Section.

## 4. Immunisation – No known contact

*Includes* Individuals who have received vaccination because they work in a health care setting.

*Discretionary* An individual who has received routine vaccination with Imvanex or another third-generation smallpox vaccination in an occupational setting, can be accepted provided that they are not deemed to be at risk due to an exposure episode.

*See if Relevant* Immunisation



*Additional Information* Mpox was previously known as Monkeypox. In November 2022, WHO recommended Mpox as the new name for Monkeypox disease. Mpox is endemic in some African countries. During 2022 a multi-country outbreak was identified with cases in the UK, Europe, North America and other regions.

The incubation period of Mpox is up to 21 days. The initial symptoms are fever, myalgia, fatigue and headache. These symptoms are followed by a rash starting from the site of the primary infection, this rash develops into vesicles and pustules followed by scabs. Infectivity may start during initial symptoms and lasts until the rash clears and all scabs have dropped off.

Staff should be alert for donors who report rashes and illnesses consistent with Mpox, regardless of sexual behaviour, travel history or other risk factors.

Mpox does not spread easily between people. Human-to-human transmission occurs through contact with:

- infectious material from skin lesions
- respiratory droplets in prolonged face-to-face contact
- virus-contaminated objects such as bedding or clothing

During the 2022 multi-country outbreak, the predominance of cases among men who have sex with men and the distribution of the Mpox skin rash at presentation, suggests Mpox transmission is associated with direct contact during sex.

Contacts may have received vaccination, to reduce the risk of serious illness. Usually, vaccination will be with Imvanex or other third generation vaccine against smallpox. Contacts are eligible to donate once they satisfy the requirements of Sections 2 and 3 above.

Health care workers may also have received vaccination to protect against Mpox in the event of possible exposure to monkeypox during their work. They will be working in accordance with Infection Prevention and Control policies and with suitable Personal Protective Equipment, which if not breached means they are eligible to donate.

Other recipients of vaccination for Mpox must be assessed according to section 3 above.

Imvanex is a live attenuated non-replicating third generation Smallpox vaccination. For donor selection purposes this can be assessed as a non-live vaccine but primarily donors must be assessed according to their individual risk of exposure to Mpox. The deferral of some donors for four weeks from the date of a non-live vaccination allows symptoms of Mpox from prior exposure to become evident (incubation period up to 21 days) and encompasses the time for maximum efficacy of the immunisation (up to four weeks). Donors should be deferred until completion of a course of vaccination.

*Reason for Change* The title and contents have been updated with the new name as recommended by WHO. Inclusion of sections for donors who have received vaccination either because they could be a close contact, have risk of exposure, or have received vaccination because they are health care workers.

Additional Information applicable for the whole entry contained within one section.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 50

## **MRSA**

Methicillin Resistant Staphylococcus Aureus

*See if Relevant* Infection - General

*Additional Information* Staphylococcus aureus is a widely occurring skin commensal. The carrier status or exposure of the donor is not relevant to donation.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Multiple Sclerosis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	As the cause of multiple sclerosis is not certain and there is a possibility that there is an underlying infectious agent, donation is not permitted.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Mumps

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### Affected Individual

*See* Infection - Acute

### Contact

*See* Infectious Diseases - Contact with

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Muscular Dystrophy

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<i>Obligatory</i>	<b>Bone Marrow Donor: Must not donate.</b>
<i>Discretionary</i>	<b>PBSC Donor:</b> Accept if able to tolerate the length of the procedure.
<i>See if Relevant</i>	<u>Disabled Donor</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Myasthenia Gravis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Myelodysplastic Syndrome

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Myeloproliferative Syndrome

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Reason for Change</i>	This entry has been added to clarify the eligibility of donors with this condition.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Myocarditis

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<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from recovery.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ménière's Disease

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Narcolepsy

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Neurofibromatosis

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<i>Obligatory</i>	<b>1. Must not donate if:</b> History of malignant change.
	<b>2. Bone Marrow Donor:</b> <b>Inform anaesthetist.</b>
<i>Additional Information</i>	The anaesthetist should be informed because of the risk of pheochromocytoma.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Neurosurgery

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	a) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.  b) If burr hole surgery only, accept.  c) If it can be shown that Dura Mater was not used during surgery and there is no evidence of malignancy, the donor may be accepted by a <b>Designated Medical Officer</b> .
<i>See if Relevant</i>	<u>Malignancy</u> <u>Prion Associated Diseases</u> <u>Surgery</u>
<i>Update Information</i>	This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Night Sweats

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<i>Obligatory</i>	<b>Must not donate if:</b> Unexplained.
<i>Discretionary</i>	If due to the menopause, accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Non-Specific Urethritis

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### Acute

See Infection - Acute

### Chronic

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Nonsteroidal Anti-Inflammatory Drugs (NSAID)

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<i>Obligatory</i>	Assess reason for treatment and see relevant entry.  <b>Must not donate if:</b> Taken for a serious long-term illness including cardiovascular disease.
<i>Discretionary</i>	If medication is self prescribed and the donor meets other criteria, accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ocular Surgery

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<i>See if Relevant</i>	<u>Eye Disease</u> <u>Laser Treatment</u> <u>Malignancy</u> <u>Ocular Tissue Recipient</u> <u>Tissue and Cell Allograft Recipients</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ocular Tissue Recipient

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<i>Obligatory</i>	<b>Must not donate if:</b> Has received a corneal, scleral or limbal tissue graft or limbal or corneal epithelial cells.
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<i>Additional Information</i>	If the surgery was performed after 1997 and the tissue was supplied through UK Transplant, this information will be stored on the National Transplant Database.
<i>See</i>	<u>Prion Associated Diseases</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Operations

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<i>See if Relevant</i>	<u>Transfusion</u>
<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Organ Donor

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Transfusion</u>
<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Organ Recipient

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	<b>Refer to a DCSO</b> for individual risk assessment.
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 51

## Osteoarthritis

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Osteomalacia

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<i>See if Relevant</i>	<u>Disabled Donor</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Osteomyelitis

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<i>Obligatory</i>	<b>Must not donate if:</b> Less than two years from completing treatment and cure.
<i>Additional Information</i>	Sometimes it is difficult to be certain that all infection has been eliminated. Waiting two years minimizes the risk of any infection being passed on by a donation.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Osteoporosis

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<i>Obligatory</i>	<b>Bone Marrow Donor: Must not donate.</b>
<i>Discretionary</i>	<b>PBSC Donor:</b> If on treatment to prevent or treat, accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Steroid Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ovarian Cyst

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<i>Obligatory</i>	<b>Must not donate if:</b> Malignant.
<i>See if Relevant</i>	<u>Malignancy</u> <u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Paget's Disease of Bone

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<i>Includes</i>	Osteitis Deformans
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u>
<i>Additional Information</i>	Paget's disease of bone is very common in the UK affecting about 1 in 20 adults aged over 50 years. The cause is not known. Many people with the condition have no symptoms and so will be accepted by the blood and tissue services. There is no evidence that it is spread by donation. It is most commonly treated with painkillers and bisphosphonates. The use of these drugs is accepted for other conditions, so there seems no reason why individuals with Paget's disease of bone on treatment should not be accepted, provided that they are otherwise acceptable.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Pain Killers

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<i>Obligatory</i>	Assess reason for treatment and see relevant entry.
	<b>Must not donate if:</b> Taken for a serious long-term illness.
<i>See if Relevant</i>	<u>Nonsteroidal Anti-Inflammatory Drugs (NSAID)</u>
<i>Update Information</i>	This entry was last updated in

## Peptic Ulcer

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<i>Includes</i>	Gastric and Duodenal Ulcer and Erosions
<i>Obligatory</i>	<b>Must not donate if:</b> Associated with malignant change.
<i>See if Relevant</i>	<u>Surgery</u> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Periods

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<i>Obligatory</i>	<b>Must not donate if:</b> Period has been missed.
<i>Discretionary</i>	If pregnancy can be excluded and the donor is well, accept.
<i>See if Relevant</i>	<u>Pregnancy</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Perthes' Disease

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Phlebitis

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<i>Obligatory</i>	<b>Must not donate if:</b> a) More than one episode in 12 months.  b) Less than seven days off treatment.
<i>Discretionary</i>	If recovered , accept.
<i>See if Relevant</i>	<u>Anticoagulant Therapy</u> <u>Nonsteroidal Anti-Inflammatory Drugs (NSAID)</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Pituitary Extract - Human

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<i>Includes</i>	Adrenocorticotrophic Hormone, Follicle Stimulating Hormone, Gonadotrophin, Growth Hormone, Luteinising Hormone, Thyroid Stimulating Hormone.
<i>Obligatory</i>	<b>Must not donate if:</b> Has ever received injection(s) of Human Pituitary Extract.
<i>See if Relevant</i>	<u>Growth Hormone</u> <u>Prion Associated Diseases</u>
<i>Additional Information</i>	Human Pituitary Extracts have been contaminated with abnormal prions and have led to the

spread of Creutzfeldt-Jakob Disease (CJD). They have been used to treat growth hormone deficiency and infertility. They have also been used in diagnostic tests to see if other endocrine glands such as the thyroid and adrenal work normally. They have not been used in the UK since 1985 and it is thought that all those exposed to these extracts have been notified of their increased risk of CJD. It is uncertain as to when their use stopped in other countries.

Donors that have been given only synthetic pituitary hormones or gonadotrophin made from urine may be accepted.

*Reason for Change* Additional information has been added for clarity.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Platelet Disorder

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*Obligatory* **Must not donate if:**  
a) Causes excessive bleeding or bruising.  
b) Has thrombocytosis.

*See if Relevant* Haematological Disease  
Immune Thrombocytopenia  
Thrombocytosis

*Additional Information* Platelet counts in excess of  $500 \times 10^9$  should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.

*Reason for Change* Thrombocytosis and relevant links have been added.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Pleurisy

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*See if Relevant* Infection - General  
Malignancy

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Pneumothorax

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### Spontaneous

*Obligatory* **Must not donate if:**  
a) Not recovered.  
  
b) Associated with emphysema.

### Traumatic

*See* Accident

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02



## Poisoning

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<i>Obligatory</i>	<b>Must not donate if:</b> There is evidence that the individual (donor/or mother of cord blood donor) has ingested, or been otherwise exposed to toxic substances that could be transmitted in donated material in dosages that could endanger the health of recipients
<i>Discretionary</i>	If the individual is being monitored following exposure and the levels of the agent in question are within safe limits, accept.
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u>
<i>Additional Information</i>	Advice may be sought from the National Poisons Information Service if required.
<i>Reason for Change</i>	This is a new entry. This is a requirement of the Human Tissue Authority Guide to Quality and Safety Assurance for Human Tissues and Cells for Patient Treatment
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 28

## Polycystic Kidney Disease

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<i>Obligatory</i>	<b>Bone Marrow Donor:</b> Request an anaesthetic assessment.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Polycythaemia

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Porphyria

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<i>Obligatory</i>	<b>Must not donate if:</b> Suffers from porphyria.
<i>Discretionary</i>	If the potential donor suffers from Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP) or Hereditary Coproporphyrinuria (HCP), accept.
<i>See if Relevant</i>	<u>Hepatitis</u> <u>Liver Disease</u>
<i>Additional Information</i>	Porphyria Cutanea Tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin.  Erythropoietic Protoporphyrinuria (EPP) and Congenital Erythropoietic Porphyria (CEP) have porphyrins in the red cells causing the red cell life span to be reduced.
<i>Reason for Change</i>	This is a new guideline.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 11

## Post Viral Fatigue Syndrome

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<i>Includes</i>	Myalgic Encephalopathy (ME) and Chronic Fatigue Syndrome (CFS)
<i>Obligatory</i>	<b>Must not donate if:</b> Not resolved.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Pre- and Post Exposure Prophylaxis for HIV

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<i>Obligatory</i>	<b>Must not donate if:</b> Donor has taken Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) in the previous three months.  Assess any donor using PrEP or PEP for tissue safety risks relating to sexual activity.
<i>Discretionary</i>	If it is over three months since use of PrEP or PEP and there is no other tissue safety risk, accept.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u> <u>HIV</u> <u>Human Bite</u> <u>Inoculation Injury</u>
<i>Additional Information</i>	The use of Pre-Exposure Prophylaxis (PrEP), e.g. Truvada <sup>®</sup> , to prevent HIV is increasing. Individuals taking PrEP are unlikely to be eligible to donate due to criteria within the tissue safety entry. However, PrEP is also available via private prescription and/or online pharmacies and may be used by individuals who would not otherwise be deferred.  Use of PrEP may interfere with testing for HIV by delaying seroconversion or giving unclear results in a positive donor. For this reason, it is important that donors who have taken PrEP in the previous three months are not accepted to donate, even if they do not have another tissue safety risk.  Post-Exposure Prophylaxis (PEP) has a similar mechanism of action to PrEP and may also interfere with testing results. In the UK PEP is prescribed to people who have been exposed to someone who may have HIV. This includes through sexual activity or exposure through a needle stick injury. Donors who have received PEP will usually be ineligible to donate for the same reason they were given PEP.  If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.  This guidance will be updated as more information about the use and effects of PrEP/PEP becomes available.
<i>Reason for Change</i>	This entry was revised to support the implementation of recommendations from the FAIR III report.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 52

## Pregnancy

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Pregnant.  b) Less than one week has passed for every completed week of a recent pregnancy, up to a maximum of 6 months.
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- c) Resulted in a malignant (invasive) Hydatidiform mole.
- d) Resulted in a non-malignant (non-invasive) Hydatidiform mole and treatment and follow up is ongoing.
- e) It is less than 7 days from the last dose of methotrexate.

*Discretionary* If more than 6 months post-partum, accept. Donors may need advice regarding the safety of continuing to breast feed, if relevant

*See if Relevant* Surgery  
Transfusion

*Additional Information* Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. A week is needed for any residual methotrexate to clear the system.

For donors donating by PBSC, it is recommended that mothers who wish to continue breast-feeding after donation should not feed their infant (but may express and discard milk) from the point of first G-CSF administration to one week following the last dose of G-CSF.

For donors donating by BM, it is recommended that mothers who wish to continue breast-feeding after donation should not feed their infant (but may express and discard milk) from the point of administration of any sedating agent to 24 hours following the last dose of sedating anaesthetic or opiate analgesia.

*Reason for Change* The deferral period for pregnancies lasting six months or more has been reduced as iron stores are known to recover 6 months post delivery. Registries should give donors advice about breast-feeding such as that given by the WMDA.

<https://wiki.wmda.info/index.php?title=Pregnancy>

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 29

## Prion Associated Diseases

*Includes* Sporadic, Familial and Variant Creutzfeldt-Jakob Disease (CJD), Gerstmann-Sträussler-Scheinker Disease and Fatal Familial Insomnia

*Obligatory* **Must not donate if:**

1. Diagnosed with any form of CJD, or other human prion disease.
2. Identified at increased risk of developing a prion associated disorder.  
This includes:
  - a) Individuals at familial risk of prion-associated diseases (have had two or more blood relatives develop a prion-associated disease or have been informed following genetic counselling they are at risk).
  - b) Individuals who have been told that they have been put at increased risk from surgery, transfusion or transplant of tissues or organs.
  - c) Individuals who have been told that they may be at increased risk because a recipient of blood or tissues that they have donated has developed a prion related disorder.
  - d) Recipients of dura mater grafts.
  - e) Recipients of corneal, scleral or other ocular tissue grafts.
  - f) Recipients of human pituitary derived extracts.
  - g) **Since January 1st 1980** Recipients of any allogeneic human tissue.

*Discretionary*

If the donor has had two or more blood relatives develop a prion-associated disease and, following genetic counselling, they have been informed that they are not at risk, accept. This requires confirmation by a **Designated Medical Officer**.

<i>See if Relevant</i>	<u>Pituitary Extract - Human Tissue and Organ Recipients Transfusion</u> <u>Tissue and Cell Allograft Recipients</u>
<i>Additional Information</i>	See the <u>Position Statement on Creutzfeldt-Jakob Disease</u> available in the JPAC Document Library.
<i>Reason for Change</i>	To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over donors who have been previously transfused.
<i>Update Information</i>	This is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-BM Edition 203, Release 22

## Psoriasis

<i>Obligatory</i>	<b>Must not donate if:</b> a) Generalized or severe.  b) Associated with arthropathy.  c) There is secondary infection.  d) Immunosuppressed
<i>Discretionary</i>	a) If mild, the venepuncture/harvest site is unaffected and only using topical treatment, accept.  b) If the donor is on immunosuppressive medication, see <u>Immunosuppression</u> entry.
<i>Additional Information</i>	Psoriasis is primarily a skin condition caused by an autoimmune process. About one in ten people with psoriasis may develop joint problems (psoriatic arthropathy). Sometimes the disease is treated with powerful drugs to suppress the underlying autoimmune process. This may alter the body's defence mechanisms to infection. In such cases donations should not be taken.
<i>See</i>	<u>Autoimmune Disease</u> <u>Immunosuppression</u>
<i>Reason for Change</i>	Treatment with Etretnate/Neotigason is no longer a reason for deferral. Link to 'immunosuppression' entry added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 44.

## Pyrexia

### Not Related to Travel in Malarious Areas

<i>Obligatory</i>	<b>Must not donate if:</b> Less than two weeks from an episode of pyrexia.
<i>Discretionary</i>	If related to a common cold or other upper respiratory tract infection from which

the donor is now recovered or recovering, accept.

*See if Relevant*     Infection - General

*Additional Information*     A raised temperature may be a sign of an infection, which could be passed on through a donation. Waiting two weeks from when the temperature returns to normal reduces the risk of infection being transmitted by the donation.

There is no evidence that common colds and upper respiratory tract infections can be passed on by donation but it is still necessary to wait until any such infection is obviously getting better before allowing donation.

## Related to Travel in Malarious Areas

*See*     Malaria

*Update Information*     This entry was last updated in TDSG-BM Edition 203, Release 02

## Pyruvate Kinase Deficiency

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*Obligatory*     **1. Must not donate if:**  
Severe.

**2. If accepted, must inform:**  
Anaesthetist.  
Transplant Centre.

*Additional Information*     This is an autosomal recessive red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a **Designated Medical Officer**.

*Reason for Change*     The entry has been brought into line with the guideline for 'G6PD Deficiency'.

*Update Information*     This entry was last updated in TDSG-BM Edition 203, Release 02

## Q Fever

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*Obligatory*     **Must not donate.**

*Update Information*     This entry was last updated in TDSG-BM Edition 203, Release 02

## Rabies

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### Immunization - Non-exposed

*Discretionary*     If non-exposed, accept.

### Immunization - Post Exposure

*Obligatory*     **Must not donate until:**  
At least 24 months post exposure and fully cleared by treating physician.

*Reason for Change*     To extend the deferral period post exposure to 24 months.

### Infection

*Obligatory*     **Must not donate.**

<i>See if Relevant</i>	<u>Animal Bite</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 37

## Radiation Therapy

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy other than basal cell carcinoma.</p> <p>b) For other treatments: <b>Refer to a Designated Medical Officer.</b></p>
<i>Discretionary</i>	<p>a) If fully recovered and is acceptable according to immunosuppression advice, accept.</p> <p>b) If for basal cell carcinoma or ductal carcinoma in situ of the breast, all treatment has been completed, the donor has been discharged from follow up and is eligible under the Malignancy Guideline, accept.</p>
<i>See if Relevant</i>	<u>Basal Cell Carcinoma</u> <u>Immunosuppression</u> <u>Malignancy</u>
<i>Additional Information</i>	Radiation therapy is sometimes used for non-malignant conditions, particularly for some skin conditions. It is often used as a substitute for other treatments that work by suppressing the immune system such as high dose steroids and cytotoxic drugs. More information is likely to be required before a decision can be made as to if an individual can donate. This why a referral to a 'Designated Medical Officer' is required.
<i>Reason for Change</i>	Additional discretionary acceptance for basal cell carcinomas and ductal carcinoma in situ of the breast. A link had been added to autoimmune disease, and additional information has been added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 27

## Radionuclides

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<i>Obligatory</i>	<p><b>1. Radioactive iodine therapy:</b></p> <p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) Administered in the preceding six months.</p> <p><b>2. Other treatment or investigation:</b> <b>Refer to a Designated Medical Officer.</b></p>
<i>See if Relevant</i>	<u>Malignancy</u> <u>Thyroid Disease</u>
<i>Additional Information</i>	In general those used for diagnostic purposes are cleared within 24 hours. Some, e.g. radioactive iodine, have long half-lives and affected donors must not be accepted unless at least six months have passed.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Raynaud's Syndrome

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Part of a multisystem disorder.</p>
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b) On treatment with vasodilators.

*Discretionary* If this is an isolated condition and the donor is not taking vasodilators, accept.  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Recipients of Normal Human Immunoglobulin

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*See if Relevant* Hepatitis A  
Immunosuppression  
Immunoglobulin Therapy  
*See* Transfusion  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Reiter's Syndrome

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*Discretionary* If fully recovered, accept.  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Renal Colic

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*Obligatory* **Must not donate if:**  
 a) Symptomatic.  
 b) Under investigation.  
*See if Relevant* Infection - General  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Respiratory Disease

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*Obligatory* **Must not donate if:**  
 Out of breath on minimal exertion.  
*See if Relevant* Infection - General  
Steroid Therapy  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Retinitis Pigmentosa

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*Discretionary* Accept.  
*See if Relevant* Disabled Donor  
*Update Information* This entry was last updated in  
 TDSG-BM Edition 203, Release 02

## Rheumatic Fever

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Has had more than one attack.  b) It is less than two years from any symptomatic disease.  c) Requires antibiotic cover for dental treatment.
<i>Additional Information</i>	Rheumatic fever can cause damage to the heart valves and this could make it unsafe to donate.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Rheumatoid Arthritis

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<i>Discretionary</i>	If mild and the only treatment is NSAIDs, accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Nonsteroidal Anti-Inflammatory Drugs (NSAID)</u>
<i>See</i>	<u>Autoimmune Disease</u>
<i>Reason for Change</i>	This entry is now linked to 'Autoimmune Disease'.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Ringworm

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Affecting site of venepuncture or harvest.  b) On systemic treatment.
<i>Discretionary</i>	If on local treatment only, accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Rubella

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### Acute Infection

*See* Infection - Acute

### Contact

*See* Infectious Diseases - Contact with

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Sarcoidosis

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## Acute

<i>Obligatory</i>	<b>Must not donate if:</b> a) Not recovered. b) Less than five years from both finishing all treatment and full recovery.
<i>Discretionary</i>	If more than five years since finishing all treatment and full recovery, accept.
<i>Additional Information</i>	Acute sarcoidosis is normally a self limiting disease and does not require treatment in about 90% of cases. The cause is not known but there appears to be an immune defect that can run in families. Because of the uncertainty with this condition, only potential donors who have fully recovered and been off all treatment for at least five years may donate.
<i>Reason for Change</i>	To align the guidance with that for blood donors, new guidance to accept donors who required treatment but who have made a full recovery and have been off all treatment for at least five years has been added.  'Additional Information' has been added.

## Chronic

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Chronic sarcoidosis can cause a range of problems, particularly with the lungs but also with the heart, that may pose risks for a potential donor. The treatments used may also cause immunosuppression. For these reasons people with this condition should not donate.
<i>Reason for Change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 17

## Self-Catheterization

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Donors who need to self-catheterize are likely to have bacteraemia following the procedure. Bacteria in a donation can lead to severe and even fatal reactions.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Sex Worker

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If 3 months or more has elapsed since the donor last received money or drugs for sex, accept
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u> <u>Hepatitis of Viral Origin</u> <u>HIV</u> <u>HTLV</u> <u>Infection - General</u>
<i>Additional Information</i>	In this context sex is defined as vaginal, oral or anal sex with or without a condom /protective. This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative, if this test is stopped for any reason the guidance will change.

If received injectable drugs of addiction for sex, see 'Addiction and Drug Abuse' entry as a 12 month deferral may apply.

*Reason for Change* This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 52

## Sexually Transmitted Disease

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### Infected Individual

*Obligatory* **See:**  
Is there is a specific entry for the disease?

**Must not donate**

*Discretionary* If fully treated, at least three months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the donor.

*See if Relevant* Tissues Safety Entry  
Chlamydia  
Genital Warts  
Herpes - Genital  
Syphilis

### Sexual Partner

*Obligatory* **See:**  
Is there is a specific entry for the disease with which there has been contact?

**Must not donate if:**

a) Donor required treatment and it is less than three months since completing that treatment.

b) Donor did not require treatment and it is less than three months from the last sexual contact with the infected partner.

*Discretionary* a) Donor did not require treatment and it is more than three months since the infected partner has completed treatment, accept.  
b) Donor required treatment: if fully treated, and if it is at least three months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the donor.

c) If the donor's sexual partner has been diagnosed with chlamydia (except lymphogranuloma venereum, see (b) above), genital warts or genital herpes and the donor is asymptomatic and not undergoing treatment or investigation, accept.

*See if Relevant* Tissues Safety Entry  
Chlamydia  
Genital Warts  
Herpes - Genital  
Syphilis

*Additional Information* Guidelines (NICE, BASHH) recommend that current sexual partners of lymphogranuloma venereum (LGV) probable or confirmed individuals should receive testing and empiric treatment with a chlamydial regimen. They can be accepted 3 months after completion of treatment.

*Reason for Change*

Discretionary' section for 'sexual partner' updated following FAIR III report. Clarification added regarding test of cure for gonorrhoea. 'Additional Information' section added.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 52

## Shingles

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### Affected Individual

*See* [Herpes Zoster](#)  
*Reason for Change* The links have been changed for clarity.

### Contact

*See* [Infectious Diseases - Contact with](#)  
*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Sickle-Cell Trait

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*Obligatory* **1. Bone Marrow Donor:  
Inform Transplant Centre if:**  
Cells are from a donor that has sickle-cell trait.

**2. PBSC Donor:**  
Must not donate.

*Additional Information* PBSC donors with sickle-cell trait may be at risk of their red cells sickling if the WBC becomes very raised following treatment with G-CSF.

*Reason for Change* PBSC donors with sickle-cell trait must not donate.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Skin Disease

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*Obligatory* **Must not donate if:**  
 a) The condition is infected or infectious.  
 b) Malignant.  
 c) Affecting site of venepuncture or harvest.

*Discretionary* If malignancy was a Basal Cell Carcinoma and treatment is completed, accept.

*See if Relevant* [Dermatitis](#)  
[Infection - General](#)  
[Malignancy](#)  
[Psoriasis](#)

*Reason for Change* Malignancy has been added to Obligatory and additional links have been included.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Sleeping Sickness

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(African Trypanosomiasis)

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Smallpox Immunization

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### Contacts

*Obligatory* **Must not donate if:**  
a) Any secondarily infected site has not yet healed.  
b) Less than eight weeks after secondarily infected site appeared.

*Discretionary* If no new skin lesions, accept.

*Additional Information* Close contacts of vaccinees (household or direct bodily contact) may become secondarily infected from direct skin contact with an infected inoculation site or from virus on clothing, bedding, dressings etc. If infection occurs, a new skin rash, blister or sore appears at the site of contact, which could be anywhere on the body. The rash represents a secondary vaccination site and presents exactly the same potential risk to patients, other donors and staff as that of a person who has been intentionally immunized.

### Immunized Individual

*Obligatory* **Must not donate if:**  
a) The inoculation site has not fully healed.  
b) Any secondarily infected site has not fully healed.  
c) Less than eight weeks from inoculation or from the appearance of any secondarily infected site.

*Additional Information* Smallpox immunization is with live virus. By eight weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed it is possible that there may still be infection present. We do not want to pass the virus, or other infection, on to either donors or staff, or to people receiving stem cells.

*Update Information* This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Snake Bite

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*Obligatory* **Must not donate until:**  
Recovered.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## South American Trypanosomiasis

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*Obligatory* **Must not donate.**

<i>See if Relevant</i>	<u>South American Trypanosomiasis Risk</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## South American Trypanosomiasis Risk

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ol style="list-style-type: none"> <li>1) Born in South America or Central America (including Mexico).</li> <li>2) Mother was born in South America or Central America (including Mexico).</li> <li>3) Has had a transfusion in South America or Central America (including Mexico).</li> <li>4) Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.</li> </ol>
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<i>Discretionary</i>	<ol style="list-style-type: none"> <li>1) If at least four months from the date of last exposure, including transfusion abroad, and a validated <i>T. cruzi</i> antibody test is negative, accept.</li> <li>2) If less than four months following the date of last exposure, discuss with a <b>Designated Medical Officer</b>.</li> <li>3) If transfused after 1st January 1980, discuss with the <b>Designated Medical Officer</b> who will decide if the donor may be accepted following a documented risk assessment. This must take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donor.</li> </ol>
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<i>See if Relevant</i>	<u>Geographical Disease Risk Index</u> for countries with <i>T. cruzi</i> risk <u>Transfusion</u>
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<i>Additional Information</i>	<p>Infection with <i>T. cruzi</i> is very common in many parts of South or Central America and is often symptomless. It can be passed from an infected mother to her unborn baby and by transfusion. The insect that passes the infection on is only common in rural areas and the greater time that an individual has spent living in housing conditions with thatched roofs or mud lined walls which harbour the insect vector, the greater their risk of becoming infected. Testing is available and should be performed if there is a possibility of infection. Waiting four months from the last time of exposure allows time for the antibodies that are tested for to develop.</p>
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Camping or trekking in the jungle in South or Central America (including Mexico) is not considered of high enough risk to merit exclusion.

<i>Reason for Change</i>	<p>To reduce deferral period following last date of exposure from six to four months. To permit individual risk assessment if transfused after 1st January 1980. To also align this entry with the Geographical Disease Risk Index and change the reference to "Southern Mexico" to "Mexico".</p>
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<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 38.
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## Spina Bifida

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ol style="list-style-type: none"> <li>a) Has an indwelling shunt.</li> <li>b) Uses a catheter.</li> <li>c) Has a pressure sore.</li> </ol>
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<i>See if Relevant</i>	<u>Disabled Donor</u>
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<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02
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## Spinal Surgery

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<i>See if Relevant</i>	<u>Neurosurgery</u> <u>Surgery</u> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Splenectomy

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<i>Obligatory</i>	<b>Must not donate if:</b> a) For malignancy.  b) For a myeloproliferative disorder.  c) For immune thrombocytopenia (ITP).  d) For haemolytic anaemia.
<i>Discretionary</i>	a) If for trauma, when recovered accept.  b) If taking prophylactic antibiotics, accept.
<i>See if Relevant</i>	<u>Immune Thrombocytopenia</u> <u>Malignancy</u> <u>Surgery</u> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Steroid Therapy

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<i>Obligatory</i>	<b>1. Must not donate if:</b>  a) Regularly taking steroid tablets, injections or enemas, or applying creams over large areas.  b) The donor has needed treatment to suppress an autoimmune condition in the last 12 months.  c) Less than seven days after completing a course of oral or injected steroids for disorders associated with allergy.  <b>2. Bone Marrow Donor: Inform anaesthetist if:</b> Course of steroids in last month.
<i>Discretionary</i>	a) If occasional use of creams over small areas of skin for minor skin complaints, accept.  b) If using steroid inhalers for prophylaxis, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Liver Disease</u> <u>Skin Disease</u> <u>Tissue and Cell Allograft Recipients</u>
<i>Additional Information</i>	Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.
<i>Reason for Change</i>	To clarify when donors who have used steroid therapy may donate.

*Update Information* Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Stroke

*Obligatory* **Must not donate.**

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Surgery

*Definition* **Major surgery for the purposes of donor selection:** Any surgical procedure where recovery is not achieved within two months.

**Recovery from surgery:** Donors can be considered to be recovered if they:

- are well,
- are back to activities of daily living (e.g. housework, employment, driving),
- have regained mobility

*Obligatory* **Must not donate if:**

- a) For malignancy or other condition that would preclude donation.
- b) All wounds are not healed.
- c) There are signs or symptoms of any infection.
- d) Not fully recovered.
- e) Less than four months after major surgery.
- f) Less than seven days after other surgery.
- g) Requiring post-operative treatment or follow-up that might indicate further intervention is required, excluding routine follow-up or physiotherapy.
- h) If waiting for surgery that is:
  - expected to occur within three months, or
  - required due to possible malignancy or other condition that would preclude donation.
- i) Less than seven days after completing postoperative prophylactic anticoagulant treatment.

*Discretionary* a) If less than four months from the major surgical procedure, discuss with the DCSO who will decide if the donor may be accepted on a balance of risks following discussion with the Transplant Centre.

b) If the donor is waiting for surgery that is not required for possible malignancy, and:

- the procedure is not expected to take place within three months, or
- the procedure is minimally invasive, and it is not expected to take place within one month,

accept.

c) If it is less than three months since any surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met, discuss with the DCSO. See additional information.

*See if Relevant*

Anaesthetic

Anticoagulant Therapy

Basal Cell Carcinoma

Cervical Carcinoma in Situ

Dental Treatment

Neurosurgery

Ocular Surgery

Tissue and Cell Allograft Recipients

TransfusionXenotransplantation

<i>Additional Information</i>	<p>Surgery may cause significant blood loss. It is important that donors waiting for an operation should not be put at risk of anaemia or poor iron stores by donating prior to planned surgery. Unless the type of surgery planned is unlikely to result in significant blood loss the donor should be deferred until after their planned surgery. This will minimize their own chance of needing a transfusion, which would of course prevent them from continuing as a donor. It is also important not to hinder the recovery of the donor. This requires waiting until they are fully recovered before they donate again.</p> <p>Surgery may place the donor at risk of infection, either from unhealed wounds or due to infection risks from infected staff or equipment. Although these risks are very small it is important to wait long enough for the risks to have gone or until the tests performed by the Blood &amp; Tissues Services can pick up any infection that they test for that may have been transmitted to the donor by surgery.</p> <p>The entry has been revised to include a definition of recovery and amendment of the definition of major surgery. The deferral after major surgery has been shortened.</p> <p>Specific guidance for, donors awaiting surgery and postoperative thromboprophylaxis has been added.</p> <p>As there may be uncertainty about additional risks for surgery performed outside of the UK and ROI, which may vary between countries, referral to DCSO for individual risk assessment is advised.</p>
<i>Reason for Change</i>	Definition of major surgery changed. 'Obligatory', 'Discretionary' and 'Additional Information' sections updated. 'See if Relevant' links added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 51

## Syphilis

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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If fully treated in the past and confirmatory tests exclude recent infection, discuss with a <b>Designated Medical Officer</b> .
<i>Additional Information</i>	The interpretation of syphilis testing is often difficult. The advice of an experienced microbiologist may be required before a decision on safety can be made.

### 2. Current or Former Sexual Partner of Affected Individual

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) The potential donor was diagnosed with syphilis (see 'Affected Individual' section above).</p> <p>b) It is less than three months since last sexual contact with an infected partner.</p>
<i>Discretionary</i>	<p>a) If it is more than three months from the last sexual contact with an infected partner, accept.</p> <p>b) If it is more than three months since an infected partner has completed treatment, accept.</p>
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>



<i>Reason for Change</i>	The deferral period after sexual contact with an infected person has been reduced to three months.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 52

## Systemic Lupus Erythematosus

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Tamoxifen

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<i>Obligatory</i>	See <u>Malignancy</u> entry.
<i>Discretionary</i>	Less than 12 weeks after completion of treatment with tamoxifen – refer to designated clinical support officer.
<i>See if Relevant</i>	<u>Infertility</u>
<i>Reason for Change</i>	To clarify that use of Tamoxifen for non-malignant conditions is not a contraindication to donation.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 38.

## Tetanus Immunization

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<i>Obligatory</i>	<b>Must not donate if:</b> Less than four weeks from exposure.
<i>Discretionary</i>	If non-exposed, accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Thalassaemia Major

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Therapeutic Venesection

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	1. If for haemochromatosis, accept.  2. <b>Bone marrow donation:</b> If for confirmed secondary polycythaemia, ask for anaesthetic opinion.
<i>See if Relevant</i>	<u>Haemochromatosis</u>

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Threadworms

*Discretionary* Even if on treatment, accept.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 02

## Thrombosis and Thrombophilia

*Obligatory* **1. Must not donate if:**  
 a) Due to atherosclerosis (e.g. coronary thrombosis).  
 b) Recurrent thrombosis.  
 c) Less than seven days after completing anticoagulant therapy.  
 d) Has a thrombophilic trait and has had one or more episodes of thrombosis.  
 e) History of Vaccine Induced Thrombotic Thrombocytopenia (VITT), Thrombotic Thrombocytopenic Purpura (TTP) or Heparin Induced Thrombocytopenia (HIT)

**2. Bone Marrow Donor:**  
 Inform anaesthetist of past history of thrombosis.

*Discretionary* a) If a specific cause for an isolated deep vein thrombosis or pulmonary embolism has been identified, not of itself a reason for exclusion, and anticoagulant therapy has been stopped for at least seven days, accept.  
 b) If the potential donor has a thrombophilia, refer to DCSO for expert clinical advice  
 c) If the potential donor has a history of Axillary Vein Thrombosis, refer to a DCSO. (Please see additional information)  
 d) If the potential donor has a history of Superficial Thrombophlebitis, and

- The donor is not on antithrombotic therapy, and
- No underlying cause has been identified which precludes donation,

accept – if in doubt **refer to DCSO**.

*See if Relevant* Anticoagulant Therapy  
Autoimmune Disease  
Cardiovascular Disease  
Coronavirus vaccination  
Drug Index – preparations which may affect platelet function  
Malignancy  
Nonsteroidal Anti-Inflammatory Drug

*Additional Information* G-CSF may induce a transient prothrombotic or hypercoagulable state in donors. Surgery (in bone marrow donation) is a well-known risk factor for thrombosis. The literature suggests several severe thrombotic events including a death in (related) donors donating bone marrow as well as PBSC. (Halter et al -2009)  
 This has led to a generally accepted policy to defer donors with (risk factors or a predisposition to) thrombotic events.

Thrombophilia is a broad medical term which describes a multifactorial condition where the blood has an increased tendency to clot. Individuals with thrombophilia can present with arterial or venous thrombosis. The causes of thrombophilia include inherited and acquired disorders, and a combination of causes may be present.  
 Inherited causes of thrombophilia may be discovered through family testing. These include:

- Antithrombin, Protein C and Protein S deficiency
- Factor V Leiden and prothrombin gene mutations

Acquired causes of thrombophilia may present later in life and can be associated with:

- Malignancy including myeloproliferative neoplasms
- Antiphospholipid syndrome and other autoimmune connective tissue disorders. These may be associated with a lupus anticoagulant and/or anticardiolipin antibodies on laboratory testing.

VITT, TTP and HIT are rare disorders characterised by arterial or venous thrombosis in combination with a low platelet count (due to platelet consumption). Donors who recover from these disorders are unlikely to be eligible to donate due to the therapy they received (e.g. the primary treatment for TTP is plasma exchange with FFP) or an underlying condition (e.g. the indication for Heparin therapy that triggered HIT). VITT was recognised as a complication of some SARS-CoV-2 (COVID-19) vaccinations.

Axillary Vein Thrombosis can be precipitated by excessive use of the arm (e.g. sports or working above head level) but other precipitants include venous compression in thoracic outlet syndrome, diabetes, smoking, malignancy and venous cannulation. The donor may be eligible to donate if the underlying cause has been identified and corrected, but this should be balanced with the remote risk of local complications from a subsequent donation.

Superficial thrombophlebitis is inflammation of a vein just under the skin, usually in the leg, which can be accompanied by a small blood clot. This is different to, and less serious than, a deep vein thrombosis (DVT). If the superficial clot extends to where the superficial and deep veins join, a DVT can develop. Superficial thrombophlebitis normally settles within two to six weeks. Some individuals may be treated with anticoagulants to reduce the risk of extension.

*Reason for Change* Align with the recently updated WB-DSG This entry has been renamed and revised to include more detail about a range of thrombotic and thrombophilic disorders.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 50

## Thrush - Oral

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*Obligatory* **Must not donate if:**  
 a) Unexplained.  
 b) Related to immunodeficiency.

*See if Relevant* Infection: Chronic

*Reason for Change* This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 42

## Thrush - Vaginal

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*Obligatory* **Must not donate if:**  
 a) Related to immunodeficiency.

*See if Relevant* Infection: Chronic

*Reason for Change* This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 42

## Thyroid Disease

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Under investigation.</p> <p>b) Malignant.</p> <p>c) Less than six months from treatment with radioactive iodine therapy.</p> <p>d) Less than 24 months from stopping treatment with anti-thyroid tablets.</p>
<i>Discretionary</i>	If on stable maintenance treatment with thyroxine, accept.
<i>See if Relevant</i>	<p><u>Autoimmune disease</u></p> <p><u>Beta Blockers</u></p> <p><u>Surgery</u></p>
<i>Reason for Change</i>	Links to 'Autoimmune Disease' and 'Beta Blockers' have been added.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Tissue and Cell Allograft Recipients

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<i>Excludes</i>	Xenograft recipients, recipients of biological grafts of non-human origin and bio-prosthetic grafts and organ recipients.
<i>Obligatory</i>	<p>All donors:</p> <p><b>Must not donate if:</b></p> <p>a) Dura mater transplanted at any time.</p> <p>b) Ocular tissue transplanted at any time.</p> <p>c ) Any other allogeneic human tissue or cell transplanted since 1st January 1980, refer to DCSO.</p>
<i>Discretionary</i>	<p>a) If an autologous tissue, or cells, has been transplanted at any time, and there is no other reason to exclude the donor, accept.</p> <p>b) If an allogeneic tissue (except dura mater or ocular tissue) or cell transplant was performed before 1st January 1980, and there is no other reason to exclude the donor, accept.</p>
<i>See if Relevant</i>	<p><u>Immunosuppression</u></p> <p><u>Ocular Tissue Recipient</u></p> <p><u>Organ Recipient</u></p> <p><u>Prion Associated Diseases</u></p> <p><u>Surgery</u></p> <p><u>Transfusion</u></p> <p><u>Xenotransplantation</u></p>
<i>Additional Information</i>	<p>The transfer of tissues or cells between individuals has led to the spread of infection. The above guidelines are intended to minimise these risks.</p> <p>People who have received a tissue or cell transplant since 1980 are normally excluded from donation as a precautionary measure against the risk of transmission of vCJD in the same way as recipients of transfusion are.</p> <p>The DCSO should consider the availability of alternative donors and discuss the risks and benefits with the physician of the intended recipient. This risk assessment should be shared with the recipient, or their next of kin as appropriate</p>

Dura mater and ocular tissue allografts have been implicated in iatrogenic CJD. Iatrogenic CJD refers to the transmission of prions via inadvertent medical exposure. Recipients of dura mater and ocular tissue recipients are excluded.

Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given.

<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 51

## Tissues Safety Entry

<i>Definition</i>	<p><b>Individual risk</b> is based on the donor's sexual behaviour, including new partners and the number of partners in the 3 months prior to donation.</p> <p><b>Partner risk</b> is based on sexual contact with a partner who may, at a population level, be at higher risk of acquiring infection, as described in this entry.</p> <p><b>Sexual contact</b> is defined as oral, vaginal or anal sex.</p> <p><b>Anal sex</b> is defined as penile-anal intercourse only. It does not apply to oro-anal sex or the use of sex toys.</p> <p><b>Chemsex</b> is sex while using stimulant drugs taken for the specific purpose of enhancing sexual experience and reducing inhibitions. Chemsex does not refer to sex after using alcohol or recreational drugs for other purposes, nor the use of drugs such as Viagra or Cialis to treat erectile dysfunction.</p>
<i>Obligatory</i>	<p>Information must be provided so that those at risk do not donate.</p> <p><b>1. You must not donate if:</b> You think you need a test for HIV/AIDS, HTLV or hepatitis.</p> <p><b>2. You must never donate if:</b></p> <ol style="list-style-type: none"> <li>You are HIV positive</li> <li>You are HTLV positive</li> <li>You are a hepatitis B carrier</li> <li>You are a hepatitis C carrier</li> </ol> <p><b>3. You must not donate for at least 12 months:</b> After stopping habitual use of injected drugs of addiction.</p> <p><b>4. You must not donate for at least three months if:</b></p> <ol style="list-style-type: none"> <li>You have taken Pre-Exposure Prophylaxis (PrEP) / Truvada for prevention of HIV</li> <li>You have taken or been prescribed Post-Exposure Prophylaxis (PEP) for prevention of HIV.</li> </ol> <p>If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.</p> <p><b>5. You must not donate for at least 3 months if:</b></p> <ol style="list-style-type: none"> <li>You have received money or drugs for sex</li> <li>You have injected, or been injected with, non-prescription drugs, even only once. This includes, for example, bodybuilding drugs or injectable tanning agents. You may be able to donate if a doctor prescribed the drugs. Please ask.</li> <li>You have injected, been injected with, or used non-parenteral Chemsex drugs.</li> </ol> <p><b>6. Individual risk criteria (FAIR):</b> <b>You must not donate for at least 3 months if:</b></p> <ol style="list-style-type: none"> <li>You have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact.</li> <li>You have been diagnosed with gonorrhoea. You must wait for at least three months after you have successfully completed treatment and been discharged from further follow up.</li> <li>You have had more than one sexual partner in the last 3 months AND you have had anal sex with any of these partners.</li> </ol>

d) You have had anal sex with a new sexual partner. For the purpose of donor selection, a new partner is someone that you have not had sex with before or a previous partner with whom you have restarted a sexual relationship in the last 3 months.

If you are in a sexual relationship with one partner only, you can donate once it is three months from the date of first sexual contact, even if you are having anal sex.

**7. You must not donate for at least 3 months after sex (even if you used a condom or other protective) with:**

A partner who is, or you think may be:

- a) HIV or HTLV positive
- b) A hepatitis B carrier
- c) A hepatitis C carrier
- d) A partner who has received money or drugs for sex
- e) A partner who has injected, or been injected with non-prescription drugs. This includes, for example, bodybuilding drugs or injected tanning agents. You may be able to give if a doctor prescribed the drugs, please ask.

*See if Relevant*

- Addiction and Drug Abuse
- Hepatitis B
- Hepatitis C
- Hepatitis of Viral Origin
- HIV
- HTLV
- Infection - General
- Pre- or Post-Exposure Prophylaxis for HIV
- Sexually Transmitted Disease
- Syphilis

*Additional Information*

The FAIR (For the Assessment of Individualised Risk) report (2020) recommended changes to blood donor selection policy to allow a more individualised risk-based approach. This approach was approved by ministers in devolved administrations and has now been implemented by the UK Transfusion Services.

The FAIR III working group recommended that a similar approach could be applied to tissue and cell donors in principle, acknowledging that the current donor selection policies already permit an individual risk assessment approach for life saving tissues and cells.

FAIR identified several factors associated with a higher risk of blood borne infections. These include the recent diagnosis of a bacterial sexually transmitted disease and the following sexual behaviours:

- new or multiple sexual partners
- anal sex
- participation in chemsex activity

Drugs used for chemsex include methamphetamine, mephedrone and GHB/GBL, but other drugs may be used (e.g. ketamine, poppers, cocaine). Chemsex is a high risk activity because it usually involves multiple sexual partners, sometimes for extended periods of time. The drugs involved also reduce inhibition leading to riskier sexual activity.

The drugs used in both Pre- and Post-Exposure Prophylaxis for HIV (PrEP and PEP) may interfere with the routine HIV screening tests carried out on all tissue and cell donors. For this reason, donors who have taken PrEP or PEP should not donate for three months, even if they are otherwise eligible under individual risk criteria.

The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation.

*Reason for Change*

The entry was revised to include individual risk assessment of recent sexual behaviour for all donors. The deferral for donors whose sexual partners have been sexually active in Sub-Saharan Africa has been removed. This supports implementation of recommendations from the FAIR III Report.

*Update Information*

This entry was last updated in TDSG-BM Edition 203, Release 52

## Topical Medication

<i>Obligatory</i>	<b>Must not donate if:</b> There is broken or infected skin at the site of venepuncture or harvest.
<i>Discretionary</i>	If the condition being treated does not exclude, accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Toxoplasmosis

<i>Obligatory</i>	<b>Must not donate if:</b> Less than six months from recovery.
<i>Additional Information</i>	This is a common parasitic infection, often spread by cat faeces or eating undercooked meat. It can be spread through transfusion. It may have serious consequences or even prove fatal for the recipient. Usually it does not cause symptoms, as the body's immune system easily overcomes the parasite. If the infection has caused symptoms that has lead to it being diagnosed, waiting six months from recovery will make it unlikely that it will be passed on by donation.
<i>Reason for Change</i>	Entry has been simplified following a risk assessment by SACTTI.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 14

## Transfusion

<i>Includes</i>	Treatment with Blood Components, Products and Derivatives.
<i>Obligatory</i>	<p><b>1. Must not donate if:</b> <b>At any time the donor has:</b></p> <p>a) Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis. See 'Discretionary' section below for exceptions.</p> <p>b) Has received regular treatment with blood derived coagulation factor concentrates.</p> <p><b>2. Since January 1st 1980:</b></p> <p>a) Anywhere in the world, the donor has received, or thinks they may have received, a transfusion of blood or blood components, or intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.</p> <p>b) Had a plasma exchange performed.</p> <p><b>3. Before January 1st 1999:</b> Treated with prothrombin complex to reverse over-anticoagulation.</p>
<i>Discretionary</i>	<p><b>1. a)</b> If on medical inquiry it is unlikely that the donor has been transfused, accept.</p> <p>b) Received, or thinks they may have received, a transfusion of blood or blood components before 1st Jan 1980, accept – See 3 below if transfused abroad</p> <p>c) If treatment with human immunoglobulin has been limited to small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin etc.), accept.</p> <p>d) Treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1st January 1999, accept.</p> <p><b>2. Autologous Transfusion:</b> If <b>only</b> the donor's own blood has been used, accept.</p>

### 3. Donor transfused in a country endemic for malaria or South American trypanosomiasis:

a) Check the Geographical Disease Risk Index. If transfused in an at risk endemic country and a validated malarial antibody test and/or (as appropriate) a validated test for T.cruzi antibody is negative, at least 4 months after exposure, accept. If transfusion happened after January 1st 1980, see point 4 below.

### 4. Donor transfused since January 1st 1980:

Discuss with the Designated Medical Officer who will decide if the donor may be accepted following a documented risk assessment. This must take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donor.

*See if Relevant*

Bleeding Disorder  
Immunoglobulin Therapy  
Immunosuppression  
Malaria  
Prion Associated Diseases  
South American Trypanosomiasis Risk  
Geographical Disease Risk Index

*Additional Information*

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

#### All transfused donors:

Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections before accepting the donor.

#### Coagulation concentrates:

People who have received blood derived coagulation concentrates (these are made from the blood of many donors) regularly may have been put at risk of infections that can be passed through blood.

#### Donors transfused since 1980:

In the autumn of 2003 a UK recipient of blood, taken from a healthy donor who later developed vCJD, died from vCJD. Since then there has been a very small number of cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD.

In view of this, people transfused or possibly transfused since 1980 should not normally be accepted. Any history of transfusion after 1980 must be recorded and remain part of the documentation associated with the donation.

Plasma exchange results in the patient having been exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.

Commonly used PCCs, such as Beriplex or Octaplex, currently used in the UK, are prepared from non-UK donors. They are administered as one-off doses to reverse anticoagulation or peri-operative prophylaxis. Since 1999, coagulation factors prepared from UK donors have no longer been used as a risk reduction measure for vCJD transmission.

*Reason for Change*

I) To remove information only relevant to deceased tissue donors.  
 II) To update guidance relating to South American Trypanosomiasis risk.  
 III) To add guidance relating to donors transfused since January 1st 1980.  
 IV) To harmonise the definition of what constitutes a transfusion.

*Update Information*

This entry was last updated in  
 TDSG-BM Edition 203, Release 38.

## Transgender Individuals



<i>Definition</i>	<p><b>Cisgender (cis)</b> describes someone whose gender identity is the same as the sex they were assigned at birth.</p> <p><b>Transgender (trans)</b> describes someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.</p>
<i>Obligatory</i>	Assessment of the donor suitability should be according to the gender assigned at the time of donation. See 'Additional Information' section.
<i>Discretionary</i>	Accept
<i>See if Relevant</i>	<u>Tissues Safety Entry Surgery</u>
<i>Additional Information</i>	<p>Consideration should be given to the medications used during gender re-assignment. An individual risk assessment is required with regard to potential effects on the donor, donated material and any potential risk to the recipient.</p> <p>Assessment of haemoglobin concentration should be according to the gender assigned. The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. Testosterone levels will rise if a person who was assigned female at birth receives hormone therapy as part of transitioning. This will result in the haemoglobin concentration rising to the higher range seen in cis men. The opposite will be true if a person who was assigned male at birth transitions.</p>
<i>Reason for Change</i>	This entry was revised to support the implementation of the FAIR III report; the additional information section has been revised to reflect the circumstances of tissue and cell donations.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 52

## Transient Ischaemic Attacks

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Travel

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<i>See if Relevant</i>	<p><u>Geographical Disease Risk Index</u></p> <p><u>Malaria</u></p> <p><u>South American Trypanosomiasis Risk Infection - Tropical</u></p>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Tropical Viruses

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<i>Includes</i>	<p>Chikungunya Virus, also known as CHIKV</p> <p>Dengue Virus, also known as Dengue Fever</p> <p>Yellow Fever, also known as YF</p> <p>Zika Virus, also known as ZIKV, and Zika Virus Fever</p>
<i>Definition</i>	<b>Tropical Virus Endemic Areas:</b> are shown in the 'Geographical Disease Risk Index' (GDRI) as a Tropical Virus Risk.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) It is less than six months from a donor's return from a Tropical Virus Risk endemic area</p>

and the donor has been diagnosed with Chikungunya, Dengue, Yellow Fever, or Zika virus infection whilst there or following their return to the UK.

b) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has either had a history of symptoms suggestive of Chikungunya, Dengue, Yellow Fever or Zika virus infection whilst there or following their return to the UK.

c) In other cases it is less than four weeks from a donor's return from a Tropical Virus Risk endemic area.

*Discretionary* All donors may be accepted six months after their return from an affected area or resolution of symptoms. This may be reduced to four weeks, if they have had no clinical evidence of infection.

*See if Relevant* Infection - General  
Malaria  
South American Trypanosomiasis  
The 'Geographical Disease Risk Index'

*Additional Information* Chikungunya is an alpha virus that can cause a wide spectrum of disease. This may range from no or minimal symptoms to death. Most commonly it causes arthritis (typically in the knee, ankle and small joints of the extremities), high fever and a maculopapular rash.

It is geographically widespread but since 2005 it has reached epidemic proportions in parts of India and islands in the Indian Ocean. It is known to be spread by blood in symptomatic cases and on theoretical grounds could be spread by transfusion and transplantation of tissues and organs from people with pre-symptomatic or asymptomatic disease. A number of visitors returning from endemic areas to the UK have been diagnosed with this infection.

Dengue Virus is a flavivirus that typically gives rise to abrupt high fever with a range of accompanying symptoms. Dengue fever (DF) is the most common arthropod borne disease worldwide. Dengue is currently considered endemic in approximately 128 countries.

Overall, 15-90% of cases may have an asymptomatic course of infection, but clinical presentation varies with age group. However, there is a risk of change in disease presentation and potential for increased incidence of more severe disease in older age groups due to co-circulation of different dengue types and emergence of new types in endemic areas patterns.

Yellow Fever Virus is a Flavivirus. Symptoms of Yellow Fever include high temperature, headache, nausea and vomiting, muscle pains and backache. One in four individuals may suffer from jaundice and bleeding from the gastrointestinal tract and other sites.

Zika virus is a flavivirus that is transmitted to humans through the bite of a carrier mosquito. Zika Virus can also be transmitted human to human through sexual contact. Zika infection is a rapid acute infection that in the majority of cases is asymptomatic or has very mild general symptoms. A small number of cases may have more apparent symptoms but hospitalisation is rare. Zika infection may be mistaken for Chikungunya or Dengue infections as the virus often cocirculate.

The main vector for these viruses is *Aedes aegypti* (*Aedes albopictus* is another emerging vector), which is found worldwide between latitudes 35°N and 35°S. There is no epidemiologically important animal reservoir for these viruses. The main geographical areas affected by these viruses include the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, SE Asia, Indian sub-continent, Hawaii. Additionally, Dengue fever has been reported in Australia and there have been outbreaks of Dengue and Chikungunya in Europe.

Position statements are available in the JPAC Document Library.

*Information* This entry is compliant with the Blood Safety and Quality Regulations 2005.

*Reason for Change* Discretionary guidance has been revised.

*Update Information* This entry was last updated in  
BM-DSG Edition 203 Release 55

## Trypanosoma Cruzi Infection

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>South American Trypanosomiasis Risk</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Tuberculosis

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### Affected Individual

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Infected.</p> <p>b) Less than 24 months from completing treatment.</p> <p>c) Under follow-up.</p>
<i>Discretionary</i>	<p>a) If donor with a history of tuberculosis or latent tuberculosis has been successfully treated, with treatment being completed at least 24 months previously, been discharged from follow up, and has remained well and asymptomatic – accept.</p> <p>b) Donors with a diagnosis of latent tuberculosis currently not undergoing investigation, or more than 7 days after completion of treatment: refer to DCSO for individual risk assessment.</p>
<i>See if Relevant</i>	<p><u>BCG</u> <u>Heaf Test</u> <u>Mantoux Test</u></p>

### Contact

<i>Obligatory</i>	<p><b>Must not donate until:</b> Screened and cleared.</p>
<i>Discretionary</i>	If the donor has been informed that they do not need to be screened, accept.
<i>See if Relevant</i>	<p><u>BCG</u> <u>Heaf Test</u> <u>Mantoux Test</u></p>
<i>Additional Information</i>	<p>Tuberculosis can be present in many tissues and be spread through the blood stream. It is sensible to exclude people who may have active disease from donating to prevent any possibility of transmitting the infection.</p> <p>Individuals with latent tuberculosis do not have symptoms of active infection. Treatment is usually recommended for individuals aged under 65. Antibiotics used to treat tuberculosis can cause liver damage in older adults, and hence treatment may not be offered. If latent tuberculosis is thought to be drug resistant, or if the individual is taking immunosuppressive medication for any reason, they may be regularly monitored to check the infection does not become active.</p>
<i>Reason for Change</i>	To provide clarity that 24 month deferral is following completion of treatment, rather than confirmation of cure. To provide information and guidance regarding latent tuberculosis.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 51

## Turner's Syndrome

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<i>Discretionary</i>	Accept.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Varicose Veins

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Phlebitis</u> <u>Surgery</u> <u>Thrombosis</u>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Vasculitis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Viral Haemorrhagic Fever

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<i>Includes</i>	<u>Crimean-Congo Fever</u> <u>Ebola Virus Disease</u> <u>Lassa Fever</u> <u>Marburg Fever</u>
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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> a) Has ever been infected
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### 2. Contact or traveller to endemic country

<i>Obligatory</i>	<b>Must not donate if:</b> a) Was present in an area during an active outbreak  b) Under investigation for viral haemorrhagic fever  c) Has been in contact with an individual who was present in an area during an active outbreak  d) Was in contact with an individual infected with, or was under investigation for viral haemorrhagic fever  e) less than six months after return to UK from an endemic area when there was no active outbreak
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Under exceptional circumstances, the donor may be accepted subject to

individual risk assessment. Refer to designated medical officer. See additional information section.

- Discretionary*     **Accept if:**
- a) If more than 6 months after return to UK from an endemic area when there was no active outbreak at the time of visit
  - b) If the individual, or the contact person, under investigation had viral haemorrhagic fever infection excluded as diagnosis.

### 3. Sexual Partner of Affected Individual

- Obligatory*     **Must not donate:**  
If the donor has had sex with an individual who had been diagnosed with a Viral Haemorrhagic Fever at any time before their last sexual contact.

*See if Relevant*     The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk.

*Additional Information*     These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. The 2014-16 outbreak of Ebola in West Africa had increased understanding about the persistence of the virus in affected individuals and the number of asymptomatic individuals who may be able to transmit the virus to others.

There is no routine screening test for EBOV currently available. There is an option to test donors serologically for the presence of anti-EBOV (antibodies) two months after the exposure event if a test becomes available. A reactive test would result in permanent deferral, a negative test would allow donation to proceed. Designated medical officers may seek expert advice where necessary, under exceptional circumstances.

There is evidence of persistent virus in individuals who recover from several forms of Viral Haemorrhagic Fever. For this reason, it is necessary to defer the sexual partners of these individuals.

*Reason for Change*     A permanent deferral has been introduced for donors who have had sex with an individual who has been diagnosed with a Viral Haemorrhagic Fever, and definition of Viral Haemorrhagic Fever provided.

*Update Information*     This entry was last updated in TDSG-BM Edition 203, Release 37

## Vitamin Treatment

- Obligatory*     **Must not donate if:**
- a) There is an underlying cause for vitamin deficiency that is a reason for exclusion.
  - b) If the donor has neurological damage due to B12 deficiency.

- Discretionary*
- a) If the donor is being treated for a deficiency, discuss with DCSO.
  - b) If on oral self-medication or prescribed treatment to prevent deficiency, accept.

*Additional Information*     Vitamins commonly given to treat a deficiency include vitamin D, vitamin B12 and folic acid. Vitamin D is usually caused by dietary lack and lack of exposure to sunlight which do not contraindicate donation.

Vitamin B12 deficiency may be dietary or due to failure of absorption. One such failure of absorption, pernicious anaemia, is an autoimmune disorder usually caused by the body attacking the lining of the stomach. Other causes of malabsorption include coeliac disease, small bowel bacterial overgrowth and surgical removal of the stomach. Acceptable if due to stomach operation or dietary deficiency (e.g. vegan), and donor meets haemoglobin requirements.

Stem cell donors will have blood tests done before donation. These would pick up any

effects of vitamin deficiency that could impact on the safety of donation such as low calcium and anaemia and allow individualised management.

*Reason for Change* To provide more detailed guidance regarding when affected donors can be accepted.

*Update Information* This entry was last updated in  
BM-DSG Edition 203 Release 56

## Warts

*Discretionary* Even if on local treatment, accept.

*Additional Information* Warts (including verruca) are caused by infection with the human papilloma virus (HPV) of which there are over 100 different types. They may occur on the skin and mucous membranes. The virus is spread by skin to skin contact and it can be very infectious. Genital warts are possibly the commonest sexually transmitted disease, but they do not necessarily indicate high risk sexually activity, so no specific deferral is required.

Molluscum contagiosum is also caused by a virus and can be managed in the same way as warts.

*Reason for Change* 'Additional Information' section added following FAIR III report.

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 52

## Weight

*Obligatory*

**1. Bone Marrow Donor:**  
**Must not donate if:**

- a) Body Mass Index over 35.
- b) Under 50 kg (7 stone 12 lb).

**2. PBSC Donor:**  
**Must not donate if:**

- a) Body Mass Index over 40.
- b) Under 50 kg (7 stone 12 lb).
- c) The donor is so overweight that they have difficulty in getting onto or off the bleed bed.
- d) Venous access is very difficult.

*Discretionary*

**1. Bone Marrow Donor:**

- a) If the Body Mass Index >35 to <40: Refer to DCSO. Obtain anaesthetic option, considering other anaesthetic risk factors and technical feasibility.

**2. PBSC Donor:**

- a) If Body Mass Index 40 – <43: Refer to DCSO, considering venous access.
- b) Treatment with anti-obesity drugs, accept.

*Additional Information* Blood service staff should not put their own health at risk by helping donors on and off the donation couch except in an emergency.

It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic.

Obesity also makes it desirable to use more than a donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse

incident.

Donors who are overweight or obese tend to have more moderate-severe pain with PBSC donation. BM harvest is technically a considerably more difficult procedure in overweight donors. There is much evidence to support the concept that the morbidly obese in general (i.e. with a BMI >35) have a higher risk of premature death, anesthetic complications and occult cardiovascular disease.

However, it is recognised that a high BMI does not always reflect obesity and body habitus and many high BMI donors may be fit and suitable to donate.

*Reason for Change* The levels of BMI/weight at which a BM or PBSC donor can be accepted have been changed to align with WMDA guidance.

*Update Information* This entry was last updated in BM-DSG Edition 203 Release 56

## West Nile Virus

*Definition* **West Nile Virus (WNV) Endemic Areas:**  
These are shown in the Geographical Disease Risk Index (GDRI).

*Obligatory* **Must not donate if:**

- a) It is less than six months from a donor's return from a WNV endemic area and the donor has been diagnosed with WNV whilst there or following their return.
- b) It is less than six months from a donor's return from a WNV endemic area and the donor has either had a history of symptoms suggestive of WNV whilst there or within 28 days of their return.
- c) In other cases it is less than four weeks from a donor's return from a WNV endemic area.

*Discretionary*

- a) All donors may be accepted six months after their return from an affected area. This may be reduced to four weeks if they have had neither symptoms nor evidence of infection.
- b) For donors who have been back in the UK for less than four weeks before clearance or donation, who have not been diagnosed with WNV infection and who have not had symptoms suggestive of WNV infection, if a validated NAT for WNV is to be undertaken see additional information.
- c) Donors who have been back in the UK for less than six months, and more than 28 days, who have had symptoms suggestive of WNV infection while abroad or within 28 days of return (but no firm diagnosis of WNV infection), if a validated NAT for WNV is to be undertaken, accept.

*See if Relevant* The 'Geographical Disease Risk Index'

*Additional Information* West Nile Virus is a flavivirus, similar to Dengue, which causes a wide spectrum of infection. This may range from no or minimal symptoms to death. It is geographically widespread, including areas in Europe and other parts of the world not affected by malaria, and it has reached epidemic proportions in North America in recent years. There it has caused illness and death post transfusion and post transplantation of tissues and organs. It is spread by mosquitoes and so is more prevalent at times of the year when mosquitoes are active.

As the problem can vary both in relation to geography and time of the year it is not possible to state areas from which donors need to be deferred and dates of disease activity. These are provided in the Geographical Disease Risk Index.

At least one case was reported in the literature that WNV has caused illness and death after transplantation of stem cells from inadequately screened donors, but the spectrum of this illness in recipients is unknown as patients who develop a pyrexia post-transplant and pre-engraftment will not routinely undergo screening for WNV infection.

Testing a donor early in the incubation period and then collecting haematopoietic stem cells some days later may not assure component safety. Therefore, the time of testing of donors within 28 days of return from an affected area becomes important to ensure testing is not carried out too early in the incubation period. This must be balanced against the patient's clinical need, and the likelihood of detecting infection in an asymptomatic donor.

When an allogeneic stem cell donor who has been asymptomatic, has returned from a WNV endemic area, the preferred option is to wait for 28 days from return before clearing the donor if the stem cell collection can be delayed. In exceptional circumstances and if there is a pressing clinical need to proceed to clearing the donor or collection within 28 days of return, a risk assessment should be undertaken in conjunction with the transplant centre clinicians as to how they will manage their patient. This should include awareness of the timing of the return of the donor from the WNV endemic area, the likelihood of receiving a WNV positive donation (with its associated risks) from an asymptomatic donor, and the options of:

1. Delay the clearance of the donor and stem cell collection plus conditioning of the patient as far as possible towards the day 28 of the return of the donor (with possible individual WNV NAT testing)
2. Product cryopreservation with delayed conditioning until the WNV individual NAT result from the day of donation sample is known.

Data on the risk of a WNV positive donation entering the UK blood supply is available and is considered to be very low. The UK Blood Services have carried out 288,533 WNV NAT tests on asymptomatic whole blood donors within 28 days of returning from WNV affected areas from June 2013- 2020, and there have been no positives identified (Available Data-Standing Advisory Committee on Transfusion Transmitted Infections). Further data available in the literature suggests RNA detection is possible within 2 days and up to 13 days of exposure using individual donor NAT testing. If this is the case, individual NAT testing in asymptomatic donors within 13 days of return from a WNV endemic area would permit donation to proceed if there is a pressing clinical need.

All these considerations support a screening stratification approach to allow the transplant centre to make a judgement based on the perceived clinical need versus risk of transplanting a positive donation to the recipient if the donor is within 28 days of return from a WNV endemic area and there is a pressing clinical need to proceed with transplantation, and so therefore donation.

A 'Position Statement on West Nile Virus (WNV)' is available in the [Document Library](#).

*Reason for Change* To include donor clearance as a timepoint for consideration in risk assessment.

*Update Information* This entry was last updated in:  
BM-DSG Edition 203 Release 56

## Whooping Cough

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### Contact

See [Infectious Diseases - Contact with](#)

### Infection

See [Infection - Acute](#)

*Update Information* This entry was last updated in  
TDSG-BM Edition 203, Release 02

## Xenotransplantation

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*Includes* Xenografts  
Heterografts  
Non-Human Organ Perfusion



## Recipient

<i>Definition</i>	Any procedure that involves the transplantation, implantation, or infusion into a human recipient of either (a) live cells, tissues, or organs from a non-human animal source, or (b) human body fluids, cells, tissues, or organs that have had ex vivo contact with live, non-human animal cells, tissues, or organs. Xenotransplantation products include live cells, tissues and organs.  Biological products, drugs, or medical devices sourced from <b>nonliving cells</b> , tissues or organs from non-human animals, including but not limited to porcine insulin, porcine heart valves, and collagen matrices derived from acellular porcine, bovine or any other xenogeneic source (e.g. PelviSoft <sup>®</sup> , Bio-Oss <sup>®</sup> , Bio-Gide <sup>®</sup> and Surgibone <sup>®</sup> ) are not considered xenotransplantation products.
<i>Obligatory</i>	<b>Must not donate if:</b> Material from a <b>living</b> non-human animal source has been directly or indirectly in contact with the donor's blood supply. This does not include animal bites.

## Sexual Partners of Xenotransplant Recipients, Current and Former

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in infections that would not normally affect humans being passed on.
<i>Reason for Change</i>	Further guidance re Recipient definition
<i>Update Information</i>	This advice is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-BM Edition 203, Release 24

## XMRV

<i>Discretionary</i>	Donors who have been tested positive for XMRV, accept.
<i>Additional Information</i>	As there is no evidence that XMRV is implicated in human disease, a positive test is not a bar to donation.
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 12 Issue 01

## Yaws

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-BM Edition 203, Release 02

## Updates

Specification of Current Version		
Publication	BM-DSG	
Edition	203	
Release	56	
Issue	01	13 August 2024

### All changes to BM-DSG Edition 203 after Release 01

Release	Date	Change Notifications	
		Title	CN No.
56	13 August 2024	West Nile Virus	<u>40 - 2024</u>
		Weight	<u>39 - 2024</u>
		Vitamin Treatment	<u>34 - 2024</u>
		Infection - Acute	<u>31 - 2024</u>
55	18 April 2024	Tropical Viruses	<u>13 - 2024</u>
		Cerebrovascular Disease and CNS Disease	<u>11 - 2024</u>
		Coronavirus Vaccination	<u>10 - 2024</u>
54	29 January 2024	Coronavirus Infection (COVID-19)	<u>01 - 2024</u>
		Gout	<u>37 - 2023</u>
		Adrenal Failure	<u>36 - 2023</u>
		Eye Disease	<u>35 - 2023</u>
53	15 November 2023	Coronavirus Infection (COVID-19)	<u>33 - 2023</u>
52	15 November 2023	Changes arising from the FAIR III report	<u>17 - 2023</u>
51	04 July 2023	Tuberculosis	<u>25 - 2023</u>
		Surgery	<u>24 - 2023</u>
		Liver Disease	<u>23 - 2023</u>
		Tissue and Cell Allograft Recipients	<u>14 - 2023</u>
50	12 April 2023	Malaria	<u>21 - 2023</u>
		Thrombosis and Thrombophilia	<u>15 - 2023</u>
		Mpox (Monkeypox)	<u>13 - 2023</u>
49	13 December 2023	Infectious Diseases - Contact With	<u>52 - 2022</u>
		Coronavirus Infection (COVID-19)	<u>51 - 2022</u>
48	12 September 2022	Table of Immunisations	<u>55 - 2022</u>
		West Nile Virus	<u>50 - 2022</u>
47	31 May 2022	Monkeypox	<u>41 - 2022</u>
		Clopidogrel	<u>36 - 2022</u>
		Diabetes Mellitus	<u>34 - 2022</u>
		Arrhythmias	<u>31 - 2022</u>
46	26 April 2022	Tropical Viruses	<u>21 - 2022</u>
45	07 April 2022	Coronavirus Infection	<u>30 - 2022</u>
44	16 March 2022	Diseases of Unknown Aetiology	<u>17 - 2022</u>
		Cervical Dysplasia	<u>16 - 2022</u>
		Body Piercing	<u>15 - 2022</u>
		Psoriasis	<u>14 - 2022</u>
		Infertility	<u>13 - 2022</u>
43	22 February 2022	Complementary Therapy	<u>04 - 2022</u>
42	04 August 2021	Thrush - Oral & Vaginal	<u>30 - 2021</u>

		Infertility	<u>27 - 2021</u>
		Immunisation	<u>26 - 2021</u>
		Coronavirus Infection	<u>21 - 2021</u>
		Colitis, Proctitis and Gastrointestinal Disease	<u>20 - 2021</u>
		Acne and Teratogenic Medications	<u>19 - 2021</u>
<b>41</b>	04 May 2021	COVID-19 Vaccination	<u>11 - 2021</u>
<b>40</b>	21 January 2021	COVID-19 Vaccination	<u>05 - 2021</u>
<b>39</b>	16 December 2020	COVID-19 Vaccination	<u>74 - 2020</u>
<b>38</b>	07 October 2020	Sexually Transmitted Disease	<u>61 - 2020</u>
		Transfusion	<u>45 - 2020</u>
		South American Trypanosomiasis	<u>44 - 2020</u>
		Infection - Chronic	<u>43 - 2020</u>
		Tamoxifen	<u>42 - 2020</u>
<b>37</b>	15 July 2020	Infection - Acute	<u>41 - 2020</u>
		Tamiflu® and Relenza®	<u>40 - 2020</u>
		Viral Haemorrhagic Fever	<u>38 - 2020</u>
		Rabies	<u>37 - 2020</u>
		Animal Bite	<u>36 - 2020</u>
<b>36</b>	08 June 2020	Coronavirus Infection	<u>30 - 2020</u>
<b>35</b>	23 March 2020	Coronavirus Infection	<u>15 - 2020</u>
<b>34</b>	24 February 2020	Coronavirus Infection	<u>10 - 2020</u>
<b>33</b>	17 February 2020	Coronavirus Infection	<u>08 - 2020</u>
<b>32</b>	24 February 2020	Coronavirus Infection	<u>05 - 2020</u>
<b>31</b>	30 September 2019	Sexually Transmitted Disease	<u>23 - 2019</u>
		Malignancy	<u>22 - 2019</u>
		Inflammatory Bowel Disease	<u>20 - 2019</u>
		Hepatitis C	<u>19 - 2019</u>
		Complementary Therapy	<u>17 - 2019</u>
		Viral Haemorrhagic Fever	<u>15 - 2019</u>
		Tissue Safety Entry	<u>14 - 2019</u>
		Pre- and Post-Exposure Prophylaxis for HIV	<u>13 - 2019</u>
Hepatitis A	<u>12 - 2019</u>		
<b>30</b>	26 September 2018	Transgender Individuals	<u>32 - 2018</u>
		Infection - Chronic	<u>28 - 2018</u>
		Infection - Acute	<u>26 - 2018</u>
<b>29</b>	24 April 2018	Viral Haemorrhagic Fever	<u>15 - 2018</u>
		Transfusion	<u>14 - 2018</u>
		Pregnancy	<u>11 - 2018</u>
		Hepatitis E	<u>10 - 2018</u>
		Hepatitis A	<u>09 - 2018</u>
		Haemoglobin Disorders	<u>08 - 2018</u>
		Glycogen Storage Disease	<u>06 - 2018</u>
		G6PD Deficiency	<u>05 - 2018</u>
Central Nervous System Disease	<u>04 - 2018</u>		
<b>28</b>	17 January 2018	Poisoning	<u>01 - 2018</u>
<b>27</b>	27 November 2017	Bleeding Disorder	<u>50 - 2017</u>
		Syphilis	<u>48 - 2017</u>
		Sex Worker	<u>46 - 2017</u>
		Inoculation Injury	<u>43 - 2017</u>

		HTLV	<u>42 - 2017</u>
		HIV	<u>38 - 2017</u>
		Hepatitis C	<u>36 - 2017</u>
		Hepatitis B	<u>34 - 2017</u>
		Complementary Therapy	<u>32 - 2017</u>
		Body Piercing	<u>30 - 2017</u>
		Addiction and Drug Abuse	<u>28 - 2017</u>
		Tissue Safety Entry	<u>27 - 2017</u>
		Surgery	<u>24 - 2017</u>
		Tissue and Organ Recipients	<u>23 - 2017</u>
		Radiation Therapy	<u>22 - 2017</u>
<b>26</b>	01 August 2017	Malaria	<u>17 - 2017</u>
<b>25</b>	10 October 2016	Hepatitis A	<u>46 - 2017</u>
<b>24</b>	13 July 2016	Xenotransplantation	<u>29 - 2016</u>
		Severe Exercise Intolerance Disease (SEID)	<u>28 - 2016</u>
		Endoscopy	<u>24 - 2016</u>
<b>23</b>	02 February 2016	Viral Haemorrhagic Fever	<u>15 - 2016</u>
		Tropical Viruses	<u>04 - 2016</u>
<b>22</b>	18 January 2016	Viral Haemorrhagic Fever	<u>11 - 2016</u>
		West Nile Virus	<u>09 - 2016</u>
		Tropical Viruses	<u>08 - 2016</u>
		Appendix 2 - Table of Immunisations	<u>04 - 2016</u>
<b>21</b>	23 June 2015	Injectable Tanning Agents	<u>15 - 2015</u>
		Complementary Therapy	<u>12 - 2015</u>
<b>20</b>	17 March 2015	Infertility	<u>09 - 2015</u>
		Complementary Therapy	<u>08 - 2015</u>
		Communication Difficulties	<u>07 - 2015</u>
<b>19</b>	20 October 2014	Viral Haemorrhagic Fever Risk	<u>43 - 2014</u>
<b>18</b>	11 August 2014	Sex Change	<u>38 - 2014</u>
		Homosexual and Bisexual Individuals	<u>34 - 2014</u>
		Tissues Safety Entry	<u>32 - 2014</u>
		SARS	<u>31 - 2014</u>
		Haematological Disease	<u>30 - 2014</u>
		Change of Title	<u>29 - 2014</u>
<b>17</b>	31 March 2014	Weight	<u>16 - 2014</u>
		Paratyphoid and Typhoid	<u>15 - 2014</u>
		South American Trypanosomiasis Risk	<u>14 - 2014</u>
		Sarcoidosis	<u>13 - 2014</u>
		Mental Health Problems	<u>12 - 2014</u>
		Malignancy	<u>11 - 2014</u>
		Kidney Disease	<u>10 - 2014</u>
		Hepatitis of Unknown Origin	<u>08 - 2014</u>
		Hepatitis B	<u>07 - 2014</u>
		Hepatitis B - Post Immunisation	<u>06 - 2014</u>
		Central Nervous System Disease	<u>05 - 2014</u>
		Body Piercing	<u>04 - 2014</u>
		Aliretinoin, Toctino, Acne and Dermatitis	<u>03 - 2014</u>
		Acupuncture	<u>02 - 2014</u>
<b>16</b>	09 July 2013	Infection - Chronic	<u>10 - 2013</u>

		Hepatitis B - Post Immunisation	<u>09 - 2013</u>
		Hepatitis B	<u>08 - 2013</u>
<b>15</b>	04 June 2013	West Nile Virus	<u>01 - 2013</u>
<b>14</b>	29 June 2012	Toxoplasmosis	<u>18 - 2012</u>
		Psoriasis	<u>17 - 2012</u>
		Pregnancy	<u>16 - 2012</u>
		Acne	<u>15 - 2012</u>
<b>13</b>	28 March 2012	West Nile Virus	<u>05 - 2012</u>
<b>12</b>	24 January 2012	Hepatitis C	<u>27 - 2011</u>
		XMRV	<u>25 - 2011</u>
<b>11</b>	06 December 2011	Porphyria	<u>20 - 2011</u>
<b>10</b>	08 August 2011	West Nile Virus	<u>11 - 2011</u>
<b>09</b>	21 June 2011	Sexually Transmitted Disease	<u>09 - 2011</u>
		Infertility	<u>08 - 2011</u>
		BCG	<u>07 - 2011</u>
		Immunisation - Live	<u>06 - 2011</u>
<b>08</b>	01 September 2010	West Nile Virus	<u>09 - 2010</u>
<b>07</b>	03 March 2010	Endoscopy	<u>05 - 2010</u>
		Inoculation Injury	<u>04 - 2010</u>
		Body Piercing	<u>02 - 2010</u>
<b>06</b>	24 December 2009	Complementary Therapy	<u>35 - 2009</u>
		Acupuncture	<u>33 - 2009</u>
<b>05</b>	01 December 2009	Relenza <sup>®</sup> (Zanamivir)	<u>31 - 2009</u>
		Tamiflu <sup>®</sup> (Oseltamivir)	<u>30 - 2009</u>
<b>04</b>	31 July 2008	Appendix 4	<u>05 - 2008</u>
		Blood Pressure - High	<u>01 - 2008</u>
<b>03</b>	14 January 2008	Bleeding Disorder	<u>18 - 2007</u>
<b>03</b>	11 December 2007	Public release – for changes see <u>Appendix 1 - Changes to the Guidelines</u>	
<b>01</b>	01 June 2007	Consultation release – not for implementation	

## Appendix 1 - Changes to Donor Selection Guidelines

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### Section 1

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#### Changes introduced with BM-DSG 203 Release 02 from BM-DSG 202 Release 03

There have been changes made to the following entries:

Acupuncture  
Age  
Animal Bite  
Ankylosing Spondylitis  
Anti-Androgens  
Antibiotic Therapy  
Antidepressant Therapy  
Arthritis  
Autoimmune Disease  
Back Problems  
Beta Blockers  
Bipolar Disorder  
Bleeding Disorder  
Blood Pressure - High  
Blood Volume Estimation  
Cardiovascular Disease  
Chikungunya Virus  
Chlamydia  
Cirrhosis  
Colitis  
Communication Difficulties  
Depression  
Dermatitis  
Disabled Donor  
Disease of Unknown Aetiology  
Elliptocytosis  
Endocarditis  
Endoscopy  
Episcleritis  
Eye Disease  
Gall Bladder Disease  
G-CSF  
German Measles  
Haemoglobin Disorders  
Haemolytic Anaemia  
Hepatitis B  
Hepatitis B - Post Immunization  
Hepatitis C  
Hepatitis of Unknown Origin  
Hereditary Elliptocytosis  
Hereditary Spherocytosis  
Hormone Replacement Therapy  
Immune Thrombocytopenia  
Immunoglobulin Therapy  
Immunosuppression  
Infection - Chronic  
Inflammatory Eye Disease  
Inoculation Injury  
Jaundice  
Laminectomy  
Latex Allergy  
Malaria  
Mental Health Problems  
Myeloproliferative Syndrome  
Pituitary Extract - Human  
Platelet Disorder  
Polymyalgia Rheumatica  
Prion Associated Diseases  
Psoriasis  
Pyruvate Kinase Deficiency  
Rheumatoid Arthritis  
Scleritis  
Sexually Transmitted Disease

Shingles  
Sickle-Cell Trait  
Skin Disease  
Steroid Therapy  
Subacute Bacterial Endocarditis  
Surgery  
Syphilis  
Temporal Arteritis  
Thrombocytosis  
Thyroid Disease  
Tigason  
Tissue and Organ Recipients  
Transfusion  
Weight  
West Nile Virus

## Section 2

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### Changes to BM-DSG 203 after Release 02

See: [Updates](#)

This appendix was last updated in BM-DSG Edition 203, Release 02.

## Appendix 2 - Medical criteria for the withdrawal of donations following information received after donation

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### General considerations.

Circumstances that should have excluded donation may only become known after stem cells have been taken. For the purposes of these guidelines, these circumstances are categorised below, along with appropriate actions. The action to be taken will be determined by any **A-Z** entry relevant to the safety of the recipient. If there is no relevant entry, a consideration of recipient safety will underlie the action taken.

Procedures must be maintained by all Services to ensure prompt reporting of late donation information and, if necessary, withdrawal of donated stem cells. Concerns arising from hearsay reports should be addressed by procedures established to ascertain the credibility of any such concerns.

If donations have been used before a withdrawal could be initiated, the **Designated Medical Officer** must decide upon appropriate action. This will include, if there are likely to be severe consequences from having received the stem cell transplant, contacting the clinician caring for the recipient and discussing notification of the recipient.

### 1. Late notification of donation test results.

#### This may occur because:

- a) The results of microbiological screening tests are brought into question.
- b) Additional information becomes available, e.g. the results of further testing.
- c) It is discovered that testing was not performed within the agreed procedures (e.g. as a result of audit or notification of defective reagents by the manufacturer).
- d) A report is received from the recipient's medical attendants of a post-transplant infection thought to have been transmitted by the donation.

**Action:** Inform the **Designated Medical Officer**.

### 2. Notification of circumstances that should have triggered deferral at the time of donor selection.

- a) Circumstances which place a donor at risk of infection with blood borne organisms (**Tissues Safety Entry**).
- b) Donors in the 'at risk' categories relating to possible transmission of **Prion Associated Diseases** e.g. CJD and vCJD.
- c) Donors with **Malignancy** (other than those for which there is a discretion in the **A-Z**)
- d) **Autoimmune Disease**.
- e) **Allergy**.
- f) Donors with certain **Infectious Diseases** at the time of donation or who were in contact with and still within the incubation period of an Infectious Disease at the time of donation.
- g) Donors with diseases of unknown aetiology.

**Action:** Inform the **Designated Medical Officer**.

This appendix was last updated in TDSG-BM Edition 203, Release 02



### Appendix 3 - Table of Immunisations

Diseases protected against	Comments and example trade names of adult preparations	
Anthrax	Rarely given available only through Public Health England.	<u>Non-Live</u>
Cholera	Oral vaccine. Dukoral <sup>®</sup>	<u>Non-Live</u>
COVID-19 (SARS-CoV-2)	All COVID-19 vaccines licenced in the UK are Non-Live. These include: Pfizer/BioNTech COVID-19 vaccine, AstraZeneca COVID-19 vaccine, Moderna COVID-19 vaccine; Janssen Ad26.COVS-2; Novavax (Nuvaxovid <sup>®</sup> ); COVID-19 Vaccine Valneva: see 'Coronavirus vaccination' entry	<u>Non-Live</u>
HiB	Haemophilus influenza, Menitorix <sup>®</sup>	<u>Non-Live</u>
Hepatitis A	May be combined with typhoid or hepatitis B. Hepatitis A only: Vaqta <sup>®</sup> , Avaxim <sup>®</sup> , Havrix <sup>®</sup> Combined with typhoid: Viatim <sup>®</sup> Combined with Hepatitis B, Ambirix <sup>®</sup> , Twinrix <sup>®</sup> ,	<u>Non-Live</u>
Hepatitis B	May be combined with hepatitis A if unexposed and more than 7 days from last immunization, accept. See: Hepatitis B – Immunisation Engerix <sup>®</sup> , Fendrix <sup>®</sup> , HBvaxPRO <sup>®</sup> , Ambirix <sup>®</sup> , Twinrix <sup>®</sup>	<u>Non-Live</u>
HPV	Cervarix <sup>®</sup> , Gardasil <sup>®</sup>	<u>Non-Live</u>
Influenza-intra-nasal	<b>Live vaccine given by intra-nasal spray, age 2-18 Fluenz Tetra<sup>®</sup></b>	<u>Live</u>
Influenza, injection	annual flu jab, given by injection. Several preparations, updated annually.	<u>Non-Live</u>
Japanese Encephalitis	Travel. Ixiaro <sup>®</sup>	<u>Non-Live</u>
<b>Measles, Mumps, Rubella</b>	<b>MMR vaccines. M-M-RvaxPro<sup>®</sup>, Priorix<sup>®</sup></b>	<u>Live</u>
Meningitis	Meningococcal group C: NeisVac-C <sup>®</sup> , Menjugate Kit <sup>®</sup> Meningococcal group B: Bexsero <sup>®</sup> , Trumenba <sup>®</sup> MenACWY Quadrivalent vaccine: Menveo <sup>®</sup> , Nimenrix <sup>®</sup> , MenQuadfi <sup>®</sup> Combined with H. influenzae type b (Hib): Menitorix <sup>®</sup>	<u>Non-Live</u>
Monkeypox	During the 2022 Monkeypox outbreaks, contacts of Monkeypox cases may receive Imvanex, a live attenuated non-replicating Smallpox vaccine. For donor selection purposes this should be assessed as a non-live vaccine. See DSG entry for Monkeypox During the 2022 Monkeypox outbreaks, contacts of Monkeypox cases may receive Imvanex, a live attenuated non-replicating Smallpox vaccine. For donor selection purposes this should be assessed as a non-live vaccine. See DSG entry for Monkeypox	
Pertussis	Usually pregnant women, Boostrix-IPV <sup>®</sup> , Repevax <sup>®</sup>	<u>Non-Live</u>
Pneumococcal disease	Given to people with specific risks for example, people who have had a splenectomy or over 65s Pneumovax23 <sup>®</sup>	<u>Non-Live</u>
Polio. injected	Would usually be given Diphtheria, Tetanus and Polio (injection). Boostrix-IPV <sup>®</sup> , Revaxis <sup>®</sup> , Repevax <sup>®</sup>	<u>Non-Live</u>
<b>Polio, oral</b>	<b>Not in routine use in UK. May be used abroad</b>	<u>Live</u>

Rabies	Given to non-exposed individuals if occupation or activity has an exposure risk, or for some travellers to endemic areas: Rabipur <sup>®</sup> , Verorab <sup>®</sup>	<u>Non-Live</u>
<b>Shingles</b>	<b>There are two vaccines available to prevent shingles: Zostavax<sup>®</sup> and Shingrix<sup>®</sup>. (See below). Ensure the correct guidance is applied depending on the vaccine given. If vaccine name not certain, treat as a Live vaccine</b>	<u>Live</u>
	<b>Zostavax<sup>®</sup> for shingles prevention</b>	<u>Live</u>
	Shingrix <sup>®</sup> for shingles prevention	<u>Non-Live</u>
<b>Smallpox</b>	<b>Note this live vaccine requires an 8 week deferral If given, see DSG entry for Smallpox Immunization. See Monkeypox (above)</b>	<u>Live</u>
Tetanus	Would usually be given Diphtheria, Tetanus and Polio. Revaxis <sup>®</sup> Boostrix-IPV <sup>®</sup> , Repevax <sup>®</sup>	<u>Non-Live</u>
Tick-borne encephalitis	Tico-vac <sup>®</sup>	<u>Non-Live</u>
<b>Tuberculosis</b>	<b>BCG vaccine</b>	<u>Live</u>
Typhoid - injected	Typhim Vi <sup>®</sup> Combined with hepatitis A: Viatim	<u>Non-Live</u>
<b>Typhoid - Oral</b>	<b>Given in capsule form: Vivotif<sup>®</sup></b>	<u>Live</u>
<b>Varicella (chickenpox)</b>	<b>Usually given to healthcare workers. Varilrix<sup>®</sup>, Varivax<sup>®</sup>,</b>	<u>Live</u>
<b>Yellow Fever</b>	<b>Stamari<sup>®</sup></b>	<u>Live</u>