

# United Kingdom Blood Transfusion Services (UKBTS)

## Whole Blood and Component Donor Selection Guidelines (WB&C-DSG)

**Edition 203 - 01 June 2007**

**Release 61 - 22 February 2022**

### Introduction

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These guidelines form a constituent part of Chapter 3 Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood) of the Guidelines for the Blood Transfusion Services in the United Kingdom, 8th Edition, 2013.

These criteria are reviewed regularly to ensure that the blood collected is of the highest quality and of sufficient quantity to meet the needs of the UKBTS.

The Joint Professional Advisory committee (JPAC) of the UKBTS is responsible for this document. JPAC receives professional advice from the Standing Advisory Committees that form part of its structure.

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.

Advice on these guidelines can be obtained from:

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Comments about the content of these guidelines, including notification of errors, omissions and suggestions for improvements, should be sent to the Chair of the Standing Advisory Committee for the Care and Selection of Donors (SAC-CSD):

**Dr Angus Wells**  
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Preferably by e-mail to: [angus.wells@nhsbt.nhs.uk](mailto:angus.wells@nhsbt.nhs.uk) with WB-DSG in the subject line.

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## Document and Change Control

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These guidelines are under the continuing review of the Standing Advisory Committees for the Care and Selection of Donors (SAC-CSD) and for Transfusion Transmitted Infection (SAC-TTI). This is to ensure that they are accurate and up to date. All changes have the approval of the UKBTS Joint 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 off-line versions.

The **Quality Manager** of each Blood Service will effect changes. They will be informed when a new version is released. The **Quality Manager** is responsible for ensuring that there is an effective Version Control and Change Procedure in operation within their service to ensure that only up to date versions are in use and that all authorized copies, 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 the publisher, **Caroline Smith**, preferably by e-mail to [caroline.smith@nhsbt.nhs.uk](mailto:caroline.smith@nhsbt.nhs.uk) with WB-DSG in the subject line.

This section was last updated in WB-DSG Edition 203, Release 20 Issue 01

## General Principles

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These guidelines apply to donors giving whole blood or blood components (red cells, platelets, plasma and granulocytes) for therapeutic use.

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** in clinical charge of an individual donor session. When it is not clear from these guidelines if an individual donor is suitable, no donation should be taken until it has been discussed and agreed with a **Designated Clinical Support Officer**.

Only persons in good health should be accepted as donors. The prospective donor must be evaluated for their fitness to donate on the day by a suitably qualified person who has undergone appropriate training to use this document to select or defer donors. They must verify their assessment by signing the donation record.

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

It is the responsibility of session staff to ensure that donors clearly understand the nature of the donation process and the associated risks involved, as explained in the available literature. The donors must also understand the health check and other medical information presented to them. Donors are 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 Topic entry on **Communication Difficulties**.

Where there is separate guidance for **Whole Blood** and for **Component** donors, this is made clear. When there is a recognised risk to either the donor or the recipient, the guidelines **must** be followed.

The following terms may be used:

### Also Known As

Lists alternative names for the topic entry.

### 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 deferral will depend on time related factors. If this is the case, the donor must be advised clearly when they will again become eligible to donate. If the deferral is not time limited (ie. it is likely to be permanent) the donor **must** be clearly advised why they cannot donate.

### Refer to a Designated Clinical Support Officer

Is used when there is a need to seek further advice. The Designated Clinical Support Officer is a suitably trained person authorised to undertake this task by the National Medical Director or their nominated deputy.

### 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

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

### See if Relevant

Is used when an A-Z Topic entry may or may not need to be consulted, depending upon the information provided by the donor.

### Additional Information

This provides background information as to why any particular action is required.

**Information**

This provides specific information as to the status of the guidance (e.g. required by the Blood Safety and Quality Regulations).

**Update Information**

The information here shows in which edition and release of the guidelines that this advice first appeared in its current form.

**Reason for Change**

This provides 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.

**Autologous Transfusion.**

These guidelines do not apply to donors wishing to give their blood for Autologous Transfusions. Specific guidelines should be referred to eg Transfusion Medicine 1993, 3, 307-316.

**Non-Therapeutic Donations.**

Donors whose serum, plasma or cells will be used for laboratory, rather than therapeutic, purposes are generally subject to the same medical selection criteria. However, some decisions regarding their suitability to donate may be varied by a Designated Clinical Support Officer.

**Therapeutic Venesection.**

Patients referred for therapeutic venesection must not be accepted at donor sessions. The exception is donors with haemochromatosis. They may be accepted after referral to, and consideration by, a Designated Clinical Support Officer.

This section was last updated in WB-DSG Edition 203, Release 01

## Medication

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

In general, traces of drugs in donations 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 Index**.

Drugs that can affect platelet function are listed in the **Drug Index** together with the deferral period required before a donor's blood can be used for platelet production.

This section was last updated in WB-DSG Edition 203, Release 01

## Inspection of the Donor

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### All donors.

The donor should appear to be in good health. Intoxication, either by alcohol or drugs, should be a reason for not accepting a donor (see Addiction & Drug Abuse in the **A-Z** Topics ).

A qualified clinical professional must assess disabled donors (see Disabled Donors in the **A-Z** Topics).

The skin at the venepuncture site should be free from disease.

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## Use of Alphabetical Listing

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Any medical condition, or possible contraindication to donation, elicited at any point during the donation process, must be managed as indicated in the **A - Z** Topic section of these guidelines. Any collected material, which as a result is unsuitable for clinical use, **must** be clearly labelled as **unfit for use**.

If there is more than one contraindication to donation, any indicating the need to permanently defer the donor must be applied. This will mean that the donor is withdrawn from the donor panel. If withdrawal is not required, then the longest applicable deferral period must be applied.

Donors who undergo component donation procedures may be subject to additional or separate criteria compared to whole blood donors. Reference should be made to Chapter 3 Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood) of the Guidelines for the Blood Transfusion Services in the United Kingdom, 8th Edition, 2013.

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

**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 Clinical Support Officer.**

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## Accept

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<i>Discretionary</i>	If use of medicines or other therapies are not a reason to defer, accept.
<i>See if Relevant</i>	<p><u>Complementary Therapy</u>  <u>Drug Index - preparations which may affect platelet function</u>  <u>Nonsteroidal Anti-Inflammatory Drugs</u>  <u>Neurosurgery</u></p> <p>If taking Dopamine-receptor agonists (e.g. Rotigotine, Bromocriptine, Ropinirole, Pramipexole), see: <u>Central Nervous System Disease</u></p>
<i>Additional Information</i>	The condition that brought you to this entry is not a reason for deferral. It is however important to ensure that there are no other factors that may affect any donation, such as having symptoms related to hypotension as side effects from the use of medicines such as dopamine receptor agonist drugs (e.g. rotigotine, bromocriptine, ropinirole and pramipexole) that can cause hypotension and fainting, or complementary (alternative) therapy.
<i>Reason for change</i>	Neurosurgery has been added to see if relevant
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 27.

## Accident

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<i>Includes</i>	Fracture, head injury and trauma.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Any wound is not fully healed.</p> <p>b) Has any infection.</p> <p>c) Has a plaster-cast.</p>
<i>See if Relevant</i>	<p><u>Disabled Donor</u>  <u>Epilepsy</u>  <u>Infection - General</u>  <u>Neurosurgery</u>  <u>Surgery</u>  <u>Tetanus - 2. Immunization</u>  <u>Transfusion</u></p>
<i>Additional Information</i>	<p>An unhealed wound or sore is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.</p> <p>A plaster-cast can hide a wound or sore.</p>
<i>Reason for change</i>	<p>The previous entry unduly restricted individuals who had suffered an accident from donating by requiring them to be 'recovered'. An example would have been inappropriately preventing a person from donating because of a sprained ankle.</p> <p>Links have been added to 'Disabled Donor', 'Epilepsy' and 'Infection - General'.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Acid Indigestion

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<i>Includes</i>	Acid reflux, gastritis, gastro-oesophageal reflux disorder (GORD), heartburn, hiatus hernia and
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	indigestion.
<i>Obligatory</i>	<b>Must not donate if:</b> Waiting for investigations or results of investigations.
<i>Discretionary</i>	If symptoms are relieved by regular or sporadic use of medication and in good health, accept.
<i>See if Relevant</i>	<u>Endoscopy</u> <u>Malignancy</u> <u>Peptic Ulcer</u> <u>Surgery</u>
<i>Additional Information</i>	It is important only to accept people in good health. Where the cause of symptoms is not known and the individual is either waiting for investigations or the results of investigations, donation must be deferred. This is because the cause of the symptoms may be a reason for deferral.
<i>Reason for change</i>	The previous entry for 'Gastritis' has been revised and renamed 'Acid Indigestion'. Links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Acne

<i>Includes</i>	Acne rosacea.
<i>Definitions</i>	With regard to drug treatment: <b>Topical:</b> Applied to the skin only.  <b>Systemic:</b> Taken by mouth or other routes so that it has an affect on the whole body.
<i>Obligatory</i>	<b>Must not donate if:</b> a) Has ever taken etretinate (Tigason®).  b) Less than 36 months from the last dose of acitretin (Neotigason®).  c) Less than four weeks from the last dose of isotretinoin (Roaccutane®).  d) There is secondary infection.  e) Less than seven days from completing systemic antibiotic treatment for secondary infection.
<i>Discretionary</i>	If using topical treatments (including retinoids), or taking oral antibiotics, diuretics (such as spironolactone) or oral co-cyprindiol (Dianette® (cyproterone acetate and ethinylestradiol)), accept.
<i>Additional Information</i>	Etretinate (Tigason®), acitretin (Neotigason®) and isotretinoin (Roaccutane®) taken systemically can cause birth defects in babies exposed to them while inside the womb. It is important to allow time for the drug to be cleared from the blood of a donor. It takes longer to clear some drugs than others. There is no published data that topical retinoids cause birth defects.  Secondary infection of acne is usually obvious with swelling and redness of affected spots. There is a risk of bacteria entering the blood. This could be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
<i>Reason for change</i>	The deferral period after acitretin therapy has increased from 24 to 36 months.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Addiction and Drug Abuse

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<i>Includes</i>	Alcohol, body building drugs and injected non-prescribed drugs.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Has ever injected, or has been injected with, drugs; even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs.</p> <p>b) Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent. This may be until the next session, or permanently, if the donor's behaviour is likely to constitute a hazard to other donors or to staff.</p> <p>c) Less than seven days from taking disulfiram (Antabuse®).</p>
<i>Discretionary</i>	<p>a) May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.</p> <p>b) Previous use of non-injected drugs does not necessarily require exclusion.</p>
<i>See if Relevant</i>	<p><u>Blood Safety Entry</u></p> <p><b>For alcohol related problems:</b> <u>Cirrhosis</u></p>
<i>Additional Information</i>	<p>Injecting drug users represent one of the groups of individuals within whom emerging infections have spread before they have been recognized. This was the case with HIV and HCV infection. Because of this, the law requires that they are permanently excluded from becoming donors. It can be many years before any infection shows itself. Former drug users often do not realize that they can pass infection on to others many years after they last used drugs themselves.</p> <p>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. They can be a danger to themselves and to others.</p> <p>Disulfiram (Antabuse®) may cause severe reactions in a recipient whose blood contains alcohol.</p>
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Updated as part of the implementation of recommendations from the FAIR study; specific references to injected tanning agents and injected chemsex drugs have been added to the obligatory section.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 57

## Adrenal Failure

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<i>Includes</i>	Addison's disease.
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	<p>Adrenal failure is due to the adrenal glands producing insufficient steroid hormones to maintain health. There are many causes, including autoimmune disease and infection.</p> <p>Affected individuals take replacement steroid hormones. The dose of these must be increased during times of stress. It is considered that taking blood from people with adrenal failure may put them at unnecessary risk.</p>
<i>Reason for change</i>	The title has been changed from 'Addison's Disease' to 'Adrenal Failure' and 'Additional

Information' has been added.  
*Update Information* This entry was last updated in:  
 DSG-WB Edition 203, Release 01.

## Age

<i>Definitions</i>	<p><b>First Time Donor</b>          Is an individual who has not previously donated. It is also a person who has previously attended but, for what ever reasons, did not give a full donation (e.g. deferred because of selection guidelines, failed screen test, failed venepuncture, part bag etc).</p> <p><b>Regular Donor</b>          Is a donor who has been medically assessed at a donor session in the last 24 months. For component donors this must include mandatory infection screening and, for all donors over the age of 70 years, this must also include giving a full donation.</p> <p><b>Returning Donor</b>          Is a donor who has not attended a donation session or been medically assessed within the last 24 months, but who has previously given a full donation.</p> <p><b>Full Donation</b>          An amount above the minimum required volume has been collected.</p>
<i>Obligatory</i>	<p><b>Whole blood and component donors.</b>  <b>Must not donate if:</b></p> <ul style="list-style-type: none"> <li>a) They are under 17 years of age.</li> <li>b) They are a first time donor who has had their 66th birthday.</li> <li>c) They are a returning donor who has had their 70th birthday.</li> </ul>
<i>Additional Information</i>	<p>The lower age limit takes account of national laws on age of consent.</p> <p>Upper age limits for blood and component donation have traditionally been set to protect the donor's safety. There is however little evidence to support this. Audits have shown a decreased incidence of adverse events in older donors compared to younger donors. Experience in other blood services has shown no increased harm to donors over the age of 70 years. Donor adverse event monitoring will continue to inform the need for any modification to this guidance.</p> <p>To donate after their 70th birthday a donor must remain in good health and have given at least one full donation in the previous 24 months. To continue donating they must give no less than one full donation every 24 months.</p> <p>When appropriate, donors may be accepted on their birthday.</p>
<i>Information</i>	<p>This entry is compliant with the Blood Safety and Quality Regulations 2005.</p>
<i>Reason for change</i>	<p>Definitions for 'First Time', 'Regular' and 'Returning' donors together with a definition of a 'Full Donation' have been added.</p>
<i>Update Information</i>	<p>This entry was last updated in:          DSG-WB Edition 203, Release 01.</p>

## Air Crew

<i>Obligatory</i>	<p><b>All pilots:</b>  <b>Must not donate if:</b>          On flight duties within the next 24 hours.</p>
<i>Additional Information</i>	<p>The Civil Aviation Authority guidelines (AIC 97/2004) state, 'Aircrew are advised that in order to prevent the very slight risk of post-donation faintness or syncope they should refrain from donating blood or plasma if they are required to fly within 24 hours.'</p> <p>This guidance is also observed by the Ministry of Defence.</p>

*Reason for change* The Civil Aviation Authority's guidance has been reproduced for use by the Blood Services.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Air Traffic Controller

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*Obligatory* **Air traffic controllers:  
Must not donate if:**  
On duty within the next 12 hours.

*Additional Information* The Civil Aviation Authority guidelines (AIC 97/2004) state, 'Air Traffic Controllers are advised to avoid donating blood if they are going on operational duties within a minimum of 12 hours. They can, however, give blood when coming off shift.'

This guidance is also observed by the Ministry of Defence.

*Reason for change* The Civil Aviation Authority's guidance has been reproduced for use by the Blood Services.

The previous entry said, 'See Hazardous Activity'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Allergy

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*Includes* Allergic rhinitis, allergic conjunctivitis, anaphylaxis, hay fever and urticaria.

*Obligatory* **Ensure:**  
Procedures will not expose the donor to something they are allergic to, e.g. constituents of the arm cleaning preparation.

**Must not donate if:**

a) Has severe symptoms due to an allergy or to the medication they are taking.

b) The donor has taken oral or injected steroids within the last seven days.

*Discretionary* a) Donors taking medication, other than oral or injected steroids (including antihistamines, eye drops or intranasal steroids e.g. beclometasone (Beconase<sup>®</sup>)), or with a history of allergy or anaphylaxis (including those who carry adrenaline/epinephrine for self administration, e.g. Anapen<sup>®</sup> or EpiPen<sup>®</sup>), provided they are well on the day and will not be exposed to anything they are allergic to, accept.

b) Nickel allergy, accept.

c) Donors undergoing desensitisation treatment for hay fever or for allergy to an insect sting, providing they are not experiencing any systemic or local reactions to the treatment, and are well on the day, accept.

*See if Relevant* Asthma  
Dermatitis  
Steroid Therapy

*Additional Information* Any person who is unwell should not be accepted as a donor. This is to ensure that a serious underlying condition, that could be a risk either to the donor or to a potential recipient, is not missed. For this reason, a potential donor with anything other than minor symptoms related to an allergy should not be accepted.

Severe systemic reactions are not seen with nickel 'allergy'.

*Reason for change*

The list of potential allergens has been reworded. A reference to allergic conjunctivitis has been added. Clarification of the acceptance criteria for desensitisation treatment has been added. The link to 'Coeliac Disease' has been removed.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Alopecia

*Includes* Baldness and hair loss treatments.

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

- a) Dutasteride (Avodart<sup>®</sup>) taken in the last six months.
- b) Finasteride (Propecia<sup>®</sup>, Proscar<sup>®</sup>) taken in the last four weeks.
- c) Taking systemic anti-fungal treatment or oral steroids.
- d) Related to malignancy or to its treatment.

*Discretionary*

- a) If the donor is on no treatment, accept.
- b) If the donor is only using topical treatment and is not attending specialist follow up, accept.
- c) If the donor is only taking oral Hydroxychloroquine, Spironolactone or Minoxidil, and is not under specialist follow up, accept.
- d) If the donor has recovered from hair transplant surgery and no further treatment or follow up is planned, accept.
- e) For all other cases, refer to a DCSO.

*See if Relevant* **For systemic anti-fungal treatment:**  
Infection - Chronic

Malignancy

**For hair transplants:**  
Surgery

**For injected or oral steroid treatment:**  
Steroid Therapy

*Additional Information* Hair loss can be related to several factors, including family history, hormone changes, scalp infections, medication and underlying medical disorders.

Alopecia areata is an autoimmune condition which can vary in severity, from patchy to complete hair loss. Individuals may require local treatment, including injected steroids, or systemic treatment with steroids and/or immunosuppressants.

Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman, whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.

Given the range of causes and treatments, referral to a DCSO may be required to establish the donor's eligibility to donate blood.

*Reason for change*

This entry has been revised by adding a discretion for oral Spironolactone and Minoxidil therapy. Further guidance has been added with regard to immunosuppressive treatments that may be required.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Anaemia

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<i>Includes</i>	Iron deficiency, iron treatment, folate deficiency and pernicious anaemia.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Fails the haemoglobin screen test.</p> <p>b) Under investigation or on treatment for anaemia.</p>
<i>Discretionary</i>	<p><b>History of anaemia:</b></p> <p>This must be assessed regarding its cause, current status and what treatment has been received.</p> <p><b>1. Iron deficiency:</b></p> <p>a) If not under investigation and the underlying cause is not a reason to exclude, accept.</p> <p>b) If following treatment to cure anaemia, the donor is taking medication to prevent recurrence, accept.</p> <p><b>2. Other types:</b></p> <p>a) Medication to prevent recurrence, as opposed to treat anaemia (e.g. B12 for treated pernicious anaemia or folic acid for treated folate deficiency), accept.</p> <p>b) 'See if Relevant' conditions below.</p> <p>c) In other cases: Refer to a '<b>Designated Clinical Support Officer</b>'.</p>
<i>See if Relevant</i>	<p><u>Haemoglobin Disorders</u> <u>Haemoglobin Estimation</u> <u>Haemolytic Anaemia</u> <u>Kidney and Bladder Disease</u> <u>Malignancy</u></p> <p><b><u>If treated with blood components or blood products or by plasma exchange or filtration:</u></b> <b><u>Transfusion</u></b></p>
<i>Additional Information</i>	Donating blood will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Additional links have been added together with specific mention of pernicious anaemia and folate deficiency. There have been other minor changes to improve clarity.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 22

## Anaesthetic

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<i>Includes</i>	General anaesthetic, local anaesthetic, regional anaesthetic and sedation for minor procedures.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) The underlying condition for which the anaesthetic or sedation was given is not acceptable.</p> <p>b) Less than 24 hours since the anaesthetic or sedation was administered.</p>
<i>See if Relevant</i>	<p><u>Accident</u></p> <p><u>Dental Treatment</u></p> <p><u>Endoscopy</u></p> <p><u>Infection - General</u></p> <p><u>Surgery</u></p> <p><u>Transfusion</u></p>
<i>Additional Information</i>	A longer deferral period may be required due to the nature of the procedure or the underlying condition. Procedures requiring local anaesthetic will normally require a longer deferral period due to any associated infection risk. Treatment requiring any degree of sedation should be followed by a minimum deferral period of 24 hours. This is to ensure that consent and the response to questions can be considered valid.
<i>Reason for change</i>	A link has been added to 'Infection - General'. The 'Additional Information' has been modified.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Animal Bite (Non-Human)

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Ever bitten by a non-human primate (monkeys and apes).</p> <p>b) Less than 12 months since being bitten by a bat or exposed to bat saliva anywhere in the world.</p> <p>c) Less than 12 months since being bitten by any other mammal outside of the British Isles (UK and Ireland).</p> <p>d) Any wound is infected or not healed.</p>
<i>See if Relevant</i>	<p><u>Infection - General</u></p> <p><u>Rabies</u></p> <p><b>For a human bite:</b></p> <p><u>Non-Consented Exposure to Human Body Fluids</u></p>
<i>Additional Information</i>	<p>Animal bites may result in many different infections. Allowing all wounds to heal and for any obvious infection to have resolved should avoid problems.</p> <p>There is a concern that bites from non-human primates, because of close genetic links, may transmit diseases that could cause illness in people. It is known that some diseases have been transmitted by this route. For this reason any person who has ever been bitten by a non-human primate is not allowed to donate. Non-human primates include chimpanzees, gorillas, orangutans, monkeys (old and new world), tarsiers, lemurs and lorises.</p> <p>Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, 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.</p> <p>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.</p>

<i>Reason for change</i>	To introduce a 12 month deferral period after a bat bite or exposure to bat saliva and after a bite by any other mammal outside the British Isles. To give more information on the definition of a non-human primate.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Anti-Androgens

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<i>Includes</i>	Bicalutamide (Casodex <sup>®</sup> ), cyproterone acetate (Androcur <sup>®</sup> , Cyprostat <sup>®</sup> ), dutasteride (Avodart <sup>®</sup> ), finasteride (Propecia <sup>®</sup> , Proscar <sup>®</sup> ) and flutamide (Drogenil <sup>®</sup> ).
<i>Obligatory</i>	<b>Must not donate if:</b> a) Dutasteride (Avodart <sup>®</sup> ) taken in the last six months.  b) Finasteride (Propecia <sup>®</sup> , Proscar <sup>®</sup> ) taken in the last four weeks.  c) Bicalutamide (Casodex <sup>®</sup> ), cyproterone acetate (Androcur <sup>®</sup> , Cyprostat <sup>®</sup> ) or flutamide (Drogenil <sup>®</sup> ) has been taken for a malignant condition.
<i>Discretionary</i>	Donors taking cyproterone acetate for non-malignant conditions, if not affected by the 'Blood Safety Entry', accept.
<i>See if Relevant</i>	<u>Acne</u> <u>Blood Safety Entry</u> <u>Hair Removal</u> <u>Malignancy</u> <u>Prostate Problems</u>
<i>Additional Information</i>	Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman, whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.  Cyproterone acetate (particularly in the form of Androcur <sup>®</sup> ) may be used to treat male hypersexuality. In such cases a sensitive exploration of any relevant issues dealt with by the 'Blood Safety Entry' should be undertaken.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Antibiotic Therapy

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<i>See</i>	<b>If on antibiotics to treat an infection:</b> <u>Infection - General</u>
<i>See if Relevant</i>	<b>If on prophylactic antibiotics:</b> <u>Acne</u> <u>Infection - General</u> <u>Infectious Diseases – Contact With</u> <u>Kidney and Bladder Disease, and Urinary Catheterisation</u> <u>Splenectomy</u>
<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 Clinical Support Officer</b> '.
<i>Reason for change</i>	The See if Relevant section has been revised.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Anticoagulant Therapy

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Receiving anticoagulant treatment.</p> <p>b) Has been treated for recurrent thrombosis (two or more episodes).</p>
<i>Discretionary</i>	If treatment was 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>	<p><u>Cardiovascular Disease</u>  <u>Drug Index - preparations which may affect platelet function</u>  <u>Nonsteroidal Anti-Inflammatory Drugs (including aspirin)</u>  <u>Thrombosis</u></p>
<i>Additional Information</i>	<p>Treatment with anticoagulants makes it more likely that a donor will bleed or bruise after donation. The affect of treatment wears off over some days. 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>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The 'Obligatory' entry has been modified. A link has been added to 'Nonsteroidal Anti-Inflammatory Drugs'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Arrhythmias

<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> <p><b>2. In other cases:</b> Refer to a '<b>Designated Clinical Support Officer</b>'.</p>
<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 DCSO.</p> <p>2. Donors who have been treated by ablation therapy for Supraventricular Tachycardia (including Wolff-Parkinson White Syndrome), refer to a DCSO.</p>

3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, see the entry for 'Palpitations'

<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Palpitations</u>
<i>Additional Information</i>	Some heart irregularities may be made worse by giving blood. 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, DCSO referral ensures further information can be sought regarding their condition.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This entry has been revised to refer to the new entry for Palpitations and to clarify the obligatory and discretionary criteria.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 44.

## Asthma

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Asthma is symptomatic.</p> <p>b) Taking, or has completed a course of oral or injected steroids lasting more than 3 weeks within the last six months.</p> <p>c) The donor has needed long term (six months or more) treatment with oral or injected steroids within the last 12 months.</p> <p>d) The donor has taken a short course (less than three weeks) of oral or injected steroids in the last seven days.</p>
<i>Discretionary</i>	If b), c) or d) above do not apply and the potential donor is asymptomatic at the time of donation, even if taking regular preventive treatment, including inhaled steroids, accept.
<i>See if Relevant</i>	<u>Infection - General</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	<p>Taking blood from a person with symptomatic asthma will lower the amount of oxygen the blood can carry and could make their symptoms worse.</p> <p>Steroid therapy can hide the signs and symptoms of infection. Blood from an infected donor can be dangerous to the person receiving it.</p>
<i>Reason for change</i>	To bring the guidance on steroid therapy for asthma in line with that with steroid therapy for other conditions.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 28.

## Autoimmune Disease

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) The donor has needed treatment to suppress the condition in the last 12 months.</p>
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b) The cardiovascular system is involved.

*Discretionary* If donor is being treated with Methotrexate, Sulfasalazine or Hydroxychloroquine as **maintainance** treatment for Arthritis or to treat alopecia and has no associated cardiovascular disease, accept.

*See if Relevant* Cardiovascular Disease  
Disabled Donor  
Drug Index - preparations which may affect platelet function  
Inflammatory Bowel Disease  
Nonsteroidal Anti-inflammatory Drugs  
Thrombosis  
Trying to Conceive

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

*Additional Information* Treatment to suppress the condition may be with monoclonal antibodies (e.g. Adalimumab (Humira), Etanercept (Enbrel), Infliximab (Remicade), Rituximab (Mab Thera) etc), steroids, immunosuppressive drugs, antimetabolites, as well as other therapies such as PUVA (psoralen plus ultraviolet A). 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.

Nonsteroidal anti-inflammatory drugs and Methotrexate, Sulfasalazine and Hydroxychloroquine, are treatments which do not affect the donor's immune system in this way. If Methotrexate, Sulfasalazine and Hydroxychloroquine are used as maintainance treatment for Arthritis and donor fits the rest of the criteria they may be accepted.

Physical therapies such as physiotherapy and hydrotherapy are not considered treatments to suppress the condition.

Autoimmune disease can cause problems such as infertility and thrombosis (antiphospholipid or Hughes' syndrome).

Some autoimmune conditions can permanently damage the cardiovascular system. If this is known to have happened, the person should not donate as they are more likely to have a serious adverse event.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* The addition of monoclonal antibodies to the list of agents that may affect a donor's immune system.

*Update Information* This entry was last updated in:  
 DSG-WB Edition 203, Release 38.

## Back Problems

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

**Must not donate if:**  
 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).

*See if Relevant* Autoimmune Disease  
Disabled Donor  
Drug Index - preparations which may affect platelet function  
Neurosurgery  
Nonsteroidal Anti-Inflammatory Drugs  
Surgery  
Pain Killers

*Additional Information* Back problems have many causes. It is important to be certain that, for any individual, the

cause is not a reason for them to be deferred.

It is also important that neither the donor, nor anyone assisting them, should risk injury by inappropriately attempting to use the bleed facilities provided. Alternative facilities may be available in other venues that may allow a donor with limited mobility to donate safely.

<i>Reason for change</i>	A link to painkillers has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 04 Issue 02.

## Bleeding Disorder

<i>Includes</i>	Christmas disease, clotting factor treatment, factor deficiency (including carriers), haemophilia and Von Willebrand's disease.
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### 1. 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. Refer to a '<b>Designated Clinical Support Officer</b>' who will liaise with the haematologist that investigated the donor.</p>
<i>See if Relevant</i>	<u>Platelet Disorder</u> <u>Transfusion</u>
<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>They represent one of the groups of individuals within whom emerging infections have spread before they have been recognized. This was the case with HIV and HCV infection. Because of this, the law requires that they are permanently excluded from becoming donors. It can be many years before any infection shows itself.</p> <p>If someone has had problems with bleeding or bruising, taking blood from them could be harmful.</p> <p>Some people with the carrier state (trait) for some bleeding disorders may themselves be at risk of bleeding. Also, if their blood is used to make fresh frozen plasma, this may not have enough of the clotting factor in it to be useful to the person receiving it.</p>
<i>Reason for change</i>	See below

### 2. 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 four months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an</p>
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affected individual.

d) Diagnosed as affected (even mildly) by the disorder.

*Discretionary* If three months or more from the last sexual contact, accept.

*See if Relevant* Non-Consented Exposure to Human Body Fluids  
Transfusion

*Additional Information* Blood derived coagulation concentrates are made from the blood of many hundreds of individual donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners and anyone suffering an inoculation injury.

Many bleeding disorders are inherited. Family members that are blood relations may be affected by the bleeding disorder. They could 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.

Waiting three or four months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the Blood and Tissues Services will be picked up.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* See below

*Additional Information* The Northern Ireland Health Minister has announced a relaxation of the deferrals for MSM and other high-risk activities which will reduce from 12 months to three months. This is due to be implemented on 1st June 2020. The changes are in line with the other UK transfusion services and the recommendations of the SaBTO Donor Selection Criteria Review Report (2017).

*Update Information* This entry was last updated in DSG-WB Edition 203, Release 50

## 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 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  
Diabetes Mellitus  
Kidney and Bladder Disease

*Additional Information* 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.

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 previous link to 'Intermittent Claudication' has been removed as the information in that link is now in 'Cardiovascular Disease'.

Links have been added to 'Diabetes Mellitus' and 'Kidney Disease'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 22.

## Blood Pressure - Low

*Also Known As* Hypotension.

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

*See if Relevant* Faints

*Additional Information* Low blood pressure is not normally a problem. It is common in women and seems to be linked with 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.

*Reason for change* A link has been added to 'Faints'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Blood Safety Entry

*Definitions* **Individual risk** is based on the donor's sexual behaviour, including new partners and number of partners.

**Partner risk** 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.

**Sexual contact** is defined as oral, vaginal or anal sex.



**Anal sex** is defined as penile-anal intercourse only. It does not apply to oro-anal sex or the use of sex toys.

**Chemsex** 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.

*Obligatory* Information must be provided so that individuals at risk do not donate. The reasons for donor self-exclusion must be understood.

**1. You must not donate if:**

You think you need a test for HIV/AIDS, HTLV or hepatitis.

**2. You must never donate if:**

- a) You are HIV positive or receiving treatment for HIV.
- b) You are HTLV positive.
- c) You are a hepatitis B carrier.
- d) You are a hepatitis C carrier.
- e) You have ever been diagnosed with syphilis, even if treated
- f) You have ever injected or been injected with drugs; even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

**3. You must not donate for at least three months if:**

You are working as a sex worker. You may be accepted for donation if it is longer than three months since you last received money or drugs for anal, vaginal or oral sex.

**4. Individual risk criteria**

- a) You must not donate for at least three months if you have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact
- b) You must not donate if you have been diagnosed with gonorrhoea, until at least three months after completion of treatment and discharge from further follow up.
- c) You must not donate if in the last three months,
  - you have had more than one sexual partner, AND
  - you have had anal sex with any of your partners.
- d) You must not donate if in the last three months, 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.

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.

**5. Partner risk criteria**

You must not donate for at least three months after sexual contact 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 ever received money or drugs for sex.
- e) A partner who has ever injected, or been injected with, drugs: even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

**6. You must not donate for at least three months if:**

- a) You have taken Pre-Exposure Prophylaxis (PrEP) / Truvada<sup>®</sup> for prevention of HIV
- b) You have taken or been prescribed Post-Exposure Prophylaxis (PEP) for prevention of HIV. If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

*See if Relevant*

Addiction and Drug Abuse  
Hepatitis B  
Hepatitis C  
HIV  
HTLV

Infection - General  
Non-consented Exposure to Human Bodily Fluids  
Pre- or Post-Exposure Prophylaxis for HIV  
Sexually Transmitted Disease  
Syphilis

*Additional Information* The FAIR (For the Assessment of Individualised Risk) study considered changes to the donor selection policy to allow a more individualised risk-based approach to donor selection policy. In their 2020 report, the FAIR group specifically looked at the guidelines which applied to men who have sex with men (MSM) and recommended an approach based on assessment of a donor's recent sexual behaviour and experience. This approach has been agreed by SaBTO and has now been implemented by the UK Transfusion Services.

Changes to donor selection criteria mean that donors who were previously excluded because of their sexuality and/or gender can now be accepted, if they meet the individual risk criteria outlined in FAIR (see section 5, above). These rules must be applied equally to all donors.

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.

Infection with some sexually transmitted diseases, particularly gonorrhoea or syphilis, is associated with a higher risk of acquiring blood borne infections. Donors who have had gonorrhoea can give three months after completing treatment. Donors who have had syphilis are permanently deferred as their blood will still react in screening tests, even if they have been successfully treated

Some partner risk criteria still apply to donors who have a partner in a population group at higher risk of infection. For affected donors, these risk criteria should be applied even if the donor is eligible under individual risk criteria. These risks are being reviewed and will be updated as further evidence is available.

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 blood donations. 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.

'Blood Safety Leaflet Information' is available in the 'Document Library' of '[www.transfusionguidelines.org](http://www.transfusionguidelines.org)'.

<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The deferral for donors whose sexual partners have been sexually active in Sub-Saharan Africa has been removed for all blood and component donors.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 59

## Body Piercing

*Includes*

Derma-rolling, ear and body piercing, permanent and semi-permanent make-up, tattooing (including memorial tattoos) and platelet rich plasma (PRP) facial.

<i>Obligatory</i>	<b>Must not donate if:</b> Less than four months from last piercing.
<i>Discretionary</i>	Painting, stencilling or transfers applied to the skin without piercing, accept.
<i>Additional Information</i>	Piercing has passed infection from person to person. Waiting four months helps to ensure that the infections tested for by the Blood and Tissues Services will be picked up.  Platelet rich plasma (PRP) facials (also known as 'Vampire Facials') have been associated with HIV transmission.  This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	An obligatory deferral for PRP facials has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Breastfeeding

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<i>See</i>	<u>Pregnancy</u>
<i>Additional Information</i>	Breastfeeding is not of itself a reason to defer but the time from giving birth may be.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Cardiac Surgery

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If surgery was for a congenital heart defect, cure has been achieved and donation is not excluded because of their transfusion history, accept.
<i>See if Relevant</i>	<u>Cardiovascular Disease</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 unit 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.
<i>Reason for change</i>	To bring guidance into line with the Cardiovascular Disease Topic
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 36.

## Cardiovascular Disease

<i>Obligatory</i>	<p><b>Must not donate if has or has had:</b></p> <ul style="list-style-type: none"> <li>a) An aneurysm.</li> <li>b) Cardiomyopathy.</li> <li>c) Ischaemic heart disease or angina regardless of cause.</li> <li>d) Heart failure.</li> <li>e) Myocarditis and is less than 12 months from recovery.</li> <li>f) Peripheral vascular disease (including intermittent claudication and gangrene).</li> <li>g) Has required surgery for a blocked or narrowed artery including any type of amputation.</li> <li>h) Recurrent thrombophlebitis or thrombosis.</li> <li>i) Valvular heart disease.</li> <li>j) Left Bundle Branch Block (LBBB) and/or Right Bundle Branch Block (RBBB)</li> </ul>
<i>Discretionary</i>	<ul style="list-style-type: none"> <li>a) If a <b>berry aneurysm</b> has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.</li> <li>b) If an incidental heart murmur has been heard or a valve abnormality has been found at echo, which is asymptomatic and does not require follow up, accept</li> <li>c) If asymptomatic and there is no treatment planned for Patent Foramen Ovale (PFO), accept</li> <li>d) If a congenital heart defect has been treated medically or surgically, cure has been achieved (or the defect has spontaneously resolved) and donation is not excluded because of a transfusion history, accept</li> </ul>
<i>See if Relevant</i>	<p><u>Blood Pressure - High</u>  <u>Central Nervous System Disease</u>  <u>Cardiac Surgery</u>  <u>Endocarditis</u>  <u>Thrombosis</u></p>
<i>Additional Information</i>	<p>A history of 'Cardiovascular Disease' means that removing blood from their circulation may put the donor at risk of having a heart attack, stroke or other vascular incident. Patent Foramen Ovale (PFO) is a normal variant found in up to 40% of the population at post mortem. If it is asymptomatic and no treatment or surgery is planned for this atrial septal defect, donors can be accepted. Incidental heart murmurs and valve abnormalities are increasingly being found due to the sensitivity of new testing regimes they are of no clinical significance if asymptomatic and they do not require follow up, donors may be accepted. Bundle Branch Block (BBB) is either congenital or caused by ischaemic heart disease. Deferral is a requirement of BSQR for the former.</p>
<i>Reason for change</i>	To add information about Bundle Branch Block (BBB).
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 18.

## Catarrh

### 1. Acute

<i>See</i>	<u>Infection - Acute</u>
<i>Additional Information</i>	Catarrh may be due to infection or to allergy. If the problem is new, it should be treated as an infection.

<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	Additional Information' has been added.

## 2. Chronic

<i>Obligatory</i>	<b>Must not donate if:</b> Taking prescribed medication for catarrh other than antihistamines, a nasal decongestant or nasal steroids.
<i>Discretionary</i>	If using antihistamines, a nasal decongestant or nasal steroids only, accept.
<i>See if Relevant</i>	<u>Allergy</u> <u>Infection - General</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Chronic catarrh may be due to infection or to allergy. A decision will need to be made as to the underlying cause.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	A reference to antihistamines have been added to 'Obligatory' and 'Discretionary'.  A link has been added to 'Allergy' and 'Steroid Therapy'. 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Central Nervous System Disease

<i>Obligatory</i>	<b>Must not donate if:</b> a) Has dementia (e.g. Alzheimer's disease).  b) History of CNS disease of unknown or suspected infective origin (e.g. multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).  c) Neurodegenerative conditions of unknown aetiology.  d) Stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus.  e) Malignant tumour.  f) Parkinson's Disease  g) If having symptoms related to hypotension while taking dopamine receptor agonist drugs such as rotigotine, ropinirole and pramipexole.
<i>Discretionary</i>	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 a berry aneurysm has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.  d) If diagnosed with Idiopathic (benign) intracranial hypertension and the person is asymptomatic and off all treatment, accept.

e) If taken for a condition other than Parkinson's Disease, as long as not having symptoms of hypotension related to dopamine receptor agonist drugs such as rotigotine, bromocriptine, ropinirole and pramipexole, accept.

*See if Relevant* Cardiovascular Disease  
Epilepsy  
Infection - General  
Neurosurgery  
Pituitary Disorders  
Prion Associated Diseases  
Urinary Catheterisation  
Steroid Therapy

*Additional Information* **Donor safety:**

A history of stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus puts a potential donor at increased risk of a further vascular incident affecting their brain. As donation can result in a drop in blood pressure, there is the possibility that this could lead to further problems. Although the level of risk will vary from person to person, it is not acceptable to put an individual at increased risk, for what could be a severe adverse event, to any unnecessary further risk.

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.

Idiopathic or benign intracranial hypertension is a raised intracranial pressure where no mass or other disease is present. Blood donation does not pose a risk to a donor with a history of idiopathic intracranial hypertension once treated and while donor remains symptom free.

Parkinson's disease is a movement disorder that can make venepuncture difficult and lead to damage to the donor's arm, it is also treated with dopamine receptor agonist drugs (e.g. rotigotine, bromocriptine, ropinirole and pramipexole) that can cause hypotension and fainting.

**Recipient safety:**

It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion. Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation.

*Information* This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* The See if Relevant section has been revised.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Cervical Dysplasia

*Obligatory* **Must not donate if:**  
a) Undergoing investigation or treatment.

b) Diagnosed with invasive cervical carcinoma.

*Discretionary* 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.

*Additional Information* 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.

A colposcope is an instrument used to view the neck of the womb (cervix). It is not a flexible endoscope so its use is not a reason for deferral if the donor is otherwise eligible to donate.

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>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Updated to clarify the scope of entry, when donor can return after treatment for cervical dysplasia and the significance of HR-HPV testing.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Chest Pain

<i>Obligatory</i>	<b>Must not donate if:</b> a) Due to heart disease.  b) The cause is not known.
<i>Discretionary</i>	If donor has been investigated for chest pain and causes that would otherwise result in deferral have been excluded such as ischaemic heart disease, pulmonary embolism or infection, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Cardiovascular Disease</u>
<i>Additional Information</i>	It is important not to take a donation from an individual with ischaemic heart disease as any lowering of blood pressure could result in a heart attack. If the cause of any chest pain has not been investigated it could potentially be due to heart disease and a donation should not be taken.
<i>Reason for change</i>	To clarify the discretionary acceptance criteria.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 18.

## Chiropody

<i>Also Known As</i>	Podiatry.
<i>Obligatory</i>	<b>Must not donate if:</b> There are open wounds or infection.
<i>See if Relevant</i>	<u>Infection - General</u>  <b>For fungal infection see:</b> <u>Skin Disease</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 blood, products made from it, or tissues. This is because the bacteria can multiply to dangerous levels during storage.

<i>Reason for change</i>	'Additional Information' has been added together with a link to 'Infection - General' and 'Skin Disease'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Chondromalacia

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Drug Index - preparations which may affect platelet function</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Surgery</u>
<i>Additional Information</i>	This is caused by abnormal softening or degeneration of the cartilage of joints. It especially affects the knee in adolescents and is thought to be related to rapid growth. The condition itself is not a reason to defer but treatment or disability caused by the condition may be relevant to donation.
<i>Reason for change</i>	'Additional Information' and links have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Chronic Fatigue Syndrome

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<i>Also Known As</i>	CFS, myalgic encephalomyelitis (ME), post-viral fatigue syndrome and Systemic Exertion Intolerance Disease (SEID).
<i>Obligatory</i>	<b>Must not donate:</b>
<i>Additional Information</i>	CFS is generally diagnosed by excluding other conditions and may follow an infection that may or may not have been viral and which may be carried by the affected individual.  It is most common between the ages of 25 and 45 years and women are affected more often than men. It is associated with easily induced and prolonged episodes of fatigue often accompanied by other symptoms.  The condition is relapsing by nature and donation may make symptoms worse, or provoke a relapse in an affected individual.
<i>Reason for change</i>	The proposed new name for this syndrome has been included.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 30.

## Cirrhosis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u> <u>Autoimmune Disease</u> <u>Haemochromatosis</u> <u>Hepatitis</u> <u>Malignancy</u>
<i>Additional Information</i>	Cirrhosis can be caused by many different conditions and by several different conditions in combination. Transmissible viruses, some of which are not tested for, are common causes. Because of this, it is considered safest not to accept individuals with cirrhosis.



*Reason for change* 'Additional Information' and links have been added.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Clinical Trials

### 1. Clinical Trials: General

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

*Discretionary* a) If a '**Designated Clinical Support Officer**' has examined and agreed the trial protocol, accept.  
b) If the trial does not involve the use of drugs (e.g. hypnotherapy, physiotherapy) and any underlying condition would not be a reason to defer, accept.

### 2. Covid-19 Clinical Trials

*Discretionary* For donors who have been enrolled in Covid-19 treatment trials, if:

- the donor is fully recovered from Covid-19 for 28 days or more, and
- the treatment which the donor received (or was randomised to) in the trial does not prevent donation, and
- the donor meets all other criteria in the Donor Selection Guidelines, accept.

The table shows individual treatments used in Covid-19 clinical trials and their consequences for whole blood or component donation. Donors must be assessed on the basis of their recovery from Covid-19 as well as the information below. If in doubt, refer to a DCSO.

Treatment Received	Consequence for donation
Short course of steroids e.g. dexamethasone	Can donate, provided at least 7 days from last date of treatment
Antivirals e.g. lopinavir, remdesivir, ritonavir	Can donate, provided at least 7 days from last date of treatment
Convalescent plasma	Permanent Deferral (see Transfusion entry)
Anti-SARS-CoV-2 monoclonal antibodies e.g. AZD7442, bamlanivimab, Regeneron	Defer for 12 months from last day of treatment
Monoclonal antibodies that affect the immune system e.g. infliximab, MEDI3506, ravulizumab, sarilumab, tocilizumab	Defer for 12 months from last day of treatment
Immunosuppressive or immunomodulatory therapy e.g.	Defer for 12 months from last day of

acalabrutinib, anakinra, baricitinib, bemcentinib, interferon- $\beta$ 1a, interferon $\beta$ 1b, recombinant IL-7 (CYT107), zilucoplan	treatment
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*See if Relevant*      Complementary Therapy  
Transfusion  
Coronavirus Infection  
Steroid Therapy  
Infection - Acute

*Additional Information*      It is important for the Blood Services to know that anything being given to a donor as part of a clinical trial will not affect either the safety of the donor or of any potential recipient. If medical staff are given the contact details of the person responsible for the trial any safety issues can be checked.

Some patients with Covid-19 have been enrolled in clinical trials. Many of these trials involve the use of drugs which interact with the immune system. Specific drugs listed in the table above include interferons and other cytokines, monoclonal antibodies (which have generic drug names ending in 'mab') and tyrosine kinase inhibitors (which have generic drug names ending in 'inib'). Because of potential effects on the immune system, donors receiving these types of drug are deferred for a year.

Steroid therapy for treatment of covid-19 is usually a short course of 10 days or less. As donors are deferred for 28 days post recovery from covid-19, they will have already passed the 7 day deferral period for short term systemic steroids.

When a particular drug treatment is being assessed, trial participants are randomly allocated to receive the treatment or a placebo drug. Participants should know which treatment is under investigation in their trial (or trial arm) but will not know whether they have had the treatment or not. They should be assessed for donation on the basis that they might have done.

Some donors may not recall which treatment was under investigation in their trial (or trial arm). In this case, the donor should be asked to find out and contact us again when they have the information available.

*Reason for change*      Removal of the discretion allowing recipients of Covid-19 convalescent plasma to donate convalescent plasma after recovery.

*Update Information*      This entry was last updated in:  
DSG-WB Edition 203, Release 60.

## Clopidogrel

*Obligatory*      **Must not donate**

*Additional Information*      Clopidogrel is an antiplatelet drug which is used in the treatment and secondary prevention of cardiovascular disease and stroke.  
Occasionally Clopidogrel is used for primary prevention in patients who are intolerant of or hypersensitive to aspirin. The risk of bruising after blood donation while on Clopidogrel is not known, so any donor on this medication should be deferred, even if they are otherwise eligible.

*Reason for change*      This is a new entry.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Coeliac Disease

<i>Discretionary</i>	Accept.
<i>Additional Information</i>	Coeliac disease is an abnormal immune response to gluten (contained in some cereals, in particular wheat) that damages the small bowel. This can lead to poor absorption of minerals and vitamins that are necessary to make blood. Avoiding gluten reverses the problem.
	The haemoglobin screening test will check that an individual is not significantly anaemic before a donation is taken.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Communication Difficulties

<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 its suitability for use.</p> <p><b>2. Third party interpreters:</b></p> <p>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 Blood Safety and Quality Regulations (BSQR) relevant to the donation process and provide an accurate and truthful translation and interpretation of all information provided to enable the Blood Service to comply with these regulations.</p> <p>b) Not be personally known to the donor.</p> <p>c) Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.</p>
<i>See if Relevant</i>	<p><u>Central Nervous System Disease</u></p> <p><u>Disabled Donor</u></p> <p><u>Neurobehavioral Disorders</u></p>
<i>Additional Information</i>	<p>The Blood and Tissue 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 Help Line before attending a donor session to see if their needs can be met. It is however important to note the following.</p> <p><b>To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) every donor must:</b></p> <p>a) Be provided with accurate educational materials, which are written in terms which can be understood by members of the general public (Part A 1-13).</p> <p>b) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15).</p> <p>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</p>

(Part B 16 (a) - (f)).

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 qualified 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, understand the requirements of that part of the BSQR relevant to the donation process and provide an accurate and truthful interpretation of all information, including personal and confidential information, provided to enable the Blood Service to comply with these regulations. 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 the blood supply. 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 BSQR and the need to provide an accurate and truthful interpretation of all information, including personal and confidential information, provided by the donor 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 BSQR 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>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This has been updated to clarify the role of a third party interpreter and to bring it in line with the Tissue donor Guidelines.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 29.

## Complementary Therapy

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) The condition for which treatment was given is not acceptable.</p> <p>b) It is less than four months from any treatment that involves:</p> <ul style="list-style-type: none"> <li>• piercing the skin (e.g. acupuncture)</li> <li>• drawing blood (e.g. wet cupping)</li> <li>• an invasive procedure (e.g. colonic irrigation)</li> </ul>
<i>Discretionary</i>	a) If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept

b) For all other therapies

**1. Performed within the NHS**

If performed by NHS staff on NHS premises including GP surgeries, accept.

**2. Performed outside of the NHS**

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),  
General Pharmaceutical Council (GPhC),  
Pharmaceutical Society of Northern Ireland (PSNI),  
The Health and Care Professions Council (HCPC) (which regulates Physiotherapists, Arts therapists, Biomedical Scientists, Chiropractors/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Prosthetists and Orthotists, Radiographers and Speech and Language Therapists), 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 expected to follow safe practices.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.

When there is any doubt about infection being passed on, waiting four months means infections are more likely to be picked up by the tests used by the blood services.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*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:  
DSG-WB Edition 203, Release 61.

## Contraceptive Use

*Discretionary* Accept.

*See if Relevant* Anaesthetic  
Pregnancy  
Surgery

*Additional Information* If a female donor has been pregnant in the last nine months, see Pregnancy.

The use of contraceptives should not normally be a reason to defer a donor. However if surgery (leaving a wound), a local anaesthetic or sedation was required to introduce a contraceptive within the last seven days, please see the entry on 'Surgery' or 'Anaesthesia' as appropriate.

*Reason for change* Advice in additional information has been brought in line with that for Surgery and Anaesthesia.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 04 Issue 02.

## Coronavirus Infection (COVID-19)

<i>Includes</i>	COVID-19 disease due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV.
<i>Definitions</i>	<p><b>Symptoms of COVID-19 include:</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New persistent cough</li> <li>• Loss, or change in sense of smell and/or taste</li> </ul> <p><b>Testing:</b> PCR (polymerase chain reaction) and rapid lateral flow tests (LFTs), usually by throat and/or nose swab, to detect the presence of SARS-CoV-2. This does not include testing for antibodies to SARS-CoV-2.</p> <p><b>Confirmed Infection:</b> The donor has had a positive test for the presence of SARS-COV-2 (Coronavirus).</p> <p><b>Recovery from COVID-19:</b> Donors can be considered to have recovered if they:</p> <ul style="list-style-type: none"> <li>• Are generally well and back to normal activities</li> <li>• Do not have continuing fatigue which affects daily activities</li> <li>• Do not have a fever</li> <li>• Do not have respiratory symptoms (except for a persistent mild cough)</li> <li>• Are not experiencing cardiac symptoms (e.g. chest pain, palpitations)</li> <li>• Are not experiencing any other symptoms e.g. peripheral neurological symptoms in upper or lower limbs, central neurological symptoms such as headache, dizziness.</li> </ul> <p>Some individuals may have a mild cough, or reduced sense of smell or taste, for some weeks after resolution of their infection but they can be considered as recovered for the purposes of blood and component donation.</p>

## 1. Affected Individual

<i>Includes</i>	Donors who have had confirmed, or suspected, COVID-19 and donors who report any of the symptoms listed above.
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	<p>a) If the donor had symptoms of COVID-19 and</p> <ul style="list-style-type: none"> <li>• the donor has had a positive test for SARS-COV-2 (Coronavirus), and</li> <li>• any period of isolation has finished, and</li> <li>• no further testing is required, and</li> <li>• it is at least seven days from the resolution of symptoms, accept</li> </ul> <p>b) If the donor had symptoms of COVID-19 and the donor had a negative PCR test for SARS-COV-2 (Coronavirus) infection, and</p> <ul style="list-style-type: none"> <li>• no further testing is required, and</li> <li>• any period of isolation has finished, and</li> <li>• all symptoms have resolved accept</li> </ul> <p>If the donor had symptoms of COVID-19 and the donor had a negative LFT for SARS-COV-2 and</p> <ul style="list-style-type: none"> <li>• no PCR test was taken, and</li> <li>• any period of isolation has finished, and</li> <li>• no further testing is required, and</li> <li>• it is at least seven days from the resolution of symptoms, accept</li> </ul> <p>c) If the donor had symptoms of COVID-19 and</p> <ul style="list-style-type: none"> <li>• the donor has not been tested for the presence of SARS-COV-2 (Coronavirus), or</li> </ul>

- the donor had a test but is not aware of the result,  
When it is at least seven days from the resolution of symptoms, accept
- d) If the donor tested positive for the presence of SARS-CoV-2 (Coronavirus) but has not had symptoms of COVID-19 and
- any period of isolation is finished, and
  - no further testing is required, and
  - the donor remains well, and
  - it is at least ten days since the last positive test was taken,  
accept

## 2. Person who has been in contact with COVID-19

<i>Includes</i>	Donors who have been in contact with a confirmed or suspected case of COVID-19.
<i>Excludes</i>	Donors with symptoms of COVID-19 (see above). Donors who have had a positive test for the presence of SARS-CoV-2 (see above) Donors who have been in contact with individuals who are contacts of confirmed or suspected COVID-19.
<i>Obligatory</i>	<b>Must not donate if:</b> Less than ten days from the last day of contact.
<i>Discretionary</i>	a) If it is at least ten days since the last day of contact and the donor remains well, accept.  b) If the donor has been advised: <ul style="list-style-type: none"> <li>• that any isolation period is now complete, or that isolation is not required, and</li> <li>• post-contact testing is complete, and the results are negative, and</li> <li>• no further testing is required, and</li> <li>• the donor remains well and they agree to report any post donation illness, accept</li> </ul>
<i>Additional Information</i>	For donors who have had household contact with a case of COVID-19, the last day of contact is defined as: <ul style="list-style-type: none"> <li>• the last day that the contact had symptoms of COVID-19, or</li> <li>• If the contact did not have symptoms of COVID-19, the date of the contact's last positive test for SARS-CoV-2</li> </ul>

## 3. Person requiring isolation, quarantine or testing after travel

<i>Includes</i>	Donors required to isolate, quarantine or undertake testing after travel. Donors who have returned from a quarantine country but are exempt from quarantine due to their job.
<i>Excludes</i>	Donors with symptoms of COVID-19 (see above) Donors who have had a positive test for the presence of SARS-CoV-2 (see above)
<i>Obligatory</i>	a) Must not donate if: <ul style="list-style-type: none"> <li>• any testing after travel has not been completed, or</li> <li>• the results of testing are not negative, or</li> <li>• the results of testing are not known</li> </ul> b) Must not donate while the donor is required to isolate or quarantine after arriving in the UK
<i>Discretionary</i>	If the donor has been advised:

- that a period of isolation or quarantine is not required, or that any quarantine or isolation period is complete, and
- any testing following travel is negative and no further testing is required, and
- the donor remains well, accept.

#### 4. Person having routine surveillance testing for SARS-COV-2 (Coronavirus) infection.

*Excludes* Donors requiring testing because of symptoms, contact or travel (see sections 1, 2 and 3 above).

*Discretionary* Donors who have regular testing for the presence of SARS-COV-2 (Coronavirus) can be accepted to donate provided they have not had a positive test for the SARS-CoV-2 or symptoms of COVID-19 in the last ten days.

This includes donors who work in a Health, Social Care or Educational setting.

#### 5. SARS-COV-2 (Coronavirus) Vaccination

*Obligatory* **Must not donate if:**  
Less than 48 hours after the most recent immunisation was given.

*Discretionary* a) If it is at least 48 hours have passed since the most recent immunisation was given, and

- the donor is well, with no ongoing local or systemic reaction to the vaccine, accept

b) If the vaccine was given as part of an approved clinical trial and

- more than 48 hours have passed since the most recent immunisation was given, and
- the donor is well, with no ongoing local or systemic reaction to the vaccine, and
- any deferral period specified in the study protocol has passed, accept

*See if Relevant* Clinical Trials  
Immunization – Non-live  
Infection - Acute

*Additional Information* Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for transfusion 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 caused by infection with a newly identified Coronavirus, SARS-CoV-2.

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. Donors may not realise the importance of declaring some symptoms. 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.

This entry has been revised several times during the COVID-19 pandemic in response to evolving evidence and changes in public health and government advice. The list of COVID19 symptoms in this entry is taken from UK Health Security Agency (fever, cough and loss of taste /smell). Not all individuals with confirmed SARS-CoV-2 infection report these symptoms. But if the donor has recovered from symptoms of a cold or upper respiratory tract infection (URTI)



and has had a negative PCR test for SARS-CoV-2, it seems likely they had a common cold or URTI. The acute infection entry within this DSG has provision to accept donors who have recovered from a simple cold or URTI within two weeks of recovery. This is supported by the lack of evidence that respiratory viruses are transmitted by transfusion. The different deferral periods after negative PCR and LFT tests reflect the different sensitivities of these methods.

The obligatory deferral period after contact with COVID-19 has been set as 10 days; this is approximately twice the median incubation period of SARS-CoV-2 (five to six days) and is consistent with other entries in the DSG.

The guidance within this entry is focussed on COVID-19. Donors who report MERS or SARS, or contact with these infections, should be referred to a DCSO.

Individuals vaccinated with inactivated viruses or vaccines that do not contain live agents can usually be accepted without any deferral. COVID-19 vaccines currently licensed in the UK, including the AstraZeneca, Moderna and Pfizer/BioNTech COVID-19 vaccines, are non-live and as such do not pose a transfusion safety risk. Nevertheless, as these are new vaccines, a 48-hour deferral after immunisation is recommended to ensure donor and donation safety. This will also reduce the risk of a donation being discarded if a vaccine recipient develops symptoms directly related to the vaccine after donation.

Several other coronavirus vaccines are currently under review by regulatory authorities in the UK and elsewhere. Donor selection guidelines will be reviewed when any new COVID-19 vaccine is approved for use in the UK.

*Post Donation Information*

There is no evidence at present that coronaviruses can be transmitted by blood transfusion and therefore these measures are precautionary.

Donors must be provided with information about contacting the blood service if they develop any illness after blood or component donation.

Donors may inform the blood service that they have received advice since donation to isolate due to contact prior to donation. They may have been advised to have a test for Coronavirus.

It is only necessary to recall the donations from donors who:

- report symptoms of COVID-19 starting within 48 hours of donation, and/or
- have tested positive for the presence of SARS-COV-2 (Coronavirus) when the sample was taken within 48 hours of donation

*Reason for change*

Extensive revision of entry. The deferral after confirmed infection, contact and vaccination have been reduced. Clarifications that testing after infection, contact and travel must be complete before the donor is accepted, have been added. Specific guidance on household contacts has been added. The time period for post donation recall has been reduced. Reference to convalescent plasma donation has been removed.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 60.

## Decompression Illness

*Obligatory*

**Must not donate if:**

- a) Undergoing investigation or treatment or are still symptomatic.
- b) The illness has been complicated by conditions that exclude the donor from donation.

*Discretionary*

If recompression treatment ended more than 24 hours previously, the donor feels well enough to have returned to work / normal daily activities, neither steroid nor anticoagulant drugs have been taken within the previous 7 days, and:

a) Muscle (e.g. limb pain), skin (e.g. lymphatic swelling), or mild neurological symptoms (such as weakness or numbness) have stabilised and the donor has been discharged, accept.

b) Arterial gas embolism has responded fully to recompression treatment, with no evidence for myocardial or cerebral ischaemic event (heart attack/stroke), accept.

*See if Relevant* Anticoagulant Therapy  
Cardiovascular Disease  
Central Nervous System Disease  
Disabled Donor  
Epilepsy  
Investigations  
Nonsteroidal Anti-Inflammatory Drugs  
Urinary Catheterisation  
Steroid Therapy  
Vertigo

*Additional Information* Decompression illness incorporates "Decompression sickness" (the bends) and arterial gas embolism. Most events reported by potential donors are likely to relate to diving incidents. The symptoms are caused by bubbles of inert gas (either nitrogen or helium) forming within the tissues (skin, muscle, nerves), or within the circulation, due to inappropriately rapid ascent from depth. This can lead to a broad spectrum of symptoms from mild muscle cramps at one end, to paralysis, heart attack or stroke at the other.

Treatment is a combination of re-pressurising the patient, and increasing the inspired partial pressure of oxygen, which facilitates the gradual removal of the retained inert gas. Additional treatment with nonsteroidal anti-inflammatory drugs (NSAIDs), steroids and anticoagulants may sometimes be used.

Complete relief of symptoms occurs in 50 to 98% of individuals depending on the severity, and period of time between development of symptoms and treatment. Donors who have suffered significant medical problems (heart attack, stroke, paralysis etc.) would be deferred on the basis of this outcome.

Donors with milder symptoms which have either resolved completely, or are considered by the treating physician to have improved as much as they are going to, can be accepted as long as they meet the above criteria, and they have felt well enough to return to normal activities of daily life (housework, employment, driving etc.).

*Reason for change* The See if Relevant section has been revised.

*Update Information* This entry was last updated in:  
 DSG-WB Edition 203, Release61.

## Dental Treatment

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

- a) Less than seven days since root canal treatment, dental capping (crown or veneer), dental implants 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 or has been on antibiotics within the last seven days.
- e) Allogeneic human tissue (bone) has been used.

*Discretionary*

- a) If inspection, dental impressions or re-cementing of an existing crown or veneer only, with no requirement for further drilling or local anaesthetic, accept.
- b) If non-allogeneic (not from another person) matrix grafts have been used (these may be autologous (the persons own), alloplastic (non biological) or approved animal), accept.

**Note** it may be necessary for information concerning the type of matrix graft used to be obtained by a '**Designated Clinical Support Officer**' from the surgeon performing the graft.

<i>See if Relevant</i>	<u>Infection - General</u> <u>Surgery</u> <u>Tissue and Organ Recipients</u>
<i>Additional Information</i>	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.  Dental work performed within the European Union should only use material and methods that are free from known infection risks. This may not be the case elsewhere and referral to a ' <b>Designated Clinical Support Officer</b> ' may be required. Several types of protein (prion) free or demineralised animal tissue (e.g. Bio-Oss <sup>®</sup> and Bio-Gide <sup>®</sup> ) have CE marking in Europe and FDA approval in the USA.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The entry has been updated with reference to re-cementing of existing crowns and to products used for dental implant.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01

## Dermatitis

<i>Includes</i>	Eczema.
<i>Obligatory</i>	<b>Must not donate if:</b> a) The venepuncture site is affected.  b) Large areas of skin are affected.  c) Taking steroid tablets, injections, or applying steroid, tacrolimus (Protopic <sup>®</sup> ) or pimecrolimus (Elidel <sup>®</sup> ) creams over large areas.  d) The donor has needed long term (six months or more) steroid treatment within the last 12 months.  e) Within 12 months of using systemic therapies affecting immune function.  f) The affected areas are infected.  g) Less than four weeks from the last dose of Alitretinoin (Toctino <sup>®</sup> )
<i>Discretionary</i>	If the area affected is small, the venepuncture site (where the needle is put in) is not affected and using topical treatment only, accept.
<i>See if Relevant</i>	<u>Allergy</u> <u>Autoimmune Disease</u> <u>Infection - General</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Eczema (also known as contact dermatitis) is a skin reaction due to sensitivity to substances that come into contact with the skin. It may involve both allergic and non-allergic processes. Because of damage to the skin, local infection is a common problem. For this reason the place where the needle goes in must not be affected.  Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation. Long term steroid therapy may also cause temporary adrenal dysfunction. A waiting period of 12 months from the last dose allows time for the adrenal glands to recover.  Some of the treatments used to treat eczema can affect the immune system (e.g. azathioprine (Imuran <sup>®</sup> ), ciclosporin, hydroxycarbamide (hydroxyurea, Hydrea <sup>®</sup> ), mycophenolate (CellCept <sup>®</sup> ))

and so can mask signs of infection. This is why systemic treatments (taken by mouth or injection and so affecting the whole body) requires a 12 month deferral period from the time the treatment stops. Under normal circumstances the use of topical treatment with steroid, tacrolimus (Protopic<sup>®</sup>) or pimecrolimus (Elide<sup>®</sup>) will not result in blood levels which cause systemic suppression of the immune response. Systemic suppression is more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

<i>Reason for change</i>	To improve clarity and include information on Alitretinoin (Toctino <sup>®</sup> ).
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 20.

## Diabetes Insipidus

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Diabetes insipidus is an unusual condition (about 1 in 25,000 people are affected) where the body cannot retain enough water. It is very different from diabetes mellitus (sugar diabetes). Because of the difficulty in maintaining a normal fluid balance it is considered unwise for a person with this condition to be a donor.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Diabetes Mellitus

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<i>Also Known As</i>	Sugar diabetes and type I (1) and II (2) diabetes.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ul style="list-style-type: none"> <li>a) Requires treatment with insulin.</li> <li>b) Diabetes medication has been altered in the last four weeks.</li> <li>c) Is having problems with feeling faint, fainting or giddiness.</li> <li>d) Has suffered from heart failure.</li> <li>e) Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow up for renal impairment.</li> <li>f) Has required surgery for a blocked or narrowed artery including any type of amputation.</li> <li>g) Has or has had gangrene.</li> <li>h) Has or has had ulcers or wounds related to a loss of sensation.</li> <li>i) Has had a transplant of pancreatic tissue.</li> </ul>
<i>Discretionary</i>	<ul style="list-style-type: none"> <li>a) If diagnosed with pre-diabetes or gestational diabetes but not requiring treatment, accept.</li> <li>b) If controlled by diet or oral medication or injectable medication other than insulin, e.g. Exenatide (Byetta<sup>®</sup>) or Liraglutide (Victoza<sup>®</sup>), that has not been changed in type or dose in the last four weeks, accept.</li> <li>c) If previous treatment with insulin (including bovine insulin) was stopped more than four</li> </ul>

weeks ago, accept.

d) 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  
Chiropody  
Infection - General  
Pregnancy  
Tissue and Organ Recipients  
Wounds, Mouth and Skin Ulcers

*Additional Information*

In the UK about one in twenty individuals has diabetes. The majority of cases do not require treatment with insulin. Many people with this type of diabetes (often called type II (2)) are in good health and are fit to donate blood.

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).

The rationale for not accepting donors on oral medication for diabetes mellitus 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 diabetes that required treatment.

It is a requirement of the Blood Safety and Quality Regulations not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.

Diabetic donors should be informed that blood donation will lower their HbA1c (glycated haemoglobin) levels. This blood test is used to monitor their diabetic control. Donors should inform their diabetic team that they are blood donors so this can be taken into account when reviewing HbA1c levels. Blood donation should preferably be performed after HbA1c testing.

HbA1c decreases under conditions which shorten the life-span of red blood cells (RBC). HbA1c is made when the glucose (sugar) in the body sticks to the RBC. As the body can't use the sugar properly more of it sticks to the RBC and builds up in the blood. RBC are active for around 3 months. By measuring HbA1c, clinicians are able to get an overall picture of what a patient's average blood sugar levels have been over a period of weeks/months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* Information about the impact of donation on HbA1c testing has been added to the Additional Information section.

*Update Information* This entry was last updated in:  
 DSG-WB Edition 203, Release 56.

## Disabled Donor

*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 infections that may affect its suitability for use.

c) 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).

**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 requirements of the Blood Safety and Quality Regulations (BSQR) relevant to the donation process.
- b) Not be personally known to the donor.

*Discretionary***Donors with difficulty in reading:**

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*Central Nervous System DiseaseUrinary CatheterisationNeurobehavioral DisordersSpina 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 a disability are advised to seek advice from their local [Blood Service Help Line](#) before attending a donor session to see if their needs can be met. It is however important to note the following.

Some donors, especially those with spinal cord injuries can have significant problems with regulating their blood pressure and as such may be at a greater risk of vasovagal events following blood donation. People who are in wheelchairs are more at risk if they suffer a delayed vasovagal event in the chair, and are alone, as they could remain upright and may suffer prolonged cerebral hypoxia. This can result in permanent brain injury or in extreme circumstances death. For this reason donors must not donate from a wheelchair. Some potential donors may have indwelling shunts and/or catheters in situ which will mean that they are not eligible to donate.

**To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) every donor must:**

be provided with accurate educational materials, which are written in terms which can be understood by members of the general public (Part A 1-13)

complete a health and medical history questionnaire and undergo a personal interview performed by a health professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15)

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 (Part B 16 (a) - (f)).

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. 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 qualified 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 BSQR 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 the blood supply. 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 BSQR 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 BSQR 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>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The See if Relevant section has been revised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Diuretics

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<i>Also Known As</i>	Water tablets.
<i>Obligatory</i>	<b>Must not donate if:</b> a) Taken for heart failure.  b) Taken for kidney failure.
<i>Discretionary</i>	a) If taken for pre-menstrual syndrome, accept.  b) If taken to treat hypertension as either the only drug or with other anti-hypertensive medication, accept.
<i>See if Relevant</i>	<u>Blood Pressure - High</u> <u>Cardiovascular Disease</u> <u>Kidney and Bladder Disease</u>
<i>Additional Information</i>	Diuretics (water tablets) are used for many different reasons. If they are taken for a serious condition such as heart or kidney failure the donor should not be accepted.
<i>Reason for change</i>	'Obligatory' and 'Additional Information' entries have been added together with links to 'Cardiovascular Disease' and 'Kidney Disease'.  The 'Discretionary' entry has been amended to be consistent with the change to 'Blood Pressure - High'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 22.

## Diverticular Disease

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Has symptoms of diverticulitis.  b) Less than seven days from completing systemic antibiotic treatment.
<i>Discretionary</i>	If the donor has no symptoms other than mild abdominal pain or constipation, accept.
<i>See if Relevant</i>	<u>Endoscopy</u> <u>Infection - General</u> <u>Investigations</u> <u>Stoma</u> <u>Surgery</u>
<i>Additional Information</i>	Diverticula are pouches sticking out of the side of the large bowel (colon). They become more common as a person ages (50% of people have them by the age of 50, and 70% by the age of 80). Often they are an incidental finding when the large bowel is examined. This is known as diverticulosis and is not a problem. About a quarter of people who have diverticula have symptoms and this is known as diverticular disease. Symptoms are commonly related to pain and constipation but the condition can lead to infection (diverticulitis) and bleeding. Some people may require surgery.
<i>Reason for change</i>	This is a new entry. The previous entry on diverticulosis did not deal with any of the complications of diverticular disease.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Donor Weight

<i>Definitions</i>	EBV – Estimated Blood Volume. This is calculated using the Nadler formula (Ref: Chapter 3.7 Guidelines for the Blood Transfusion Services in the UK).  ECV – Extra Corporeal Volume. This is the total volume outside the donor's circulation at any time during a donation procedure. It includes all blood, plasma and components in the collection packs, the machine harness and testing samples.
<i>Obligatory</i>	<b>1. Must not donate if:</b>  a) Under 65 kg (10 stone 3 pounds) b) The donor weight means that they have difficulty in getting onto or off the donation couch. c) Venous access is very difficult. d) The safe weight limit of the bleeding couch/chair is exceeded. e) They are a double red cell donor and weigh under 70 kg (11 stone).
<i>Discretionary</i>	a) If male and over 50kg of weight (7 stone 12 pounds), accept. b) If female, 20 years of age or older and over 50kg of weight (7 stone 12 pounds), accept. c) If female, less than 20 years of age with an EBV of 3500ml or greater (as per Appendix 1), accept. d) Treatment with anti-obesity drugs, accept.
<i>Component Donation</i>	During any planned component donation procedure, the donor's ECV must not exceed 16% of their EBV at any point in the procedure.  Careful consideration should be taken when calculating the EBV for transgender donors to ensure the most appropriate chart is selected.
<i>See if Relevant</i>	<u>Appendix 1 - Estimated Blood Volume for Female donors (after Nadler) by height and weight</u> <u>Appendix 3 – Maximum permitted ECV for component donation</u> <u>Sleep Apnoea</u>
<i>Additional Information</i>	Limits on donation volume are in place to protect the donor from adverse effects such as fainting.  There is a minimum legal donor weight of 50kg at which a donation can be accepted. In young



women there is a significant risk of fainting if their donation exceeds 15% of their EBV thus a minimum EBV of 3500ml is needed.

For individuals with a body mass index greater than 40, there is a risk that the formula used to calculate blood volume may result in an overestimation of EBV.

The 50kg lower weight limit is not appropriate for double red cell donations because of the increased volume and iron that is being taken from the donor.

<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005. Other parts are related to research in to the reasons why donors faint.
<i>Reason for change</i>	Increase in the permitted ECV to 16% for component donors. Additional information on donors with a BMI greater than 40. A new table of maximum permitted ECV has been added as an appendix.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 58.

## Drug Index

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<i>See</i>	<u>Drug Index - preparations which may affect platelet function</u>
<i>Reason for change</i>	This is a new entry to link with the Drug Index.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## 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 A-Z index entry for the disease being treated or the drug taken.
<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.  The number of different drugs taken should not of itself make a donor ineligible.
<i>See if Relevant</i>	<u>Acne</u> <u>Alopecia</u> <u>Anti-Androgens</u> <u>Antibiotic Therapy</u> <u>Autoimmune Disease</u> <u>Drug Index - preparations which may affect platelet function</u> <u>Immunoglobulin Therapy</u> <u>Immunosuppression</u> <u>Lichen Planus</u> <u>Prostate Problems</u> <u>Psoriasis</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	In most circumstances it is the condition that a drug is being taken for, rather than the drug itself, that will lead to deferral. This is because the amount of drug that will be transfused will be very small.  Some drugs are however known to cause birth defects even in tiny amounts. As we do not know who may receive donated blood (it may be transfused directly into an unborn baby) people taking these drugs must be deferred.

It is also important to be certain that a particular drug will not stop platelets from working properly. The blood of anyone who has taken drugs in the last seven days that can interfere with platelet function can be used for red cells but may not be suitable for preparing platelets.

If a specific drug is not indexed individually, or as a group (e.g. Nonsteroidal Anti-Inflammatory Drugs and Steroids), and the reason for treatment is not a cause for deferral, the donor should be accepted. If in doubt contact a **'Designated Clinical Support Officer'**.

<i>Reason for change</i>	Additional entries have been added under 'Discretionary', 'See if Relevant' and 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Endocarditis

<i>Includes</i>	Subacute bacterial endocarditis (SBE).
<i>Obligatory</i>	<b>Must not donate if:</b> a) Has active infection.  b) Has a heart defect that limits activity.
<i>See if Relevant</i>	<u>Cardiac Surgery</u> <u>Cardiovascular Disease</u> <u>Infection - General</u> <u>Transfusion</u>
<i>Additional Information</i>	People with heart problems that may lead to endocarditis (inflammation of the heart lining, heart muscles and heart valves) may not be fit to donate because of either their heart defect or because of treatment for it. This may have included surgery and transfusion.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	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.  The entry has also been changed from the previous entry for 'Subacute Bacterial Endocarditis'. In particular, any risk of developing endocarditis as a result of venepuncture is now considered insignificant. There has also been a NICE review of when antibiotics are needed for prophylaxis against endocarditis. This has resulted in the guideline no longer referring to taking 'antibiotics when having dental treatment' as this is no longer advised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Endometriosis

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Drug Index - preparations which may affect platelet function</u> <u>Endoscopy</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Surgery</u>
<i>Additional Information</i>	Endometriosis is a common condition affecting women in their reproductive years. It is caused by the type of cells that usually line the womb occurring elsewhere in the body - usually in the pelvis, outside of the uterus. The cells outside of the womb undergo the same cyclical changes as the ones lining the womb. The commonest symptom is pain and discomfort around the time that a period would be expected. Endometriosis should not normally affect donation but it is important to check if the donor is taking pain killers that might prevent a donation being used for platelet production.
<i>Reason for change</i>	Links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Endoscopy

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<i>Obligatory</i>	<b>Must not donate if:</b> Less than four months from an examination with a flexible endoscope.
<i>Discretionary</i>	If the examination has been carried out with a rigid endoscope (e.g. colposcopies and most arthroscopies and proctoscopies), the donor is well and not waiting for further tests or results, accept.
<i>See if Relevant</i>	<u>Malignancy</u> <u>Surgery</u>
<i>Additional Information</i>	Flexible endoscopes can be difficult to disinfect. There have been cases where infection has been passed from person to person by examination and biopsy using this type of instrument.  This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.  A colposcope is an instrument used to view more easily the neck of the womb (cervix). It is not a flexible endoscope so in itself is not a reason for deferral. Care should be taken to ensure that donor is well and not waiting for further tests or results.  The procedure of 'Virtual endoscopy' is a radiographic technique that does not involve the use of an endoscope just a disposable tube it is not in itself a reason for deferral.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017,
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 40

## Epilepsy

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Requiring treatment for epilepsy.  b) Has had an epileptic episode in the last three years.
<i>Discretionary</i>	<b>Previous epilepsy:</b> If a person with a past history of epilepsy has, for the past three years, neither required anticonvulsant therapy, nor been subject to fits, accept.
<i>See if Relevant</i>	<u>Malignancy</u> <u>Neurosurgery</u>
<i>Additional Information</i>	Faints following donation can lead to epileptiform convulsions. This is caused by 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.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The 'Discretionary' entry has been modified and further 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Erectile Dysfunction

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<i>Obligatory</i>	<b>Must not donate if:</b> Oral or injectable therapy has been obtained abroad or from the Internet from a non-UK registered medical practitioner.
<i>See if Relevant</i>	<u>Blood Pressure - High</u> <u>Central Nervous System Disease</u> <u>Diabetes Mellitus</u> <u>Prostate Problems</u>
<i>Additional Information</i>	Treatment for erectile dysfunction (including self-injection of UK prescribed drugs) should not normally prevent donation but the underlying cause of the erectile problem might.  Drugs obtained while travelling abroad or from non-regulated sources may pose unknown health risks.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Etretinate

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<i>Obligatory</i>	<b>Must not donate if:</b> Has ever taken Etretinate (Tigason <sup>®</sup> ).
<i>See if Relevant</i>	<u>Acne</u> <u>Lichen Planus</u> <u>Psoriasis</u> <u>Skin Disease</u>
<i>Additional Information</i>	Etretinate (Tigason <sup>®</sup> ) is no longer prescribed in many countries because it is highly teratogenic (causes birth deformities) and stays in the body for an extremely long time. It has largely been replaced by acitretin (Neotigason <sup>®</sup> ) which also has restrictions - please follow the relevant link in the index.  As it is not possible to know if a donation may be given to a woman in the early stages of pregnancy, individuals who have ever been exposed to this drug cannot donate.
<i>Reason for change</i>	A link has been added to Skin Disease.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01

## Exercise

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<i>Discretionary</i>	Providing the donor is well hydrated, recovered from recent exercise and appropriate advice is given concerning post-donation exercise, accept.
<i>Additional Information</i>	People who are planning to undertake exercise after giving blood should be advised that donation may affect their performance and may also increase the risk of bleeding from the venepuncture (needle entry) site and of other adverse events such as fainting. They may wish to wait until the following day so as to avoid any problems.  Individuals who undertake sport at high levels of performance should be aware of both the short term affect of blood donation on performance and the possible long term affects if they should become short of iron. They may wish to seek specialist advice on how to avoid adverse affects on their performance from donation.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Eye Disease

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Active ocular inflammation or infection (including conjunctivitis, acute glaucoma, iritis or scleritis).</p> <p>b) History of malignancy.</p> <p>c) Ocular tissue transplanted.</p> <p>d) Within seven days of receiving injected treatment for age-related macular degeneration (AMD).</p> <p>e) The donor declares a history of optic neuritis.</p>
<i>Discretionary</i>	<p>a) If chronic glaucoma treatment is with tablets or drops only, accept.</p> <p>b) Non-injection treatment for age-related macular degeneration (AMD), accept.</p> <p>c) Most donors with poor vision can be accepted but see 'Disabled Donor' if they are not able to read.</p> <p>d) If more than seven days from intravitreal injection treatment for age-related macular degeneration (AMD), accept.</p> <p>e) If completed course of any eye drops following surgery for a benign condition not requiring ocular tissue transplant and there is no active infection or inflammation, accept.</p>
<i>See if Relevant</i>	<p><u>Autoimmune Disease</u></p> <p><u>Diabetes Mellitus</u></p> <p><u>Disabled Donor</u></p> <p><u>Infection - General</u></p> <p><u>Laser Treatment</u></p> <p><u>Malignancy</u></p> <p><u>Steroid Therapy</u></p> <p><u>Thrombosis</u></p> <p><u>Tissue and Organ Recipients</u></p> <p><u>Central Nervous System Disease</u></p>
<i>Additional Information</i>	<p>Allogeneic (from another person) ocular tissue may be transplanted in operations other than corneal transplants, including surgery for glaucoma. If surgery was performed after 1997 and any transplanted ocular material was supplied through UK Transplant, this information will be stored on the National Transplant Database held by NHS Blood and Transplant.</p> <p>There is a risk of bacterial infection and other complications following injection treatment for age-related macular degeneration (AMD). This is why a seven day deferral is required.</p> <p>Intravitreal injection treatment for wet/age-related macular degeneration is with anti-vascular endothelial growth factor (anti-VEGF) therapy, these include Bevacizumab (Avastin<sup>®</sup>), Ranibizumab (Lucentis<sup>®</sup>) and Pegaptanib sodium (Macugen<sup>®</sup>).</p>
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	An entry re Optic Neuritis has been added as well as a link to Central Nervous System Disease
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 38 Issue 01

## Faints

<i>Definitions</i>	<b>Delayed Faint:</b> Is a faint that occurs after the donor has left the donation venue.
<i>Obligatory</i>	<b>Must not donate if:</b> a) History of an unexplained delayed faint.  b) Two consecutive faints following donation.
<i>Discretionary</i>	If a donor with a history of fainting is accepted, careful observation is required.
<i>Additional Information</i>	An unexplained delayed faint occurs when there is no obvious reason for the faint, other than the history of donation. Events that might contribute to a delayed faint would be exertion, dehydration, exposure to an unpleasant situation, or standing for prolonged periods.  A previous history of faints increases the likelihood of a severe adverse reaction to donation.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	A 'Definition' of delayed faint has been added.  The 'Obligatory' and 'Additional Information' entries have been modified.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Familial Pseudohyperkalaemia

<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	If the donation will not be used to manufacture red cell components for Intrauterine Transfusion (IUT) or transfusion to neonates and infants, accept
<i>Additional Information</i>	Familial pseudohyperkalaemia (FP) is a red cell disorder characterised by altered permeability of the red cell membrane. This is an asymptomatic condition which causes increased leakage of potassium from red cells when stored at refrigerated temperatures. High levels of potassium in stored red cell units are a particular risk for transfusion recipients less than one year of age.  The most common FP variant affects about 1 in 400 of the UK donor population (although it is less common in donors from non-European ethnic groups).
<i>Reason for change</i>	New entry
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 44

## Fibromyalgia

<i>Also Known As</i>	Fibromyositis or fibrositis.
<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Drug Index - preparations which may affect platelet function</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Fibromyalgia is a common problem affecting soft tissues (muscles, tendons and ligaments) rather than bones or joints. The cause is not known but it is often linked to sleep disorders.
<i>Reason for change</i>	The link to 'Inflammation' has been replaced with more appropriate links.  'Additional Information' has been added.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Frequency of Donation

### *Discretionary*

#### **1. Whole Blood:**

A minimum interval of 12 weeks between donations should normally be observed. Donors who regularly attend at intervals of less than 16 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 16 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 12 weeks.

#### **2. Components:**

##### **a) Double Red Cells:**

A minimum interval of 26 weeks between donations should normally be observed. Donors who attend at intervals of less than 32 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 32 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 26 weeks.

##### **b) Apheresis Platelets and/or Plasma:**

A minimum interval of two weeks between donations should normally be observed. The combined total of platelet and plasma donations in any 12-month period should not be more than 26.

Donors of convalescent plasma can donate at weekly intervals, provided they meet all other requirements for plasma donation. They should not donate more than 26 donations in any 12-month period.

Donors who attend at intervals of less than four weeks may be at increased risk of iron deficiency.

##### **c) Stem Cell Donors:**

A donor should not give any routine donations for 12 months following bone marrow harvest, for six months following peripheral blood stem cell harvest and for three months following lymphocyte donation.

##### **d) Donors who change donation type**

Care must be taken to ensure that limits on the frequency of donation are maintained for donors who move between donation types. The following deferral periods should be applied:

- Donors moving from whole blood to component donation (except double red cells): 4 weeks
- Donors moving from platelet or plasma component donation to whole blood: 4 weeks since last component donation (and at least 12 weeks since the most recent whole blood donation)
- Donors moving from whole blood to double red cell donation: 12 weeks
- Donors moving from double red cell donation to other component donation: 8 weeks.

### *Additional Information*

The various intervals are to minimise the risk of developing iron deficiency, except for the deferral periods following stem cell donation. These are to allow the donor to be available for further stem cell or lymphocyte donations should this be required.

### *Reason for change*

The permissible donation frequency for platelet and plasma donors, including convalescent plasma, has been increased. Further guidance on donation intervals for donors changing donation type has been added. Guidance regarding apheresis granulocyte collection has been removed.

### *Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 58.

## Gall Bladder Disease

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Symptomatic.  b) Associated with an inherited haemolytic anaemia e.g. spherocytosis.
<i>Discretionary</i>	If recovered from symptomatic disease or has asymptomatic gallstones not associated with an inherited haemolytic anaemia, accept.
<i>See if Relevant</i>	<u>Endoscopy</u> <u>Haemolytic Anaemia</u> <u>Infection - General</u> <u>Malignancy</u> <u>Surgery</u>
<i>Reason for change</i>	Links have been added for 'Endoscopy', 'Haemolytic Anaemia' and for 'Malignancy'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Gastroenteritis

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<i>Definitions</i>	<b>Acute:</b> Lasting for a limited duration only.  <b>Chronic:</b> Continuing or prolonged.
<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>Discretionary</i>	If due to irritable bowel syndrome, accept.
<i>See if Relevant</i>	<u>Diverticular Disease</u> <u>Infection - General</u> <u>Inflammatory Bowel Disease</u> <u>Irritable Bowel Syndrome</u>
<i>Additional Information</i>	Acute gastroenteritis is usually caused by an infection. The Blood Safety and Quality Regulations 2005 require a two week deferral from the time of recovery. Chronic gastroenteritis is most likely to be caused by inflammatory bowel disease or irritable bowel syndrome.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This is an updated entry which encompasses several previous entries, including 'Diarrhoea' and 'Gastric Flu'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Gastrointestinal Disease

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Ulcerative colitis  b) Crohn's disease.
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	c) Malignant.
<i>Discretionary</i>	a) Other conditions may be acceptable but carefully consider the suitability of individuals liable to iron deficiency through impaired iron absorption or blood loss.
<i>See if Relevant</i>	b) Coeliac disease, accept. <u>Anaemia - 1. Iron Deficiency</u> <u>Diverticular Disease</u> <u>Gastroenteritis</u> <u>Infection - General</u> <u>Inflammatory Bowel Disease</u> <u>Irritable Bowel Syndrome</u> <u>Surgery</u> <u>Transfusion</u>
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Relevant links have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Giardiasis

<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: DSG-WB Edition 202, Release 02.

## Gilbert's Syndrome

<i>Also Known As</i>	Gilbert's disease.
<i>Obligatory</i>	<b>Must not donate if:</b> Visibly jaundiced.
<i>Discretionary</i>	If not visibly jaundiced, accept.
<i>Additional Information</i>	Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice (yellowing of the whites of the eyes). Blood banks are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.
<i>Reason for change</i>	The 'Additional Information' has been modified.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Glycogen Storage Disease

<i>Obligatory</i>	<b>Must not donate if:</b> Suffers from a Glycogen Storage Disease.
<i>Discretionary</i>	If the potential donor suffers from type 0 (glycogen synthase deficiency), type V (McArdle disease), type XI (Fanconi-Bickel syndrome), type XII (Red cell aldolase deficiency), or type XIII Glycogen Storage Disease (Beta-enolase deficiency), accept.
<i>Additional Information</i>	

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.

[A position statement on Glycogen storage disorders](#) is available in the JPAC Document Library

*Update Information* This entry was last updated in:  
WBDSG-CB Edition 203, Release 36

## Gout

<i>Obligatory</i>	<b>See:</b> Is there an entry for any underlying condition?
	<b>Must not donate if:</b> Related to malignancy.
<i>Discretionary</i>	If any underlying condition is not of itself a reason to defer, even if on treatment, accept.
<i>See if Relevant</i>	<u><a href="#">Drug Index - preparations which may affect platelet function</a></u> <u><a href="#">Nonsteroidal Anti-Inflammatory Drugs</a></u> <u><a href="#">Malignancy</a></u>
<i>Additional Information</i>	Gout is due to high levels of uric acid. This will not affect the quality of the blood but taking nonsteroidal anti-inflammatory drugs may affect the suitability of the donation for platelet production. Gout may be secondary to malignancy or its treatment.
<i>Reason for change</i>	The entry has been modified to include an 'Obligatory' entry, additional links and 'Additional Information'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Growth Hormone

<i>Obligatory</i>	<b>Must not donate if:</b> Has ever received human pituitary derived growth hormone.
<i>Discretionary</i>	If treated exclusively with recombinant-derived growth hormone, accept.
<i>See if Relevant</i>	<u><a href="#">Prion Associated Diseases</a></u>
<i>Additional Information</i>	The use of human growth hormone of pituitary origin had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	'Additional Information' on the use of human growth hormone of pituitary origin has been added. The date that this ceased to be used in the UK has been revised from 1987 to 1986.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Guillain-Barre Syndrome

<i>Obligatory</i>	<b>Must not donate if:</b> a) Less than 24 months from resolution.  b) There has been any recurrence of symptoms.
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c) The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barre syndrome that recovered completely within 12 months.

d) **Refer to a 'Designated Clinical Support Officer'** before accepting a donor.

*See if Relevant*

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

*Additional Information*

The cause of Guillain-Barre syndrome is not known but it often follows an infection or immunization. It probably is associated with auto-antibodies to parts of the peripheral nervous system. This guideline is intended to prevent transferring antibody to a person receiving a transfusion that could then affect their nervous system.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 202, Release 02.

## Haematological Disease

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*Obligatory*

**Must not donate if:**

a) Malignant.

b) A clonal disorder, e.g. primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).

*Discretionary*

a) If following specialist investigation a polycythaemia is not diagnosed as Polycythaemia Rubra Vera, or another myeloproliferative neoplasm, and no treatment or further investigation is planned, accept

b) If following specialist investigation a thrombocythaemia, or another myeloproliferative neoplasm, is not diagnosed as Essential Thrombocythaemia and no treatment or further investigation is planned, accept

*See if Relevant*

Anaemia  
Haemochromatosis  
Haemoglobin Disorders  
Haemolytic Anaemia  
Immune Thrombocytopenia  
Malignancy  
Polycythaemia and Raised Haemoglobin

*Additional Information*

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.

*Information*

This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change*

The discretionary and see if relevant sections have been updated to include the revised Polycythaemia and Raised Haemoglobin entry.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 58

## Haematuria

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*Obligatory*

**Must not donate if:**

a) Due to infection.

b) Due to malignancy.

c) Not fully investigated.

<i>See if Relevant</i>	<u>Kidney and Bladder Disease</u> <u>Infection - General</u> <u>Malignancy</u> <u>Prostate Problems</u>
<i>Additional Information</i>	Haematuria has many causes and most will require an individual to be deferred. If a person has not been fully investigated for the cause of their haematuria, they may have an underlying problem that would lead to deferral.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The need to be fully investigated has been added under 'Obligatory'.  Links have been added for 'Infection - General', 'Malignancy' and 'Prostate Problems'.  'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 22.

## Haemochromatosis

<i>Obligatory</i>	<b>Refer to a 'Designated Clinical Support Officer' if:</b> Therapeutic venesection has been required or is planned.
<i>Discretionary</i>	<ol style="list-style-type: none"> <li>1. If the donor does not currently require therapeutic venesection, and has not been venesected in the past, accept. Previous blood donation is not considered to be the same as clinical venesection.</li> <li>2. If the donor has been approved to donate by a DCSO and is otherwise eligible to donate, accept. Minimum intervals between donations for approved donors will be determined by individual blood services.</li> </ol>
<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Cirrhosis</u> <u>Diabetes Mellitus</u> <u>Hormone Replacement Therapy</u>
<i>Additional Information</i>	<p>Genetic Haemochromatosis (GH) is an inherited condition that can cause the body to accumulate too much iron. The standard treatment for GH is removal of blood through venesection. Individuals with GH will usually be monitored for iron overload through their GP or hospital clinic, and will be offered venesection if required.</p> <p>Blood from an individual with GH is safe for transfusion as long as the donor meets all other donor selection criteria. However, it is important that GH patients are not under any additional pressure to donate blood. They must be under the care of an appropriate physician who can offer alternative venesection facilities if the donor is unable to donate. For this reason any patient with GH who has been venesected or who currently requires venesection must be approved by a 'Designated Clinical Support Officer' prior to acceptance.</p> <p>Someone who has a diagnosis of GH following genetic testing but who has no iron overloading may be advised by their physician to donate blood, as this will reduce the likelihood of venesection being needed in the future. Donors in this situation can be accepted without DCSO referral, as long as they have not been venesected in clinic.</p>
<i>Reason for change</i>	Clarification of when referral to DCSO is required prior to donation.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Haemoglobin Disorders

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Sickle cell syndrome.</p> <p>b) Thalassaemia syndrome.</p> <p>c) Has a high affinity haemoglobin.</p>
<i>Discretionary</i>	<p>a) Donors with symptomless traits for abnormal haemoglobin, accept. <b>Note</b>, there is special guidance for donors with sickle trait.</p> <p>b) Donors with thalassaemia trait, accept but advise they may fail the haemoglobin screening test.</p>
<i>See if Relevant</i>	<p><u>Anaemia</u> <u>Polycythaemia and Raised Haemoglobin</u> <u>Sickle Cell Trait</u> <u>Transfusion</u></p>
<i>Additional Information</i>	<p>People with traits for abnormal haemoglobin and thalassaemia may be able to donate if they pass the haemoglobin screening test at the session and have no other problems associated with the trait.</p> <p>Some individuals with thalassaemia trait have levels of haemoglobin lower than that required to pass the screening test required by the Blood Services. Although this is normal for them, they may never be able to donate.</p> <p>Individuals with certain 'high affinity' haemoglobins develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons they should not be accepted.</p>
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The see if relevant section has been updated.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 58

## Haemoglobin Estimation

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*Obligatory* The haemoglobin concentration should be estimated each time a potential donor presents.

### Lower limits

#### 1. Whole Blood Donors

**Must not donate if the haemoglobin concentration is less than:**

a) Female donors: 125 g/l

b) Male donors: 135 g/l

#### 2. Double Red Cell Donors

**Must not donate if the haemoglobin concentration is less than:**

Male and Female donors: 140 g/l

**3. Component Donors who will only donate plasma****Must not donate if the haemoglobin concentration is less than:**

- a) Female donors: 120 g/l
- b) Male donors: 130 g/l

**4. All other Component Donors****Must not donate if the haemoglobin concentration is less than:**

- a) Female donors: 125 g/l
- b) Male donors: 135 g/l

**Upper limits****All Donors****Must not donate if the haemoglobin concentration is greater than:**

- a) Female donors: 165 g/l
- b) Male donors: 180 g/l

If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.

*Discretionary* a) Potential donors whose haemoglobin concentration is estimated to be below the acceptable level may be asked to give a further sample of blood for testing by alternative means. If the haemoglobin concentration is not less than the levels shown above, accept.

b) If the haemoglobin concentration for males is greater than 180 g/l and for females is greater than 165 g/l refer to the Polycythaemia and Raised Haemoglobin entry.

*See if Relevant* Polycythaemia and Raised Haemoglobin

*Additional Information* A 500 ml donation of whole blood contains about 250 mg of iron. It can take months for the average donor to replace this loss of iron from the diet. Taking a donation from a person with a haemoglobin concentration below the recommended value may make them anaemic.

The lower haemoglobin acceptance limits apply only to plasmapheresis donors who will only donate plasma by apheresis. If it is anticipated that red cells or platelets will be collected during the procedure the donor must be assessed against a haemoglobin limits of 125 g/L for female donors and 135 g/L for male donors.

Component donors giving double units of red cells lose twice as much iron and so it is even more important that they start with a good haemoglobin concentration.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* The guidance for donors with a high haemoglobin has been moved to the revised Polycythaemia and Raised Haemoglobin entry.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 58.

**Haemolytic Anaemia**

*Obligatory* **Must not donate.**

- Discretionary*
- a) If there is a known cause for the haemolysis (e.g. an adverse reaction to a medicine, march haemoglobinuria or a venomous bite) and the individual is completely recovered, accept.
  - b) Hereditary elliptocytosis not causing haemolysis or requiring splenectomy, accept.

<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Haemoglobin Disorders</u> <u>Splenectomy</u> <u>Transfusion</u>
<i>Additional Information</i>	Affected red cells are more likely to break down after collection. This could make the stored blood dangerous to transfuse.  Most cases of hereditary elliptocytosis do not affect red cell survival and may be accepted
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Haemorrhoids

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<i>Obligatory</i>	<b>Must not donate if:</b> Regular or severe bleeding is reported.
<i>Discretionary</i>	If asymptomatic or occasional mild bleeding only, accept.
<i>See if Relevant</i>	<u>Anaemia - 1. Iron Deficiency</u> <u>Endoscopy</u> <u>Surgery</u>
<i>Additional Information</i>	Regular bleeding from haemorrhoids can lead to a shortage of iron. This would be made worse by donation and is likely to cause anaemia.
<i>Reason for change</i>	The 'Discretionary' entry has been modified, a link has been added to 'Endoscopy' and 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Hair Removal

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<i>Discretionary</i>	Unless the technique has lead to wounds or infection, accept.
<i>See if Relevant</i>	<u>Infection - General</u> <u>Wounds, Mouth and Skin Ulcers</u>
<i>Additional Information</i>	There are many different ways of removing hair, including creams, waxing, electrolysis and the use of co-cyprindiol (Dianette®). Providing there are no wounds or infection, the donor may be accepted.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Hazardous Activity

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<i>Definitions</i>	<b>Hazardous Activity:</b> Is something that may put either the donor or others at high risk of serious injury or death if the donor were to suffer a delayed faint following donation. Such events are uncommon but not unknown.  This is of necessity a risk reduction exercise rather than an elimination of risk. As an example, the consequences of a driver losing control of a large goods vehicle is likely to be worse than if they were at the controls of a car or light van. Some occupations have a requirement not to
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return to duty until a defined period of time has passed. For others it is sensible to recommend a night's rest before undertaking something that may be considered a hazardous activity.

<i>Obligatory</i>	<p><b>Must not donate if:</b> a) Required to undertake a hazardous activity, following donation, on the same working day - donors must be advised of the risks of delayed faints and advised 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> <p><b>Exposure to hazardous material:</b> If the donor is well and has not been exposed by inoculation or mucous membrane exposure to potentially infective biological material, accept.</p>
<i>See if Relevant</i>	<p><u>Air Crew</u> <u>Air Traffic Controller</u> <u>Health Care Worker</u> <u>Non-Consented Exposure to Human Body Fluids</u></p>
<i>Additional Information</i>	<p>Examples of hazardous activities include but are not limited to: climbing, diving (all types), flying, motor sport, parachuting.</p> <p>Examples of hazardous occupations include but are not limited to: air traffic controller, climbing ladders or scaffolding, crane or heavy machine operator, diver, emergency response vehicle driver, fire crew, flying, large goods vehicle driver (LGV, HGV over 7.5 tonnes maximum authorised mass), miner working underground, public service vehicle driver (excluding vehicles with less than eight passenger seats), train driver.</p> <p>The suggested driving restrictions would not normally apply to drivers restricted to a category B or C1 licence.</p> <p>Many occupations expose individuals to hazardous materials. In some cases this may require statutory monitoring e.g. exposure to certain types of radiation or to high levels of lead. Provided the individual is well and they have not been directly exposed by inoculation or mucous membrane exposure to potentially infective biological material they should be accepted.</p>
<i>Reason for change</i>	<p>The entry has been revised to improve clarity.</p>
<i>Update Information</i>	<p>This entry was last updated in: DSG-WB Edition 203, Release 01.</p>

## Headache

### 1. Occasional

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<p><u>Drug Index - preparations which may affect platelet function</u> <u>Migraine</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u></p>
<i>Update Information</i>	<p>This entry was last updated in: DSG-WB Edition 203, Release 01.</p>
<i>Reason for change</i>	<p>Links have been added to 'Drug Index' and 'Nonsteroidal Anti-Inflammatory Drugs'.</p>

### 2. Regular

<i>Obligatory</i>	<p><b>Must not donate if:</b> Not investigated.</p>
<i>Discretionary</i>	<p>If investigated and diagnosis does not contra-indicate donation, accept.</p>
<i>See if Relevant</i>	<p><u>Drug Index - preparations which may affect platelet function</u> <u>Migraine</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u></p>



<i>Additional Information</i>	Headache has many causes and some will require an individual to be deferred. If a person has not been fully investigated for the cause of their headache, they may have an underlying problem that would lead to deferral.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	Links have been added to 'Drug Index' and 'Nonsteroidal Anti-Inflammatory Drugs'.  'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Health Care Worker

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<i>Definitions</i>	<b>Non-Consented Exposure to Human Body Fluids:</b> 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.
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### 1. History of Non-Consented Exposure to Human Body Fluids

See Non-Consented Exposure to Human Body Fluids

### 2. No History of Non-Consented Exposure to Human Body Fluids

*Discretionary* Accept.

*See if Relevant* Infectious Diseases - Contact With  
Non-Contagious Diseases - Contact With

*Additional Information* Health care workers should normally be accepted. It is however important to ensure that they have not suffered any relevant events that might put them at risk of infection.

It is also important to ensure that they have not been put at significant risk of infectious diseases through patient or sample contact that may prevent them from donating. Such contact would be exceptional and they should be aware of any potential threat to their own health.

Contact with MRSA and other common hospital acquired infections should not normally prevent donation.

*Reason for change* The 'Definitions' section was updated as part of the implementation of recommendations from the FAIR study.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 57.

## Henna Painting

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*Also Known As* Hina and mehndi.

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Body Piercing</u>
<i>Additional Information</i>	Traditional henna painting (also known as mehndi or hina) is sometimes referred to as tattooing but it does not involve skin piercing and so does not represent a transfusion hazard. The dye binds permanently with proteins in the skin and so the effect can last several months.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Hepatitis

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<i>Obligatory</i>	<b>See:</b> Any specific A-Z index entry for the cause of the hepatitis.
<i>Discretionary</i>	If fully recovered from non-viral hepatitis, accept.
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u> <u>Autoimmune Disease</u> <u>Hepatitis A</u> <u>Hepatitis B</u> <u>Hepatitis C</u> <u>Hepatitis E</u> <u>Hepatitis of Unknown Cause</u>
<i>Additional Information</i>	Hepatitis has many causes, including alcohol abuse, autoimmune disease, infection (viral, bacterial and parasitic) and inflammation caused by drugs and toxins.  The major concern is with viral hepatitis that can be transmitted by transfusion. Individuals who have fully recovered from non-viral hepatitis may donate if they fully comply with all other selection criteria.
<i>Reason for change</i>	The entry has been re-written to make it clear that there are many different causes of hepatitis.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Hepatitis A

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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery.
<i>See if Relevant</i>	<u>Travel</u>
<i>Additional Information</i>	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.
<i>Reason for change</i>	The discretionary acceptance on full recovery prior to 6 months has been removed

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

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.
<i>Additional Information</i>	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.
<i>Reason for change</i>	The discretionary acceptance has been removed.

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

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.
<i>Additional Information</i>	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.
<i>Reason for change</i>	The discretionary acceptance has been removed.

### 4. Immunization

<i>Obligatory</i>	<b>Known exposure.</b> <b>Must not donate if:</b> Less than six months post the last known contact with the affected individual even if vaccine or intramuscular immunoglobulin was given.
<i>Discretionary</i>	<b>No known exposure:</b> Accept.
<i>See if Relevant</i>	<u>Hepatitis B - 4. Immunization</u> <u>Travel</u>
<i>Additional Information</i>	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.
<i>Reason for change</i>	The deferral period for immunization post known exposure has been reviewed following guidance from Public Health England.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 42

## Hepatitis B

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### 1. Person with current hepatitis B infection

*Obligatory*     **Must not donate.**

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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If more than 12 months from recovery, and either all markers i.e. HBsAg, HBVDNA if carried out and HB core antibody (anti-HBs is not required) are negative or, if HB core antibody positive: HBsAg negative, screening HBV DNA (if carried out) negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. natural immunity, accept.
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Additional Information</i>	<p>Hepatitis B is a serious viral infection that can lead to chronic liver disease and liver cancer (hepatoma).</p> <p>Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.</p> <p>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.</p> <p>Leaving 12 months from recovery before testing provides additional security that the results will show if the infection is controlled and therefore unlikely to be passed on. There is no requirement to monitor the anti-HBs level, but if the donor is HB core antibody positive, anti-HBs must have been documented at &gt;100iu/l at some point.</p>
<i>Reason for change</i>	See below

## 3. Current or Former Sexual Partner of person with hepatitis B infection at time of last sexual contact with potential donor

<i>Obligatory</i>	<b>Must not donate</b> if less than three months from last contact
<i>Discretionary</i>	Obtain history (including time since last contact) and if still a partner or it is less than three months since the relationship ceased: If HB core antibody positive, HBsAg negative, screening HBV NAT (if carried out) negative and anti-HBs has been documented at more than 100 iu/l at some time, accept. Donor has natural immunity to hepatitis B.
<i>Additional Information</i>	There is no requirement to monitor the anti-HBs level. Any further exposure to HBV would be expected to boost the anti-HBs level and provide protection against HBV. If negative for anti-HBc, there is no requirement for an anti-HBs result.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	See below

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

<i>Obligatory</i>	<b>Must not donate</b> if less than three months from last contact
<i>Discretionary</i>	<p>Obtain history (including date that the partner cleared the HBV infection and the date that HBV immunisation of the donor commenced) and:</p> <p>If more than three months from date that the partner was stated to have recovered from / cleared HBV, or more than three months from the date that the donor received the first dose of a course of HBV vaccine, whichever is the later date, accept if</p> <p>All markers (HBsAg, screening HBV NAT and HB core antibody) are negative. Anti-HBs is not required.</p>

or  
 HB core antibody positive, HBsAg negative, screening HBV NAT negative and anti-HBs has been documented at more than 100 iu/l at some time. Donor has natural immunity to hepatitis B.

*Additional Information* 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.

There is no requirement to monitor the anti-HBs level. Any further exposure to HBV would be expected to boost the anti-HBs level and provide protection against HBV. If negative for anti-HBc, there is no requirement for an anti-HBs result.

*Information* This entry is compliant with the Blood Safety and Quality Regulations 2005.

*Reason for change* See below

## 5. Person Currently or Formerly Sharing a Home with a person with hepatitis B infection at time when last shared a home

*Obligatory* **Must not donate** if still sharing or less than four months since sharing ceased.

*Discretionary* If still sharing or it is less than four months since sharing ceased:  
 If HB core antibody positive, HBsAg negative, screening HBV NAT negative and anti-HBs has been documented at more than 100 iu/l at some time, donor has natural immunity, accept.

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

*Additional Information* There is no requirement to monitor the anti-HBs level. Any further exposure to HBV would be expected to boost the anti-HBs level and provide protection against HBV. If negative for anti-HBc, there is no requirement for an anti-HBs result.

*Information* This entry is compliant with the Blood Safety and Quality Regulations 2005.

*Reason for change* See below

## 6. Immunization

*Obligatory* **a) Known Exposure:**  
**Must not donate.**

**b) No Known Exposure:**  
**Must not donate if:**  
 Less than seven days after the last immunization was given.

*Discretionary* **a) Known Exposure:**  
 If more than four months from immunization, and either all markers i.e. HBsAg, screening HBV NAT and HB core antibody (anti-HBs is not required) are negative or  
 HB core antibody positive, HBsAg negative, screening HBV DNA (if carried out) negative and anti-HBs has been documented at more than 100 iu/l at some time, accept.

**b) No Known Exposure:**  
 If more than seven days after the last immunization was given, even after intramuscular immunoglobulin, accept.

*See if Relevant* Hepatitis A - 4. Immunization

*Additional Information* 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.

There is no requirement to monitor the anti-HBs level.

May be combined with hepatitis A immunization.

Sensitive assays for HBsAg may be positive following recent immunization. This is why a seven day deferral is required.

The four month deferral for immunisation after exposure is compliant with the BSQR requirements for deferral after needlestick injury.

*Reason for change* See below

*Reason for change* This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 50.

## Hepatitis C

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### 1. Person with current Hepatitis C infection

*Obligatory* **Must not donate.**

*See if Relevant* Blood Safety Entry

*Additional Information* Hepatitis C Virus (HCV) is a serious 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.

Individuals who are chronically infected are sometimes referred to as 'carriers'. 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.

*Reason for change* See below

### 2. Person with treated Hepatitis C infection

*Includes* Individuals who have received successful treatment for HCV.

*Obligatory* **Must not donate.**

*Discretionary* If six months has elapsed from the completion of therapy and the individual has been told their treatment has cleared their HCV infection, accept.  
Samples should be taken to confirm that the donor is HCV antibody negative before a full donation is taken.

*See if Relevant* Blood Safety Entry

*Additional Information* Individuals who have been successfully treated will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before blood can be issued, their blood cannot be used.

*Reason for change* See below

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

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

*Discretionary* Donors who have a current sexual partner with a history of previous HCV infection may be able to donate, depending on the status of their partner:.

1. If the partner has been treated for HCV infection, and has been free of therapy for six months, and is in sustained remission, accept.
2. If the partner has evidence of previous HCV infection (HCV RNA negative, anti-HCV positive), and has been fully assessed by an appropriate clinician who has confirmed that there is no current HCV infection, accept.

*See if Relevant* Blood Safety Leaflet

*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 the risk of 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.

All donations in the UK undergo HCV NAT screening so that the chance of a window period donation escaping detection is also exceedingly low (estimated residual risk for HCV transmission from a UK blood donation for 2014-2016 is 1 in 95.8 million donations).

#### **Sexual Partners of anti-HCV positive, PCR negative donors**

Individuals who have cleared an acute HCV infection naturally are sometimes identified through HCV testing, including testing of a blood donation. Such individuals will be HCV RNA negative but HCV antibody positive. Unlike people who have been treated for HCV infection, they may not have received appropriate clinical follow up, including repeat HCV RNA testing several months after the original negative result. Unless the individual has undergone specialist assessment and been given the assurance that they are not currently infected, their partner is not eligible to donate.

*Reason for change* See below

### 4. 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* 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.

*Reason for change* See below

*Reason for change*

This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 50

## Hepatitis E

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

*Discretionary* If less than 6 months from recovery and documented HEV RNA negative and anti HEV IgG positive, accept.

*See if Relevant* Travel

*Additional Information* 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. 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.

*Reason for change* The deferral for household and sexual contacts has been removed.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 41

## Hepatitis of Unknown Cause

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### 1. Person with Hepatitis of Unknown Cause

*Obligatory* **Must not donate.**

### 2. Person with previous (recovered) Hepatitis of Unknown Cause

*Obligatory* **Must not donate if:**  
Less than 24 months from recovery.

*Discretionary* a) If more than 12 months and less than 24 months from recovery, and either all markers i.e. HbsAg, HBV DNA if carried out and HB core antibody (anti-HBs is not required) are negative, or HB core antibody positive, HBsAg negative, screening HBV DNA (if carried out) negative and anti-HBs has been documented at more than 100 iu/l at some time, accept.

b) If more than 24 months from recovery, accept.

*See if Relevant* Travel



*Additional Information* 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 has been added regarding testing required to accept between 12 and 24 months from recovery

### 3. Current or Former Sexual Partner of person with Hepatitis of Unknown Cause

*Obligatory* **Must not donate if:**  
Less than 12 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.

*Additional Information* The 12 month deferral period is to avoid transmission of any infection through transfusion

*Reason for change* 'Additional Information' has been added. The title has been clarified to include both current and former sexual partners.

### 4. Person Currently or Formerly Sharing a Home with a person with Hepatitis of Unknown Cause

*Obligatory* **Must not donate if:**  
Less than 12 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.

*Additional Information* The 12 month deferral period is to avoid transmission of any infection through transfusion.

*Reason for change* 'Additional Information' has been added. The title has been clarified to include donors who formerly shared a home, as well as those who currently share a home with an affected Individual.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 27.

## Herpes Simplex

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*Includes* Genital and oral herpes.

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

*Discretionary* a) If lesions are healing (scabbing over) and there is no tingling, accept.  
b) If the donor is not immunosuppressed but taking long term prophylaxis with oral antiviral agents, accept.

*See if Relevant* Immunosuppression

**If there is a history of other sexually transmitted infections, see:**  
Sexually Transmitted Disease

*Additional Information*

The herpes simplex viruses (HSV 1 and 2) can cause both cold sores and genital herpes. When the virus is actively multiplying it can cause tingling in the affected area and sores. There is a theoretical risk that the virus, or any secondary infection, could be passed on through transfusion. This is why donors with an active infection are not allowed to donate.

There is no need to defer donors who have a sexual partner with Herpes.

*Reason for change* This entry was revised to support the implementation of recommendations from the FAIR study; a clarification regarding sexual partners has been added.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 57

## HIV

*Includes* AIDS.

### 1. Affected Individual

*Obligatory* **Must not donate.**

*See if Relevant* Blood Safety Entry

*Additional Information* HIV (Human Immunodeficiency Virus) infection can destroy the immune system and lead to AIDS (Acquired Immunodeficiency Syndrome). It is known to be transmitted by transfusion. 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.

*Information* This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* See below

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

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

*See if Relevant* Blood Safety Entry

*Additional Information* HIV infection can be spread through sexual activity, including oral and anal sex. 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.

Waiting three months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services.

*Information* This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change* See below

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

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	2. Current or Former Sexual Partner of Affected Individual above.
<i>Additional Information</i>	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.
<i>Reason for change</i>	See below
<i>Reason for change</i>	This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 50.

## Hormone Replacement Therapy

<i>Definitions</i>	<b>Hormone Replacement Therapy (HRT):</b> Includes any form of HRT, including HRT for menopausal symptoms.
<i>Obligatory</i>	<b>See:</b> Is there an entry for the condition for which HRT is being given?  <b>Must not donate if:</b> a) Used for malignancy.  b) A recipient of human gonadotrophin of pituitary origin.  c) A recipient of human pituitary growth hormone.  d) A recipient of replacement adrenal steroid hormones.
<i>Discretionary</i>	a) If treatment is for the menopause, its symptoms, or for osteoporosis prevention, accept.  b) If treatment is for a shortage of sex hormones, e.g. in some cases of erectile dysfunction and is not related to the treatment of malignancy, accept.  c) If treated with growth hormone that was exclusively recombinant, accept.  d) If treated with gonadotrophins that were exclusively non-pituitary derived, accept.
<i>See if Relevant</i>	<u>Adrenal Failure</u> <u>Haemochromatosis</u> <u>Malignancy</u> <u>Prion Associated Diseases</u> <u>Steroid Therapy</u> <u>Thyroid Disease</u>
<i>Additional Information</i>	There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual.  If there is a risk to the safety of the donor, as may be the case with a deficiency of adrenal steroid hormones, then a donation should not be taken.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This entry has been extensively rewritten to improve clarity.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## HTLV

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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Additional Information</i>	HTLV (Human T Cell Lymphotropic Virus I and II) infection can cause serious blood and nervous system disease. It is known to be transmitted by transfusion. 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.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	See below

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

<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	1. If it is more than three months since last sexual contact and a validated test for anti-HTLV antibodies is to be undertaken on the donated component(s), accept 2. If it is more than three months since last sexual contact, the donor has been previously tested for anti-HTLV antibodies by the blood service and this test was performed at least three months after the last sexual contact, accept
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Additional Information</i>	HTLV infection can be spread through sexual activity. 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 an 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. Waiting three months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services. Blood services in the UK are not required to test all donations for anti-HTLV antibodies. Blood services will need to identify at risk donors at health screening and consider options for discretionary HTLV testing. Otherwise, donors who report sexual contact with an affected individual must be deferred.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	See below

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

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	2. Current or Former Sexual Partner of Affected Individual above.
<i>Additional Information</i>	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* See below

*Reason for change* This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 50

## Huntington's Disease

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*Also Known As* Huntington's chorea.

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

*Discretionary* Asymptomatic carriers, accept.

*Additional Information* Huntington's disease (HD), is an inherited disorder of the central nervous system. It used to be known as Huntington's chorea or HC. Huntington's disease usually develops in adulthood and can cause a very wide range of symptoms including involuntary movements and memory problems. Involuntary movements could cause problems during the donation process and memory problems could interfere with the selection process.

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

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Hydrocephalus

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

*See if Relevant* Neurosurgery  
Spina Bifida

*Additional Information* Indwelling shunts can be a source of bacterial infection. This can be present without symptoms. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

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

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Hypercholesterolaemia

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*Obligatory* **Must not donate if:**  
a) Has caused symptomatic disease.

b) Associated with cardiovascular disease.

c) Is currently being treated with systemic monoclonal antibody therapy e.g. Evolocumab (Repatha<sup>®</sup>), Alirocumab (Praluent<sup>®</sup>).

d) Has been treated with Evolocumab (Repatha<sup>®</sup>) or Alirocumab (Praluent<sup>®</sup>) in the last 4 months.

e) Has been treated with any other monoclonal antibody therapy in the last 12 months.

*Discretionary*

a) If has not led to symptomatic disease, even if currently on treatment (other than monoclonal antibody therapy), accept.

b) If it is more than 4 months since cessation of treatment with Evolocumab (Repatha<sup>®</sup>) or Alirocumab (Praluent<sup>®</sup>), accept.

c) If it is more than 12 months since cessation of treatment with any other monoclonal antibody treatment, accept.

*See if Relevant*

Cardiovascular Disease  
Central Nervous System Disease

*Additional Information*

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 oral drugs.

Treatment may be with monoclonal antibodies which are administered by subcutaneous injection; these can affect the immune system making individuals more susceptible to infections and/or masking the usual symptoms of an infection, thus increasing the chance that a donor may unknowingly have an infection present at the time of donation. This effect may last until the drug is cleared from the body. Observing a deferral period after cessation of treatment with monoclonal antibody therapy will minimise this risk. The deferral periods advised take into account the characteristics of these drugs, including the time it takes for them to be cleared once treatment stops.

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 other neurological problems the donor should not be accepted, even if their cholesterol has returned to normal levels.

It is important to ensure that donors on treatment for hypercholesterolaemia do not have any associated cardiovascular disease.

*Reason for change*

The addition of an obligatory deferral for donors treated with systemic monoclonal antibody therapy for hypercholesterolaemia.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 56.

## Hypnotics

*Also Known As*

Sleeping tablets or sedatives.

*Discretionary*

Accept.

*Additional Information*

Many people take various preparations to aid sleep. This should not normally be a reason not to accept a donor, provided they are otherwise well.

*Reason for change*

'Additional Information' has been added.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Immune Thrombocytopenia

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Symptomatic.</p> <p>b) Donor reports platelet count below <math>120 \times 10^9/l</math>.</p> <p>c) Recovered but less than five years from recovery.</p> <p>This applies to both adult and childhood disease.</p>
<i>Discretionary</i>	Individuals who have had a splenectomy and fulfil the other requirements, even if on prophylactic antibiotics, accept.
<i>See if Relevant</i>	<p><b>If treated with immunoglobulin or plasma exchange:</b> <u>Transfusion</u></p> <p><b>If treated with immunosuppressive therapy:</b> <u>Autoimmune Disease</u></p>
<i>Additional Information</i>	<p>Donors with reduced platelet counts may suffer from increased bleeding and bruising following a donation. This may have serious consequences.</p> <p>Individuals who do not have problems with bleeding or bruising but know that their platelet count is less than <math>120 \times 10^9/l</math> should not donate, as they also may have problems following venepuncture. There is no need to check the platelet count before whole blood donation if the potential donor has been asymptomatic for more than five years and has been told that their platelet count has recovered to greater than <math>120 \times 10^9/l</math>.</p>
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	<p>The links have been revised.</p> <p>The phrase 'Recovered but has ever had a recurrence' has been removed as this was considered too restrictive. This means individuals who have been splenectomised may be acceptable.</p> <p>The term 'Chronic' has been changed to a numerical value of <math>120 \times 10^9/l</math>.</p> <p>'Additional Information' has been added.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Immunization

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### 1. Non-Exposed

<i>See if Relevant</i>	<p><u>Immunization - Live</u> <u>Immunization - Non-Live</u> <u>Smallpox Immunization</u></p> <p>If you do not know if an immunization is live or not, see the A-Z index entry for the type of immunization or: <b>Refer to a 'Designated Clinical Support Officer'</b></p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	A link has been added to 'Smallpox Immunization'.

### 2. Post Exposure

<i>Obligatory</i>	<p><b>1. BCG:</b> <b>See</b> <u>Immunization - Live</u></p> <p><b>2. Hepatitis A:</b> <b>See</b> <u>Hepatitis A - 4. Immunization</u></p> <p><b>3. Hepatitis B:</b> <b>See</b> <u>Hepatitis B - 4. Immunization</u></p> <p><b>4. Rabies:</b> <b>See</b> <u>Rabies - 2. Immunization - Post Exposure</u></p> <p><b>5. Smallpox:</b> <b>See</b> <u>Smallpox Immunization</u></p> <p><b>6. Tetanus:</b> <b>See</b> <u>Tetanus - 2. Immunization</u></p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	There have been changes to the layout but not to the actions required.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Immunization - Live

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Less than eight weeks from administration.</p> <p>b) The inoculation site has not yet healed.</p>
<i>Discretionary</i>	If more than four weeks from administration of a live immunization other than smallpox immunization and the inoculation site has healed, accept.
<i>See if Relevant</i>	<u>Smallpox Immunization</u> <u>Tuberculosis</u>
<i>Additional Information</i>	Live immunizations 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 immunization should have been controlled and so should not be passed on through donated material. There are special rules for smallpox immunizations.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<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 at time of blood or component donation for live immunizations other than smallpox.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 05.

## Immunization - Non-Live

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*Obligatory*



**1. Post Exposure:****See:**Immunization - 2. Post Exposure**2. Hepatitis B:****Must not donate if:**

Less than seven days after administration.

**3. COVID-19****See:**Coronavirus Infection

*Discretionary* If not exposed, for non-live immunizations other than hepatitis B or COVID-19, if well on the day, accept.

*See if Relevant* Hepatitis B  
Coronavirus Infection

*Additional Information* Sensitive assays for HBsAg may be positive following recent immunization. A positive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor.

Note, hepatitis A immunization may be combined with hepatitis B immunization.

"Non-Live" immunizations do not use material that can cause infection. This means there is no risk to people receiving donated material from a recently immunized non-exposed donor.

As COVID-19 vaccines are new, additional guidance is given for these. This is included in the Coronavirus Infection entry.

*Information* This entry is compliant with the Blood Safety and Quality Regulations 2005.

*Reason for change* Update of guidance for COVID-19 vaccination.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Immunoglobulin Therapy

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

a) After January 1st 1980 the donor has been treated with intravenous or subcutaneous human immunoglobulin.

b) The donor has received multiple intramuscular injections of high dose immunoglobulin.

c) Immunosuppressed.

**2. Donors with recovered immunodeficiency:  
Refer to a 'Designated Clinical Support Officer'.***Discretionary*

a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.

b) If given routine ante- or post-natal anti-D immunoglobulin only (even if received more than one dose), accept.

c) If single dose prophylactic immunoglobulin has been given, accept.

*See*

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

<i>See if Relevant</i>	<u>Hepatitis A - 4. Immunization</u> <u>Hepatitis B - 4. Immunization</u> <u>Immunosuppression</u> <u>Prion Associated Diseases</u> <u>Rabies - 2. Immunization - Post Exposure</u> <u>Tetanus - 2. Immunization</u>
<i>Additional Information</i>	Immunoglobulin used before 1980 is unlikely to be affected by vCJD (a prion associated disease).  Single dose intramuscular immunoglobulin is unlikely to pose a significant risk of transmitting vCJD.
<i>Information</i>	This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.
<i>Reason for change</i>	To allow acceptance of donors who have received intravenous prophylactic immunoglobulin.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 33.

## Immunosuppression

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<i>Includes</i>	Immunodeficiency.
<i>Obligatory</i>	<b>1. Must not donate if:</b> Immunosuppressed.  <b>2. Donors with recovered immunosuppression:</b> <b>Refer to a 'Designated Clinical Support Officer'.</b>
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Immunoglobulin Therapy</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Immunosuppression can mask the body's normal response to some infectious and inflammatory conditions. This could result in diseases that may be transmitted by donation from being missed by the Blood Services. If a donor reports recovery from immunosuppression or, if the underlying cause was unclear, refer to a <b>'Designated Clinical Support Officer'</b> .
<i>Reason for change</i>	New links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Indwelling Shunts and Stents

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Indwelling shunts and stents can be a source of bacterial infection. This can be present without symptoms. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Infection - Acute

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<i>Definitions</i>	<p><b>Acute:</b> Lasting for a limited duration only, with no long lasting carrier stage</p> <p><b>Systemic:</b> Any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.</p>
<i>Obligatory</i>	<p><b>See:</b> Is there is a specific A-Z index entry for the condition you are concerned about?</p> <p><b>Must not donate if:</b></p> <p>a) Infected.</p> <p>b) Less than two weeks from recovery.</p> <p>c) Less than seven days from completing systemic antibiotic, anti-fungal or antiviral treatment.</p> <p><b>Contact with:</b> <b>See:</b> <u>Infectious Diseases - Contact With</u> Or <u>Non-Contagious Diseases - Contact With</u></p>
<i>Discretionary</i>	Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but <b>not</b> influenza, if recovering, accept.
<i>See if Relevant</i>	<p><u>Chikungunya Virus</u></p> <p><u>Endocarditis</u></p> <p><u>Giardiasis</u></p> <p><u>Herpes Simplex</u></p> <p><u>Malaria</u></p> <p><u>Rabies</u></p> <p><u>Rheumatic Fever</u></p> <p><u>SARS</u></p> <p><u>Sexually Transmitted Disease</u></p> <p><u>Steroid Therapy</u></p> <p><u>Surgery</u></p> <p><u>Tetanus</u></p> <p><u>Thrush</u></p> <p><u>Viral Haemorrhagic Fever</u></p> <p><u>West Nile Virus</u></p>
<i>Additional Information</i>	<p>Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. Waiting two weeks from when the infection is better and seven days from completing systemic antibiotic, anti-fungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on.</p> <p>There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds and sore throats can be passed on by transfusion but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.</p> <p>In some situations, although the infection may not be transmissible by donation, there is a duty of care to prevent infection passing to other donors or staff, e.g. an infestation of head lice.</p>
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	<p>Definitions of 'Acute' and 'Systemic' have been added.</p> <p>A reference to 'contact with' has been added under 'Obligatory'.</p> <p>The links in 'See if Relevant' have been extended.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Infection - Chronic

*Definitions*     **Chronic:**

Continuing, or possibly continuing, infection, even without symptoms or signs of infection.

**Systemic:**

Any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.

*Obligatory*

**Must not donate.**

**Contact with:**

**See:**

Infectious Diseases - Contact With

Or

Non-Contagious Diseases - Contact With

*Discretionary*

**1. Acne:**

Most donors with acne can be accepted but this depends on the type of treatment and lack of any secondary infection.

**2. Chronic superficial fungal infections:**

a) If on local therapy only, accept.

b) If 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

Endocarditis

Hepatitis

Hepatitis A

Hepatitis B

Hepatitis C

Hepatitis E

Herpes Simplex

HIV

HTLV

Malaria

Osteomyelitis

Prion Associated Diseases

Sexually Transmitted Disease

Skin Disease

South American Trypanosomiasis

Steroid Therapy

Surgery

Syphilis

Thrush

Toxoplasmosis

Tuberculosis

*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. Some infections may appear to have resolved but are only controlled by the person's immune system. If material from them is given to a recipient without immunity, severe infection may result. 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 transfusion transmitted.

*Reason for change*

To add entry for Typhoid and Paratyphoid.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 18.

## Infection - General

*Definitions*

**Acute:**

Lasting for a limited duration only with no long lasting carrier stage

**Chronic:**

Continuing, or possibly continuing, infection, even without symptoms or signs of infection.

**Infectious Diseases:**

Are infections that can easily be passed from person to person, either through casual or intimate contact.

**Non Contagious Disease:**

Is a disease which is not transmitted person to person without the aid of a vector (e.g. a mosquito) or is a disease that is the result of an environmental issue which may be shared e.g. food poisoning.

*Obligatory***See:**

Is there a specific A-Z index entry for the condition?

**If not see as appropriate:**

Infection - Acute

Or

Infection - Chronic

**Contact with:****See:**

Infectious Diseases - Contact With

Or

Non-Contagious Diseases - Contact With

*Discretionary*

Symptomless carriers of Staphylococcus aureus (including methicillin resistant Staphylococcus aureus (MRSA)), accept.

*See if Relevant*

Acne

Chikungunya Virus

Endocarditis

Giardiasis

Hepatitis

Hepatitis A

Hepatitis B

Hepatitis C

Hepatitis E

Herpes Simplex

HIV

HTLV

Malaria

Osteomyelitis

Prion Associated Diseases

Rabies

Rheumatic Fever

SARS

Sexually Transmitted Disease

South American Trypanosomiasis

Steroid Therapy

Surgery

Syphilis

Tetanus

Thrush

Toxoplasmosis

Tuberculosis

Viral Haemorrhagic Fever

West Nile Virus

*Reason for change*

A revised definition of 'Acute' and a definition of 'Chronic', 'Infectious Diseases' and 'Non Contagious Disease' have been added.

A reference to 'contact with' has been added under 'Obligatory'.

A 'Discretionary' entry has been added and the links in 'See if Relevant' have been extended.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 01.

**Infectious Diseases - Contact With**

<i>Definitions</i>	<p><b>Infectious Diseases:</b> Are infections that can easily be passed from person to person, either through casual or intimate contact.</p>
<i>Obligatory</i>	<p><b>See:</b> Is there a specific A-Z index entry for the condition with which there has been contact.</p> <p><b>Must not donate if:</b> Within the incubation period for the condition or, if this is not known, less than four weeks from last contact.</p>
<i>Discretionary</i>	<p>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.</p> <p>b) Contact with common upper respiratory tract infections such as colds, sore throats, influenza, norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept.</p> <p>c) Contact with skin conditions which are not transmissible by donated material (e.g. scabies, ringworm, tinea) if no signs of infection, accept.</p> <p>d) Individuals who have been prescribed prophylactic antibiotics after contact with meningitis, anthrax or chlamydia, provided they are symptom free, accept.</p>
<i>See if Relevant</i>	<p><u>Hepatitis</u> <u>Hepatitis A</u> <u>Hepatitis B</u> <u>Hepatitis C</u> <u>Hepatitis E</u> <u>HIV</u> <u>HTLV</u> <u>Non-Contagious Diseases - Contact With</u> <u>SARS</u> <u>Sexually Transmitted Disease</u> <u>Smallpox Immunization</u> <u>Syphilis</u> <u>Tuberculosis</u></p>
<i>Additional Information</i>	<p>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.</p> <p>Many diseases are not infectious and so are not normally a risk.</p> <p>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.</p> <p>If in doubt contact a '<b>Designated Clinical Support Officer</b>'.</p>
<i>Reason for change</i>	<p>A discretion has been added for contact with norovirus and other causes of diarrhoea and vomiting.</p>
<i>Update Information</i>	<p>This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01</p>

## Inflammatory Bowel Disease

<i>Also Known As</i>	IBD.
<i>Includes</i>	Crohn's disease and ulcerative colitis.
<i>Obligatory</i>	<b>Must not donate.</b>
<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. Bacteria in donated material can multiply to dangerous levels during storage.

<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Inherited Diseases

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<i>Obligatory</i>	<b>See:</b> Is there an A-Z index entry for the condition?
<i>Additional Information</i>	If there is not an index entry for the condition and neither the symptoms nor any treatment are a reason for deferral, the donor is probably acceptable. If in doubt contact a ' <b>Designated Clinical Support Officer</b> '.
<i>Reason for change</i>	The need to refer a to a ' <b>Designated Clinical Support Officer</b> ' when there is not a specific entry for the condition has been removed.  'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Investigations

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<i>Definitions</i>	<b>Radionuclides:</b> These are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.
<i>Obligatory</i>	<b>Must not donate if:</b> Waiting for investigation or the results of investigations for an undiagnosed condition which might lead to deferral.
<i>Discretionary</i>	If for 'routine' investigations, such as attending for a cervical smear, mammogram, a well person clinic when no abnormality is expected, or for the routine monitoring of a condition, such as diabetes controlled by diet or oral medication, which of itself would not be a cause for deferral, accept.
<i>See if Relevant</i>	<u>Endoscopy</u> <u>Prostate Problems</u> <u>Radionuclides</u>
<i>Additional Information</i>	Investigations may lead to the diagnosis of a condition that would lead to deferral. For this reason any investigations for an undiagnosed condition must lead to deferral until the results are known by the potential donor. A decision can then be made as to if the person can be accepted as a donor.
<i>Reason for change</i>	A 'Definition' of 'Radionuclides' has been added.  Entries have been added under 'Discretionary', 'See if Relevant' and 'Additional Information'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Irritable Bowel Syndrome

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<i>Also Known As</i>	IBS.
<i>Discretionary</i>	If the condition has been diagnosed as irritable bowel disease, even if on medication, accept.
<i>See if Relevant</i>	<u>Endoscopy</u> <u>Inflammatory Bowel Disease</u>

<i>Additional Information</i>	Irritable bowel syndrome is due to hyper-activity/sensitivity of the large bowel. It should not be confused with 'Inflammatory Bowel Disease' which would not allow donation.
<i>Reason for change</i>	There has been a change to the wording of 'Discretionary' to improve clarity, a link has been added to 'Inflammatory Bowel Disease' and 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## 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 A-Z index entry for that condition.</p> <p>c) If the jaundice was related to malignancy or to its treatment.</p> <p>d) If the cause of the jaundice was not known, treat as <u>Hepatitis of Unknown Cause</u>.</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 and not visibly jaundiced, 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 Cause</u>  <u>Malignancy</u></p>
<i>Additional Information</i>	<p>Transfusion laboratories are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.</p> <p>Many things can cause jaundice. The concern is with infectious causes that might be passed on by a transfusion.</p>
<i>Reason for change</i>	A new 'Obligatory' entry for jaundice related to 'Malignancy' has been added together with links to 'Hepatitis of Unknown Cause' and to 'Malignancy'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Kidney and Bladder Disease

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### 1. Acute Nephritis (to include Pyelonephritis, Acute tubular interstitial nephritis and Glomerulonephritis)

<i>Definitions</i>	<p><b>Pyelonephritis:</b> acute nephritis due to ascending infection.</p> <p><b>Acute tubular interstitial nephritis:</b> acute nephritis caused by an 'allergic reaction' to medication, rarely as part of a systemic often autoimmune disease.</p> <p><b>Glomerulonephritis:</b> May be primary intrinsic to the kidney or secondary, associated with certain infections, drugs, systemic disorders (SLE, vasculitis), or diabetes.</p>
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<i>Obligatory</i>	<b>Must not donate if:</b> If under active investigation, treatment or specialist follow-up by a specialist.
<i>Discretionary</i>	If well, on no treatment and is discharged from follow-up, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u>
<i>Additional Information</i>	Self-limiting renal disease e.g. single attacks of glomerulonephritis or pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.  If there is doubt about the diagnosis refer to a ' <b>Designated Clinical Support Officer</b> ' .

## 2. Chronic Nephritis

*Obligatory* **Must not donate.**

## 3. Infection

<i>Obligatory</i>	<b>Must not donate if:</b> a) Has active infection b) Under investigation c) On antibiotics to prevent urinary tract infection
<i>Discretionary</i>	If the donor has taken a single dose of an antibiotic after sexual intercourse to prevent urinary tract infection, is symptom-free on the day of donation, and does not have an underlying condition that prevents donation, accept.
<i>See</i>	<u>Infection - General</u>
<i>See if Relevant</i>	<u>Antibiotic Therapy</u>
<i>Additional Information</i>	Donors may be taking prophylactic antibiotics long-term or as single post-coital doses. Anatomical anomalies within the urinary tract can make individuals more prone to recurrent infections. If a donor is accepted in accordance with the Discretionary guidance above, the importance of informing the relevant blood service of symptoms suggestive of urinary tract infection occurring within 14 days of donation must be emphasised with the donor.  Donors on long-term antibiotics may have ongoing urinary tract infection without having any symptoms. As an active infection at the time of donation cannot be ruled out, these donors must not be accepted.

## 4. Kidney Failure

<i>Obligatory</i>	<b>Must not donate if:</b> a) Has renal impairment requiring dialysis.  b) Using erythropoietin or similar drugs to increase the haemoglobin concentration.  c) Is either under active investigation, or continued follow up by a specialist for renal impairment, or has any associated cardiovascular complications.  d) Has had a kidney transplant.
<i>Discretionary</i>	If a kidney transplant was of a non stored autologous organ, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Blood Pressure - High</u> <u>Diabetes Mellitus</u>

Immunosuppression  
Tissue and Organ Recipients

**If treated with blood or blood products, immunoglobulin, plasma exchange or filtration:**  
Transfusion

*Additional Information* People with significant kidney failure usually have a high risk of anaemia. This, together with other factors, make them unsuitable as donors.

*Information* This is a requirement of the Blood Safety and Quality Regulations 2005.

## 5. Polycystic Kidney Disease

*Discretionary* A diagnosis of polycystic kidney disease does not necessarily prevent donation. If otherwise well, accept.

*See if Relevant* Blood Pressure - High  
Infection - General  
Kidney Failure above.

*Additional Information* Polycystic kidney disease is usually genetic. It varies markedly in its severity and many people will not run into problems until later in their lives. Before this happens, provided they are otherwise well, there is no reason why affected individuals should not donate. Often they will have higher haemoglobin concentrations than normal.

## 6. Renal Colic, Kidney and Bladder Stones

*Obligatory* **Must not donate if:**  
a) Symptomatic.  
b) Under investigation.

*See if Relevant* Infection - General

*Additional Information* Renal colic is most commonly caused by solid material (crystals or a stone) passing through the tube that connects the kidney to the bladder (the ureter). It is commonly associated with infection.

It is important to wait until the donor is fully recovered and any investigations have been completed. This should avoid a donation being taken from an individual with infection. Infection can lead to bacteria contaminating any donated material. This can be dangerous because bacteria can multiply to dangerous levels in the stored donation.

Kidney and bladder stones have many causes and may be associated with infection. It is important to ensure that there is not an underlying cause that would prevent donation.

## 7. Interstitial Cystitis

*Obligatory* **Must not donate if:**  
a) Under investigation  
b) Has an associated condition which would prevent donation  
c) Has required catheterisation within the last 7 days.  
d) On treatment with Pentosan polysulfate sodium (Elmiron)

*Discretionary* If investigations are complete, there are no associated conditions or treatments which would prevent donation, symptoms are controlled even if on medication other than Pentosan polysulfate sodium (Elmiron), the potential donor

has not required catheterisation within the last 7 days and any treatment with Pentosan polysulfate sodium was completed more than seven days ago, accept.

<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Chronic Fatigue Syndrome</u> <u>Endoscopy</u> <u>Infection -General</u> <u>Surgery</u> <u>Urinary Catheterisation</u>
<i>Additional Information</i>	<p>Interstitial Cystitis or Painful Bladder Syndrome is a condition which causes chronic or recurrent pain in the bladder and in the pelvic region due to damaged bladder lining or urothelium.</p> <p>The cause is unknown but may be associated with other conditions such as Irritable Bowel Syndrome, Fibromyalgia, Chronic Fatigue Syndrome, Autoimmune Disease and Anxiety Disorder It may also be caused by traumatic injury to the bladder and precipitated by infection.</p> <p>The diagnosis of IC or PBS is one of exclusion.</p> <p>Treatment can be through diet modification, bladder training techniques, exercise and stress management. It can include oral medication with analgesics, antidepressants, and Cimetidine. Treatment can also be with Pentosan polysulfate sodium (Elmiron) which can be associated with increased bleeding and bruising. The condition can also be treated by interventional methods including catheterisation, surgery and botulinum toxin injections.</p> <p>Investigation and treatment can involve cystoscopy. Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.
<i>Reason for change</i>	<p>Obligatory and discretionary guidance has been added for Infection, including for donors taking antibiotics to prevent urinary tract infection. Relevant links have been included.</p> <p>For Interstitial Cystitis, Obligatory and Discretionary have been amended to avoid repetition, the relevant links have been updated, and reference to the use of cystoscopy has been added to Additional Information.</p>
<i>Reason for change</i>	<p>Obligatory and discretionary guidance has been added for Infection, including for donors taking antibiotics to prevent urinary tract infection. Relevant links have been included.</p> <p>For Interstitial Cystitis, Obligatory and Discretionary have been amended to avoid repetition, the relevant links have been updated, and reference to the use of cystoscopy has been added to Additional Information.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Klinefelter's Syndrome

<i>Discretionary</i>	Accept.
<i>Additional Information</i>	Klinefelter's syndrome is caused by a chromosomal abnormality that affects males. It may cause low levels of testosterone so that affected men, not on replacement therapy, may have haemoglobin levels in the female range. This may lead to them failing the haemoglobin screening test.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in:

DSG-WB Edition 203, Release 01.

## Laser Treatment

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) Any wounds are not healed.</p>
<i>Discretionary</i>	<p>a) If for basal cell carcinoma (a type of malignancy), treatment is completed and fully recovered, accept.</p> <p>b) If for Cervical Carcinoma in Situ, treatment is completed and a follow up smear did not show abnormal cells, accept.</p> <p>c) If for cosmetic purposes, when healed, accept.</p> <p>d) If for varicose veins, when healed, accept.</p> <p>e) If laser treatment to the eye, when healed, accept.</p>
<i>See if Relevant</i>	<p><u>Cervical Carcinoma in Situ</u>  <u>Diabetes Mellitus</u>  <u>Eye Disease</u>  <u>Malignancy</u>  <u>Surgery</u>  <u>Wounds, Mouth and Skin Ulcers</u></p>
<i>Additional Information</i>	<p>Medical lasers can be used in many different situations. Their action is through heating and burning. The concern is when they are used for treating malignancies and when they leave areas of tissue damaged and susceptible to infection. Provided the reason that the laser was used is not of itself a reason to defer the donor, once all wounds are healed, so that there is no further infection risk, the donor may be accepted.</p> <p>If used for diabetic retinopathy it is likely that the donor will need to be deferred and reference should be made to <u>Diabetes Mellitus</u>.</p>
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	<p>The need for all wounds to be healed has been added under 'Obligatory'.</p> <p>Laser eye treatment has been added under 'Discretionary'.</p> <p>Additional links have been added under 'See if Relevant' together with 'Additional Information'.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Malaria

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) The donor has ever had malaria.</p> <p>b) The donor has had an undiagnosed fever (which could have been malaria) while abroad or within four months of leaving a malaria endemic area.</p> <p>c) The donor has lived in any malarial endemic area for a continuous period of six months or more at any time of life.</p> <p>d) Less than 12 months after last leaving a malaria endemic area.</p>
<i>Discretionary</i>	<p><b>a) Donors who have had malaria diagnosed in the past:</b>  If more than three years have passed since anti-malarial therapy has been completed and symptoms caused by malaria have resolved and a validated test for malarial antibody is to be performed, accept.</p>

If the donor (with a history of malaria) has revisited a malaria endemic area and at least four months have passed since return and a validated test for malarial antibody is to be performed, accept.

**b) Donors who have EVER had an undiagnosed fever that could have been malaria while in a malarial area or within four months of leaving a malaria endemic area:**

If at least four months have passed since the donor returned from the malarial endemic area, or from the date of recovery from symptoms (undiagnosed fever) that may have been caused by malaria, whichever is later, and a validated test for malarial antibody is to be performed, accept. NB. this may have to be increased to six months if the area is also identified as a risk area for T. cruzi or a tropical virus; the longest stipulated deferral period must be applied

**c) Donors who have EVER been resident in a malarial endemic area for 6 months or more:**

If at least four months has passed since the date of the last potential exposure to malaria, and a validated test for malaria antibody is to be performed, accept.

**d) For all other donors:**

If at least four months and less than 12 months have passed since return from a malaria endemic area, and a validated test for malarial antibody is to be performed, accept.

*See if Relevant*      The 'Geographical Disease Risk Index' for countries with a current endemic malaria risk.

*Additional Information*      Cases of transfusion transmitted malaria 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. Although this is uncommon, 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. Transfusion transmitted malaria is often fatal.

*Information*      This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change*      Change to the deferral period required prior to testing donors with a defined malarial risk: SACTTI advised on decreasing the malarial deferral period (from six to four months) before a malarial antibody test result can be considered valid and be used to release donations from malarial risk donors

*Update Information*      This entry was last updated in:  
DSG-WB Edition 203, Release 38.

## Malignancy

*Obligatory*      **Must not donate.**

*Discretionary*      a) If this was a non metastasized basal cell carcinoma (rodent ulcer) and local treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required and has been completed at least 24 months previously, accept.

b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli 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 screening following treatment for CIS can be accepted.

Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS), prostatic intraepithelial neoplasia (PIN) and squamous cell CIS of the skin (also known as intraepithelial squamous cell carcinoma or Bowen's disease).

d) If the potential donor has had a diagnosis of melanoma in situ (including Lentigo Maligna), refer to DCSSO to confirm they have not had an invasive melanoma (eg Lentigo Maligna Melanoma). Donors who have already been cleared by a DCSSO can be accepted.

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*     Haematological Disease  
Surgery  
Cervical Dysplasia

*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. Clonal blood disorders are dealt with differently - see Haematological Disease.

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.

*Information*     This is a requirement of the Blood Safety and Quality Regulations 2005.

*Reason for change*     Addition of the terms squamous cell carcinoma in situ of the skin and intraepidermal squamous cell carcinoma.

*Update Information*     This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Marfan's Syndrome

*Obligatory*     **Must not donate if:**  
Has heart or blood vessel involvement.

*Discretionary*     If there is no heart or blood vessel involvement, accept.

*See if Relevant*     Cardiac Surgery  
Cardiovascular Disease

*Additional Information*     This is a genetic disorder of connective tissues. Some individuals with Marfan's syndrome have heart and blood vessel problems that can be serious. These are screened for routinely in people who have been diagnosed with this condition. Donations should not be taken from people with heart or blood vessel problems as there may be an increased risk of serious adverse events.

*Reason for change*     The 'Obligatory' deferral has been changed from 'Cardiac involvement' to 'Heart or blood vessel involvement.'

Relevant links have been added together with 'Additional Information'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Meniere's Disease

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*Discretionary* If well on the day, even if on treatment to prevent attacks, accept.

*Additional Information* Meniere's disease affects about one in a thousand people and is due to middle ear damage. Attacks can be accompanied by vertigo (a feeling of dizziness and of things spinning around). It is not thought that donation causes attacks. Providing a person with Ménière's disease is well at the time of donation, and there are no other factors that would lead to their deferral, they should be accepted.

*Reason for change* The statement, 'even if on treatment to prevent attacks,' has been added to 'Discretionary'.  
'Additional Information' has been added.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Menopause

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*Discretionary* Even if on hormone replacement therapy (HRT) or other treatment to control menopausal symptoms, accept.

*See if Relevant* Malignancy

*Reason for change* The 'Discretionary' entry has been extended to include all therapies taken to control menopausal symptoms.

A link has been added to 'Malignancy' as the menopause can be secondary to treatment for cancer.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Mental Health Problems

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

1. 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.
2. On treatment with sodium valproate or valproic acid.

*See if Relevant* Communication Difficulties  
Valproate

*Additional Information* Many people have mental health problems that are 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.

Occasionally donors are on medication such as Clozapine and are under close monitoring. They should be accepted as long as they pass the Hb test.

*Reason for change* Addition of an obligatory deferral for treatment with valproate and a link to the Valproate entry.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Migraine

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

1. Migraine is severe and occurs more than once a week.
2. On prophylaxis with sodium valproate or valproic acid.

*Discretionary* Providing the migraine is not severe and occurs less than once a week, even if on prophylactic treatment (except valproate/valproic acid), accept.

*See if Relevant* Headache  
Valproate

*Additional Information* 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.

*Reason for change* Addition of an obligatory deferral for treatment with valproate and a link to the Valproate entry.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Narcolepsy

*Obligatory* **Must not donate.**

*Discretionary* If free from sleep attacks or cataplexy for 12 months or more, even if on medication, accept.

*Additional Information* Narcolepsy is a rare neurological condition that affects the brain's ability to regulate the normal sleep-wake cycle. This can lead to symptoms such as disturbed night-time sleep, excessive daytime sleepiness and cataplexy. Consequently, narcolepsy is often thought of as a sleep disorder, but its underlying cause means that it is better classified as a disorder of the central nervous system.

Some affected individuals may fall asleep without warning (sleep attacks) or lose muscular control that can result in falling to the ground (cataplexy). In some cases cataplexy may have the appearance of a stroke, though recovery usually occurs within minutes.

Some individuals only have minor symptoms that should not interfere with donation. Sleep attacks and cataplexy may obviously cause problems during and after the donation process. However, some individuals have good control of symptoms through lifestyle adaptations and/or taking medication. If these problems are well controlled (no attacks for 12 or more months) the donor may be accepted.

*Reason for change* The additional information section has been updated with more information about the nature of Narcolepsy.

*Update Information*



This entry was last updated in:  
DSG-WB Edition 203, Release 42

## National Help Lines

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<i>Information</i>	<p>Donors requiring assistance who have donated, or intend to donate: <b>In England please contact the:</b></p> <p><b>NHS Blood and Transplant (NHSBT)</b> Telephone: 0300 123 23 23 Website: <a href="http://www.blood.co.uk">www.blood.co.uk</a></p> <p><b>In Northern Ireland, please contact the:</b></p> <p><b>Northern Ireland Blood Transfusion Service (NIBTS)</b> Telephone: 028 9032 1414 Website: <a href="http://www.nibts.org">www.nibts.org</a></p> <p><b>In Scotland, please contact the:</b></p> <p><b>Scottish National Blood Transfusion Service (SNBTS)</b> Telephone: 0345 90 90 999 Website: <a href="http://www.scotblood.co.uk">www.scotblood.co.uk</a></p> <p><b>In Wales, please contact the:</b></p> <p><b>Welsh Blood Service (WBS)</b> Telephone: 0800 252266 Website: <a href="http://www.welsh-blood.org.uk">www.welsh-blood.org.uk</a></p>
<i>Reason for change</i>	Changes made to the National Help Lines after the move of North Wales from NHSBT to Wales
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 36.

## Neurobehavioral Disorders

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<i>Discretionary</i>	Provided the potential donor is able to give valid consent and their disorder will not interfere with the collection process, even if on medication, accept.
<i>See if Relevant</i>	<u>Communication Difficulties</u>
<i>Additional Information</i>	If the donor suffers from involuntary movements (tics) it is important to ensure that these will not interfere with the donation process.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Neurofibromatosis

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<i>Also Known As</i>	Von Recklinghausen's disease.
<i>Obligatory</i>	<b>Must not donate if:</b> History of malignant change.
<i>Discretionary</i>	Otherwise accept.

<i>See if Relevant</i>	<u>Blood Pressure - High</u> <u>Epilepsy</u> <u>Malignancy</u>
<i>Additional Information</i>	Neurofibromatosis is an inherited condition that causes tumours (swellings) on nerve tissue. These tumours are usually not cancerous but occasionally may become malignant. If they are in the brain they may cause epilepsy.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Links have been added together with 'Additional Information'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Neurosurgery

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	a) If burr hole surgery only, accept.  b) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.  c) If it can be shown that dura mater was not used during surgery in the UK prior to 1992 and there is no evidence of malignancy, the donor may be accepted by a <b>'Designated Clinical Support Officer'</b> .
<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Disabled Donor</u> <u>Indwelling Shunts and Stents</u> <u>Malignancy</u> <u>Prion Associated Diseases</u> <u>Urinary Catheterisation</u> <u>Surgery</u>
<i>Additional Information</i>	Dura mater has led to the spread of prion related diseases (CJD). It should not have been used in the UK after 1992. The situation in other countries varied so specific dates cannot be given.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The See if Relevant section has been revised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## 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>See if Relevant</i>	<u>Infection - General</u> <u>Malignancy</u> <u>Menopause</u>
<i>Additional Information</i>	Unexplained night sweats may be an indication of an undiagnosed infection or malignancy. Both would be a reason to defer a potential donor.
<i>Reason for change</i>	Links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Non-Consented Exposure to Human Body Fluids

*Definitions*     **Non-Consented Exposure to Human Body Fluids:**  
 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.

### 1. Affected Individual

*Obligatory*     **Must not donate if:**  
 a) The incident involved any material containing abnormal prions.  
 b) Less than four months after the date of an inoculation injury or contamination of mucosa or non-intact skin with human blood or body fluids.  
 c) Under ongoing investigations following exposure.

*See if Relevant*     Animal Bite (Non-Human)  
Blood Safety Entry  
Hepatitis  
HIV  
HTLV  
Prion Associated Diseases  
Xenotransplantation

*Additional Information*     Prion related diseases can be symptom free for many years. During the incubation stage, infection may be passed on by donated material.

Human blood or body fluids may be contaminated with infective material that may be passed on by donated material. Waiting four months (if a validated test for HBV, HCV HIV NAT is negative) helps to ensure that any infection is not passed on. This includes donors where the contact has Hepatitis B infection or is a recipient of blood derived coagulation factor concentrates.

If an individual is undergoing further tests or follow up following an exposure, donation should be deferred until all follow up is complete and above criteria apply.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.

*Information*     This is a requirement of the Blood Safety and Quality Regulations 2005.

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

*Obligatory*     **Must not donate if:**  
 The donor's sexual partner is being monitored for evidence of transmitted infection following exposure to a known infected individual.

*Discretionary*     a) If the partner has not been exposed to known infective material, accept.  
 b) If the partner was exposed to known infective material and has been told that they are not infected and no longer require to be monitored, accept.  
 c) If a former sexual partner and it is more than three months since the last sexual contact, accept.

*See if Relevant*     Hepatitis  
HIV

HTLV  
Prion Associated Diseases

*Reason for change* The wording of this entry has been revised to improve clarity.

*Update Information* This entry was last updated in:  
 DSG-WB Edition 203, Release 57

## Non-Contagious Diseases - Contact With

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<i>Definitions</i>	<p><b>Non Contagious Disease:</b>          This is a disease which is not easily transmitted from person to person. It may be a zoonotic infection or it may result from a shared environmental issue e.g. food poisoning or a common travel history.</p> <p><b>Zoonotic infection:</b>          The WHO defines this as any disease or infection that is naturally transmissible from vertebrate animals to humans.</p>
<i>Obligatory</i>	<p>Refer to the specific entry for the disease. If there is no specific entry, and/or no instruction for contacts, use the guidance below.</p> <p><b>Must not donate if:</b></p> <p>a) Diagnosed with, or showing symptoms of, the disease.</p> <p>b) Under investigation or monitoring for potential infection with the disease. This includes any deferral period recommended by Public Health.</p> <p>c) The donor has been exposed to the same circumstances that led to infection in another human. This might include a common travel history or, in the case of food poisoning, to the consumption of the same food.</p>
<i>Discretionary</i>	<p>If the donor:</p> <ul style="list-style-type: none"> <li>• Is well and has no symptoms of infection, and</li> <li>• Is not being investigated or monitored, and</li> <li>• Is not considered to be at high risk of infection,</li> </ul> <p>accept.</p>
<i>See if Relevant</i>	<p>If there is a shared risk for a transfusion transmissible infection, see the index entry for that condition.</p>
<i>Additional Information</i>	<p>Many infections are not easily spread from one person to another. In other situations, the infection with which there has been contact will not represent a risk to recipients and staff. Donors reporting such contact can normally be accepted but the nature of the contact should be assessed. For instance, has the potential donor had the same risk factors as an infected individual e.g. travelled to the same place or eaten the same food. If they have, the risk of the potential donor also being infected must be considered together with any appropriate deferral.</p> <p>For some zoonotic infections, people in contact with affected animals may be followed up by health protection teams. This can include a period of monitoring for potential transmission of the infection. Individuals in this situation should not be accepted to donate until further review or testing is no longer required, and any deferral period stipulated by the health protection team has elapsed.</p> <p>If in doubt:          Contact a '<b>Designated Clinical Support Officer</b>'.</p>
<i>Reason for change</i>	<p>Guidance and information has been added for donors under investigation or monitoring following contact with a zoonotic infection.</p>

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Nonsteroidal Anti-Inflammatory Drugs

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*Also Known As* NSAIDs or nonsteroidals.

*Obligatory* Assess the reason for treatment and see if there is a relevant index entry.

**1. Must not donate if:**

Taken for a serious long-term illness including cardiovascular disease.

**2. Platelets:**

Donations must not be used for preparing platelets if aspirin, aspirin containing medicines, piroxicam (Feldene<sup>®</sup> and Brexidol<sup>®</sup>) or other NSAIDs (see the Drug Index) have been taken in the last 48 hours.

*Discretionary* If medication is self prescribed and the donor meets all other criteria, for red cell donation only, accept.

*See if Relevant* Cardiovascular Disease  
Drug Index - preparations which may affect platelet function

*Additional Information* Nonsteroidal anti-inflammatory drugs can stop platelets (small fragments of cells that help control bleeding) from working properly. Some packs of blood are used to make platelet packs. As these are used to control or prevent bleeding in patients, it is essential that they do not include platelets affected by nonsteroidal anti-inflammatory drugs.

Taking these drugs will not affect the use of a donation for red cell transfusion (the commonest use) but, the reason they are being taken, might.

*Reason for change* The deferral period for donors taking aspirin containing medicines or piroxicam (Feldene<sup>®</sup> and Brexidol<sup>®</sup>) where donations are used to make platelets has been reduced to 48 hours.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 28.

## Nose Bleeds

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*Discretionary* If the potential donor passes the haemoglobin screening test, accept.

*See if Relevant* Anaemia - Discretionary 1. Iron deficiency  
Bleeding Disorder  
Transfusion

*Additional Information* Severe or regular nose bleeds lead to a loss of iron from the body and this can cause iron deficiency anaemia. Donating blood also causes the body to lose a substantial amount of iron. The combination of the two will make anaemia much more likely.

*Reason for change* Links to 'Anaemia - Discretionary 1. Iron deficiency' and 'Transfusion' have been added together with 'Additional Information'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Oseltamivir

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<i>Also Known As</i>	Tamiflu®.
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Taking oseltamivir (Tamiflu®) as treatment for influenza.</p> <p>b) At any time in the seven days prior to, or while taking oseltamivir, the donor has had symptoms of influenza, (a temperature of more than 38 degrees centigrade, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).</p>
<i>Discretionary</i>	If the potential donor is taking oseltamivir as prophylaxis, they have not been advised to be confined to home and have not had any symptoms of influenza, accept.
<i>See if Relevant</i>	<u>Infection - Acute</u>
<i>Additional Information</i>	Oseltamivir is a viral neuraminidase inhibitor (neuraminidase is an enzyme that helps the virus spread from cell to cell). It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 13.

## Osteoarthritis

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<p><u>Disabled Donor</u></p> <p><u>Drug Index - preparations which may affect platelet function</u></p> <p><u>Nonsteroidal Anti-Inflammatory Drugs</u></p>
<i>Additional Information</i>	<p>Donors who have severe pain or disability that makes it difficult for them to get on or off the bleed bed should not donate.</p> <p>Medicines taken for arthritis may affect platelet function. This can be checked in the <u>Drug Index</u></p>
<i>Reason for change</i>	A link to the 'Drug Index' has been added together with 'Additional Information'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Osteomyelitis

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>Less than 24 months from completing treatment and cure.</p>
<i>Additional Information</i>	Sometimes it is difficult to be certain that all infection has been eliminated. Waiting 24 months minimizes the risk of any infection being passed on through donation.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

## Osteopenia

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>The donor is being treated with systemic monoclonal antibody therapy e.g. Denosumab (Prolia)</p>
<i>Discretionary</i>	

If the cause is not of itself a reason to defer, even if on treatment to prevent or treat (other than Denosumab), accept.

*See if Relevant*     Disabled Donor  
Malignancy  
Steroid Therapy  
Vitamins and Other Nutritional Supplements  
Autoimmune Disease

*Additional Information*     Osteopenia occurs when there is decreased mineralization (mainly lack of calcium) of bone. It can occur for many reasons so it is important to ensure that it is not associated with a condition that would require a potential donor to be deferred.

*Reason for change*     The addition of the obligatory deferral for donors with osteoporosis treated with systemic monoclonal antibody therapy and the addition of a link to Autoimmune Disease

*Update Information*     This entry was last updated in:  
 DSG-WB Edition 203, Release 38.

## Paget's Disease of Bone

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*Also Known As*     Osteitis deformans.

*Discretionary*     Even if on medication with painkillers or bisphosphonates, accept.

*See if Relevant*     Disabled Donor  
Drug Index - preparations which may affect platelet function  
Nonsteroidal Anti-Inflammatory Drugs  
Surgery

*Additional Information*     Paget's disease of bone is very common in the UK, affecting about one 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 fit to donate.

*Reason for change*     Links have been added to 'Drug Index' and 'Surgery'.

*Update Information*     This entry was last updated in:  
 DSG-WB Edition 203, Release 01.

## Pain Killers

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*Obligatory*     Assess the reason for treatment and see any relevant Index entry.

*Discretionary*     If the donor is otherwise fit to donate, regardless of the type of medication, accept.

*See if Relevant*     Disabled Donor  
Drug Index - preparations which may affect platelet function  
Nonsteroidal Anti-Inflammatory Drugs

*Reason for change*     The entry has been revised to improve clarity.

*Update Information*     This entry was last updated in:  
 DSG-WB Edition 203, Release 01.

## Palpitations

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ol style="list-style-type: none"> <li>1. The donor has a history of palpitations.</li> <li>2. A significant arrhythmia or other cardiac cause has been confirmed or is suspected as the cause of palpitations.</li> </ol>
<i>Discretionary</i>	<ol style="list-style-type: none"> <li>1. Donors with a history of palpitations where: <ul style="list-style-type: none"> <li>• The donor has consulted their GP and a cardiac cause has been excluded, and</li> <li>• The donor is not undergoing any investigations, and,</li> <li>• The donor is symptom-free on the day of attendance; Accept, even if on beta blockers to prevent symptoms.</li> </ul> </li> <li>2. Donors with a history of palpitations where a cardiac cause has not been excluded, refer to Arrhythmia entry.</li> </ol>
<i>See if Relevant</i>	<u>Arrhythmias</u>
<i>Additional Information</i>	<p>Donors with ongoing symptoms of palpitations are at risk of a donor adverse event during or after donation.</p> <p>Many donors will have experienced palpitations at some time in their lives. Symptoms are often associated with anxiety or stress. As long as they are symptom-free on the day of donation and investigations have ruled out a cardiac cause, donors can be accepted, even if on treatment to prevent symptoms.</p>
<i>Reason for change</i>	New entry
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 44

## Peptic Ulcer

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ol style="list-style-type: none"> <li>a) Recent symptoms or on active treatment to heal an ulcer.</li> <li>b) Associated with malignant change.</li> </ol>
<i>Discretionary</i>	If not affected by a) or b) above, even if on maintenance treatment, accept.
<i>See if Relevant</i>	<u>Anaemia - Discretionary 1. Iron deficiency Surgery Transfusion</u>
<i>Additional Information</i>	Bleeding is a common problem associated with peptic ulcers. This can be profuse and may require transfusion, or gradual, leading to iron deficiency. Taking blood from a person at risk of bleeding will reduce their ability to compensate for blood loss and may lead to treatment that would not otherwise have been needed.
<i>Reason for change</i>	Total gastrectomy is no longer a reason for withdrawal.
<i>Update Information</i>	Additional links have been added together with 'Additional Information'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Periods

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Period has been missed.</p> <p>b) If under investigation for heavy and prolonged periods.</p> <p>c) Has uncontrolled period pain.</p>
<i>Discretionary</i>	<p>a) If a period has been missed, pregnancy can be excluded and the donor is well, accept.</p> <p>b) If the potential donor is taking supplemental iron to prevent anaemia, is not under investigation for heavy or prolonged periods and understands that donation will make anaemia more likely, accept.</p> <p>c) If taking medication to decrease blood loss (e.g. etamsylate (Dicynene<sup>®</sup>), tranexamic acid (Cyklokapron<sup>®</sup>)), accept.</p>
<i>See if Relevant</i>	<p><u>Anaemia - Discretionary 1. Iron deficiency</u>  <u>Drug Index - preparations which may affect platelet function</u>  <u>Nonsteroidal Anti-Inflammatory Drugs</u>  <u>Pregnancy</u>  <u>Surgery</u></p>
<i>Additional Information</i>	<p>It is OK to donate while having a period. However, the combination of blood loss from periods and donation will make iron deficiency anaemia more likely, particularly if the periods are heavy or prolonged. This affect can be minimised by taking supplemental iron.</p> <p>If the donor feels unwell because of their period, they should not donate but if period pain is well controlled by medication, they may be accepted. It is important that the type of medication taken, and its affect on platelet function is noted.</p>
<i>Reason for change</i>	<p>The entry has been rewritten for greater clarity.</p> <p>A 'Discretionary' entry has been added for donors taking drugs to reduce blood loss.</p>
<i>Update Information</i>	<p>This entry was last updated in:          DSG-WB Edition 203, Release 01.</p>

## Perthes' Disease

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<p><u>Drug Index - preparations which may affect platelet function</u>  <u>Nonsteroidal Anti-Inflammatory Drugs</u>  <u>Surgery</u></p>
<i>Additional Information</i>	<p>Perthes' disease affects about one in 10,000 children between the ages of two and 15 years. It causes damage to the femoral head and will usually heal with conservative treatment. Surgery may be required and there is the possibility of chronic arthritis. This may require treatment with pain killers that might affect platelet function.</p>
<i>Reason for change</i>	Relevant links and 'Additional Information' have been added.
<i>Update Information</i>	<p>This entry was last updated in:          DSG-WB Edition 203, Release 01.</p>

## Phlebitis

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) More than one episode in the last 12 months.</p> <p>b) Less than seven days off treatment.</p>
<i>Discretionary</i>	If this is the only episode in the last 12 months and the donor has been off treatment for at least seven days, accept.
<i>See if Relevant</i>	<u>Anticoagulant Therapy</u>

Drug Index - preparations which may affect platelet functionNonsteroidal Anti-Inflammatory DrugsVaricose Veins

<i>Additional Information</i>	Phlebitis is inflammation of a vein. It has several causes, many of which are not of major concern. Recurrent attacks may indicate a more serious underlying condition and this is why a person who has had two or more attacks in the last 12 months cannot donate.  Treatment may affect the risk of the donor having extensive bruising or bleeding post-donation and may also affect the quality of the donation. Because of this, a seven day period off treatment is required before a donation can be accepted.
<i>Reason for change</i>	The 'Discretionary' entry has been rewritten to improve clarity.  Links to Drug Index, 'Varicose Veins' and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Pituitary Disorders

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Malignant tumour.  b) Part of a multiple endocrine neoplasia (MEN) syndrome.  c) Has had open neurosurgery.  d) Ever received injections of human pituitary extract.  e) Acromegaly or growth hormone excess.  f) Has adrenal failure, or requires treatment with oral steroids.  g) Has cranial diabetes insipidus, or syndrome of inappropriate anti-diuretic hormone (SIADH), even if on treatment.  h) Currently on injectable drug treatment e.g. pegvisomant (Somavert®).
<i>Discretionary</i>	a) If a non secretory or prolactin secreting pituitary tumour (adenoma) has been confirmed as non-malignant and the donor has no symptoms, even if on oral medication and/or underwent neurosurgery in the UK after 1992, accept.  b) If open neurosurgery carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.  c) If it can be shown that dura mater was not used during open neurosurgery in the UK prior to 1992 and there is no evidence of malignancy, the donor may be accepted by a 'Designated Clinical Support Officer'.  d) If treated, exclusively with recombinant-derived growth hormone, accept. (In the UK this has been since 1986).  e) If the donor has undergone trans-sphenoidal surgery for a pituitary tumour, all wounds are healed, accept.  f) If the donor has undergone radiation therapy for a benign tumour, even if on long term follow up, provided there are no complications related to either the treatment received or to the underlying condition, accept.
<i>See if Relevant</i>	<u>Central Nervous System Disease</u> <u>Epilepsy</u> <u>Growth Hormone</u> <u>Neurosurgery</u> <u>Prion Associated Diseases</u> <u>Surgery</u>
<i>Additional Information</i>	Pituitary adenomas are quite common and the majority are benign, i.e. not able of spreading to

other parts of the body (metastasizing). Two-thirds of pituitary adenomas remain completely confined to the pituitary gland and approximately one-third will expand into tissues in the immediate vicinity of the gland. Less than 1% of pituitary tumours are malignant.

Pituitary adenomas may be non-secretory (25%) or secrete hormones such as prolactin (30%), growth hormone (10-15%, leading to acromegaly), ACTH (leading to Cushing's disease), TSH (leading to thyroid dysfunction) or LH/FSH (leading to fertility problems).

Acromegaly, caused by growth hormone over secretion, is associated with an increased risk of cardiovascular complications, including cardiomyopathy, increase in left ventricular mass, arrhythmias and hypertriglyceridaemia.

Hypopituitarism, with a reduction in levels of one or more pituitary hormones, can result from either the underlying pituitary condition or its medical/surgical management. A deficiency of ACTH may result in adrenal failure. Pituitary hormones are replaced through medication as required.

Patients with posterior pituitary lesions may develop diabetes insipidus or hypothalamic problems, which require careful fluid balance. Donating a unit of blood may compromise this balance.

Sheehan's syndrome is post-partum (after the birth of a baby) pituitary necrosis. It is caused by hypovolaemia from post-partum blood loss. It is likely that the patient will have been transfused.

*Reason for change*

This is a new entry.

*Update Information*

This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Platelet Count

*Obligatory*

### **1. Platelet Component Donors: Must not donate if:**

- a) The pre-donation platelet count is less than  $150 \times 10^9/l$ .
- b) The predicted post-donation platelet count is less than  $100 \times 10^9/l$ .
- c) The platelet count is known to be more than  $500 \times 10^9/l$ .

### **2. Whole Blood Donors: Must not donate if:**

- a) The platelet count is known to be less than  $100 \times 10^9/l$ .
- b) The platelet count is known to be more than  $500 \times 10^9/l$ .

*Discretionary*

### **1. Platelet Component Donors:**

- a) If the predicted post-donation platelet count is less than  $100 \times 10^9/l$  but more than  $80 \times 10^9/l$ , discuss with a '**Designated Clinical Support Officer**'. Under exceptional circumstances and with the donor's informed consent, accept.
- b) If a platelet count of more than  $500 \times 10^9/l$  has been investigated and no cause that would lead to deferral has been found, with the permission of a '**Designated Clinical Support Officer**', accept.

*See if Relevant*

Immune Thrombocytopenia  
Thrombocytosis

*Additional Information*

Taking a platelet donation from a donor with a platelet count lower than  $150 \times 10^9/l$  is unlikely to provide a therapeutic dose.

Leaving a platelet donor with a post-donation count below  $80 \times 10^9/l$  can leave them at risk of bleeding if they are involved in any form of trauma. As an example, a post-donation faint causing a head injury could have serious consequences.

	Platelet counts of less than $100 \times 10^9/l$ or more than $500 \times 10^9/l$ may be due to an underlying disease process and should be investigated.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The entry has been extended to provide advice for whole blood donors and for all donors with high platelet counts.
	Relevant links have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Platelet Disorders

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Causes excessive bleeding or bruising.</p> <p>b) The donor has thrombocytosis.</p> <p>c) The donor has thrombocytopenia.</p> <p>d) Taking drugs to reduce platelet function.</p>
<i>Discretionary</i>	If drugs to reduce platelet function are self prescribed (i.e. low dose aspirin) and the donor meets all other criteria, for red cell donation only, accept.
<i>See if Relevant</i>	<p><u>Cardiovascular Disease</u></p> <p><u>Haematological Disease</u></p> <p><u>Immune Thrombocytopenia</u></p> <p><u>Thrombocytosis</u></p> <p><u>Platelet Count</u></p>
<i>Additional Information</i>	<p>Bruising and post donation bleeding can be distressing and potentially dangerous.</p> <p>Platelet counts in excess of <math>500 \times 10^9/l</math> or less than <math>100 \times 10^9/l</math> should be repeated. If found to be persistently abnormal, the donor should not be accepted and referred for investigation.</p>
<i>Reason for change</i>	<p>Thrombocytosis, thrombocytopenia and taking drugs to reduce platelet function, have been added to 'Obligatory'.</p> <p>A 'Discretion' has been added for low dose aspirin,</p> <p>Other relevant links and 'Additional Information' have been added.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Pneumothorax

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### 1. Spontaneous

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Not recovered.</p> <p>b) Associated with cystic fibrosis.</p> <p>c) Associated with emphysema.</p>
<i>See if Relevant</i>	<p><u>Asthma</u></p> <p><u>Infection - General</u></p> <p><u>Respiratory Disease</u></p>

Surgery  
Tuberculosis

<i>Additional Information</i>	Spontaneous pneumothorax most often affects tall thin men around the ages of 20 to 40 years. It also affects people with lung disease such as cystic fibrosis, emphysema and tuberculosis. It reduces lung function and so can decrease the amount of oxygen entering the blood. Removing blood from an affected person may worsen or cause breathing problems.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	Cystic fibrosis has been added as a reason not to donate.  Relevant links have been added together with 'Additional Information'.

## 2. Traumatic

<i>See</i>	<u>Accident</u>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

## Polycythaemia and Raised Haemoglobin

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If specialist investigation has excluded Polycythaemia Rubra Vera, or another myeloproliferative neoplasm, and no treatment or further investigation is planned, the donor can be accepted for whole blood donation or for double red cell donation. Donors with a haemoglobin above the normal range should not usually be accepted for plasma or platelet donation.
<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Haematological Disease</u> <u>Haemoglobin Disorders</u> <u>Haemoglobin Estimation</u> <u>Respiratory Disease</u>
<i>Additional Information</i>	In men, haemoglobin concentrations in excess of 180 g/l or red cell counts in excess of $6.5 \times 10^{12}$ and in women, haemoglobin concentrations in excess of 165 g/l or red cell counts in excess of $5.6 \times 10^{12}$ should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.  Polycythaemia is commonly linked to malignant or pre-malignant conditions or to the body's response to a shortage of oxygen. Apparent polycythaemia is caused by a decreased plasma volume. All of these are reasons not to accept a donation, either because of the association with malignancy, or because of the potential to harm the donor.  Individuals with 'high affinity' haemoglobins can develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons they should not be accepted
<i>Reason for change</i>	Clarification of the suitable donation types for donors with a haemoglobin above the normal range has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 58

## Porphyria

<i>Obligatory</i>	<b>Must not donate if:</b> Suffers from porphyria
<i>Discretionary</i>	If the potential donor suffers from Acute Porphyria, Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP) or Hereditary Coproporphyria (HCP), it is 12 months or more since their last acute attack and they have no current skin lesions, accept.
<i>See if Relevant</i>	<u>Hepatitis</u>
<i>Additional Information</i>	<p>Acute porphyrias (AIP, VP and HCP) may be associated with skin lesions and raised blood porphyrins independently of acute attacks. Theoretically the recipient of the blood could develop skin lesions, and we therefore exclude anyone with active skin lesions.</p> <p>Porphyria Cutanea Tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin. These patients are often treated by venesection, however because of the risk of transmission of the agent that caused the condition the blood is not suitable for transfusion.</p> <p>With Erythropoietic Protoporphyrinemia (EPP) and Congenital Erythropoietic Porphyria (CEP) the patient is often anaemic because of the condition. Also in these conditions there are porphyrins in the red cells and red cell life span is reduced so the blood is not suitable for donation.</p>
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last added in: DSG-WB Edition 203, Release 05.

## Pre- and Post-Exposure Prophylaxis for HIV prevention

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>Donor has taken Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) in the previous three months.</p> <p>Assess any donor using PrEP or PEP for blood safety risks relating to sexual activity.</p>
<i>Discretionary</i>	If it is over three months since the donor has taken PrEP or PEP and there is no other blood safety risk, accept
<i>See if Relevant</i>	<u>Blood Safety Entry</u> <u>HIV</u> <u>Non-consented Exposure to Human Body Fluids</u>
<i>Additional Information</i>	<p>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 blood 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.</p> <p>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 blood safety risk.</p> <p>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 sexual activity or 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.</p>

This guidance will be updated as more information about the use and effects of PrEP/PEP becomes available.

*Reason for change* This entry was revised to support the implementation of recommendations from the FAIR study.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 57

## Pregnancy

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

- a) Pregnant.
- b) Less than 6 months have passed since delivery or termination.
- 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.

*Discretionary* If the pregnancy ended before the 12<sup>th</sup> week of pregnancy without significant blood loss, if follow up is complete and it is more than 7 days from last dose of methotrexate (if taken), and it is agreed by a Physician member of the designated clinical support, accept.

*See if Relevant* Anaemia - Discretionary 1. Iron deficiency  
Malignancy  
Surgery  
Transfusion  
Trying to Conceive

*Additional Information* During pregnancy, particularly in the later part, a woman loses a considerable amount of iron to the baby. It is important to allow time for this lost iron to be replaced through the mother's diet. Donating during pregnancy will make it very likely that the pregnant woman will become short of iron and this may lead to anaemia and even threaten the pregnancy. Iron usage in pregnancy occurs mostly between 12 and 35 weeks either to increase the number of red cell of the mother, or for the growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's iron stores. However if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates.

Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. This method of treatment, if successful, is not associated with significant bleeding but a week is needed for any residual methotrexate to clear the system.

A mother can donate if she is still breast-feeding, provided that a longer period than 6 months from delivery has passed.

If a woman is trying to become pregnant they can donate if they have not missed a period and are not under investigation or on infertility treatment. If they are on treatment or under investigation for infertility see the link for 'Trying to Conceive'.

Hydatidiform moles may be malignant. If they are, the woman will not be able to donate. In other cases it is important for treatment and follow up to be completed so that the possibility of malignancy is excluded.

Repeat anti-HLA, anti-HNA and/or anti-HPA antibody testing should be undertaken when donors return after pregnancy, regardless of duration, when:

- it is intended to collect components for which the blood service has implemented TRALI risk reduction measures based on antibody testing,

or,

- it is intended to collect HPA-matched components

*Reason for change* Advice to consider repeat HLA, HNA or HPA antibody testing after pregnancy has been added.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 43.

## Prion Associated Diseases

*Includes* Familial, sporadic and variant Creutzfeldt-Jacob 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 their blood or tissues 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 a transfusion or allogeneic human tissue (except recipients of donated human eggs, sperm or embryos).

*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 Clinical Support Officer**'.

*See if Relevant* Tissue and Organ Recipients  
Transfusion  
Trying to Conceive

*Additional Information* A 'Position Statement on Creutzfeldt-Jakob Disease' is available in the 'Document Library' of '[www.transfusionguidelines.org](http://www.transfusionguidelines.org)'.

The use of human gonadotrophin and growth hormone of pituitary origin had stopped in the UK by 1986. Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given.

Recipients of donated human eggs, sperm or embryos can be accepted to donate, provided they meet the other criteria outlined in the 'Trying to Conceive' entry.

*Information* Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

It also Includes Department of Health decisions about individuals who have been identified at an increased risk of developing a prion related disease.

*Reason for change*



The deferral for recipients of donated eggs or embryos has been removed in line with the most recent update of the SaBTO Microbiological Safety Guidelines.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Proctitis

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Due to ulcerative colitis.</p> <p>b) Due to Crohn's disease.</p> <p>c) Requiring treatment.</p>
<i>Discretionary</i>	If other causes do not exclude and not on treatment, accept.
<i>See if Relevant</i>	<p><u>Inflammatory Bowel Disease</u></p> <p><u>Malignancy</u></p> <p><u>Sexually Transmitted Disease</u></p>
<i>Additional Information</i>	Proctitis has been linked to stress and food intolerance. It is also associated with infection and this may be sexually transmitted, particularly through anal sex. It may be caused by inflammatory bowel disease (ulcerative colitis and Crohn's disease) and post radiation therapy. The latter is likely to have been given for malignancy so, as with inflammatory bowel disease, will lead to exclusion from donation.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The 'see if relevant' section was updated as part of the implementation of recommendations from the FAIR study.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 57

## Prostate Problems

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Due to malignancy.</p> <p>b) The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.</p> <p>c) On treatment with anti-androgens.</p> <p>d) Accompanied by infection.</p> <p>e) Has been referred to a specialist for investigation of a high PSA (Prostate-Specific Antigen) level.</p>
<i>Discretionary</i>	<p>a) For benign prostatic problems, if not requiring treatment, or only taking alpha blockers to relieve symptoms, accept.</p> <p>b) If PSA (Prostate-Specific Antigen) levels are being monitored but no referral, biopsy or other treatment is planned, accept.</p>
<i>See if Relevant</i>	<p><u>Anti-Androgens</u></p> <p><u>Infection-General</u></p>

Malignancy  
Urinary Catheterisation  
Surgery

<i>Additional Information</i>	<p>Prostate problems become increasingly common as men age. They may cause difficulty in passing water, having to pass water more frequently, or pain and discomfort. Men with benign prostatic hypertrophy (BPH) who do not require treatment, or whose only treatment is with alpha blockers, may donate.</p> <p>If they are being treated with <u>Anti-Androgens</u> (dutasteride (Avodart<sup>®</sup>) or finasteride (Proscar<sup>®</sup>)) special precautions are needed <u>while taking</u> these drugs and for some time afterwards.</p> <p>Malignancy must lead to permanent deferral.</p> <p>Infection, or the possibility of infection, associated with catheterisation will also lead to deferral. The interpretation of PSA (Prostate-Specific Antigen) levels depends on a number of factors. If the levels were thought to have been significantly abnormal, the individual would have been referred for biopsy or other investigations or treatment.</p>
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Psoriasis

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Has ever taken etretinate (Tigason<sup>®</sup>).</p> <p>b) Less than 36 months from the last dose of acitretin (Neotigason<sup>®</sup>).</p> <p>c) Less than 12 months from the last dose of any treatment that may affect the immune system.</p> <p>d) Generalized or severe.</p> <p>e) There is secondary infection.</p>
<i>Discretionary</i>	If mild, the venepuncture site is unaffected and only using topical treatment, accept.
<i>See</i>	<u>Autoimmune Disease</u>
<i>Additional Information</i>	<p>Psoriasis is primarily a skin condition caused by an autoimmune process. Sometimes the disease is treated with powerful drugs and/or ultraviolet radiation to suppress the underlying autoimmune process. This may be with treatment with PUVA, methotrexate, ciclosporin, hydroxycarbamide etc. and this may alter the body's defence mechanisms to infection. In such cases donations should not be taken for at least 12 months after such treatment has finished.</p> <p>Etretinate (Tigason<sup>®</sup>) and acitretin (Neotigason<sup>®</sup>) can cause birth defects in babies exposed to them while inside the womb. It is important to allow time for the drug to be cleared from the blood of a donor. It takes longer to clear some drugs than others.</p>
<i>Reason for change</i>	The deferral period after acitretin therapy has increased from 24 to 36 months.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Pyrexia

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*Also Known As* Fever.

*Definitions* **Pyrexia:**  
A temperature over 100 degrees Fahrenheit or 37.8 degrees Centigrade.

### 1. 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, but not influenza, from which the donor is now recovered or recovering, accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	The 'Discretionary' entry has been modified to make it clear that influenza is not included.

### 2. Related to Travel in Malarious Areas

<i>See</i>	<u>Malaria</u>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

## Rabies

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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> Diagnosed with Rabies even if now recovered.
<i>Discretionary</i>	If exposure to a potentially rabid animal has been managed with passive immunization and/or immunization, accept if it is at least 12 months post exposure and fully cleared by the treating physician.
<i>Additional Information</i>	Once symptomatic, rabies is almost always fatal. There is not enough information on individuals who have recovered to know if they may still present an infection risk and, if so, for how long.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	This is a new entry.

### 2. Immunization - Post Exposure

<i>Obligatory</i>	<b>Must not donate until:</b> At least 12 months post exposure and fully cleared by the treating physician.
<i>See if Relevant</i>	<u>Immunoglobulin Therapy</u> <u>Animal Bite (Non-Human)</u>
<i>Additional Information</i>	It is essential that any rabies virus has been eliminated from the system before a donation is accepted. Waiting at least 12 months post exposure and until the individual is fully cleared by the treating physician should make sure that the virus has been cleared.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.
<i>Reason for change</i>	A link has been added to 'Animal Bite (Non-Human)'.

### 3. Immunization - Non-Exposed

<i>Discretionary</i>	If non-exposed, accept.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

## Radiation Therapy

<i>Obligatory</i>	<b>1. Must not donate if:</b> For malignancy other than basal cell carcinoma.  <b>2. For other treatments:</b> Refer to a ' <b>Designated Clinical Support Officer</b> '.
<i>Discretionary</i>	a) If fully recovered and is acceptable according to immunosuppression advice, accept. 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.
<i>See if Relevant</i>	<u>Autoimmune Disease</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 ' <b>Designated Clinical Support Officer</b> ' is required.
<i>Reason for change</i>	Additional discretionary acceptance for basal cell carcinomas and ductal carcinoma in situ of the breast.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 38.

## Radionuclides

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<i>Definitions</i>	<b>Radionuclides:</b> These are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.
<i>Obligatory</i>	<b>1. Radioactive iodine therapy:</b> <b>Must not donate if:</b> a) For malignancy.  b) Administered in the preceding six months for a non-malignant condition.  <b>2. Other treatment or investigation:</b> Refer to a ' <b>Designated Clinical Support Officer</b> '.
<i>See if Relevant</i>	<u>Investigations</u> <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. This is because we do not wish to transfuse radio-active material to recipients, particularly where it may affect a child or an unborn baby.
<i>Reason for change</i>	A 'Definition' of 'Radionuclides' has been added.  The 'Additional Information' has been extended.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Raynaud's Syndrome

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<i>Obligatory</i>	<b>If part of an autoimmune process:</b> <b>See:</b> <u>Autoimmune Disease</u>
<i>Discretionary</i>	If not part of an autoimmune process, even if the donor is taking vasodilators, accept.
<i>Reason for change</i>	Both the 'Obligatory' and the 'Discretionary' entries have been modified to be consistent with updates to the entries for 'Blood Pressure - High' and 'Autoimmune Disease'.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Respiratory Disease

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Out of breath on minimal exertion.  b) Has acute or chronic infection including bronchiectasis.  c) Has cystic fibrosis.
<i>See if Relevant</i>	<u>Asthma</u> <u>Autoimmune Disease</u>

Infection - GeneralSarcoidosisSARSSteroid Therapy

<i>Additional Information</i>	If a potential donor is out of breath on minimal exertion (for instance, climbing a single flight of stairs), taking a unit of blood may reduce the amount of oxygen that can be carried in the blood to a level that makes them unwell. Bronchiectasis is associated with recurrent acute infections and chronic infection. Although these do not usually cause the sufferer harm the transmission of these may result in significant problems for severely ill and often immunocompromised recipients.
<i>Reason for change</i>	To clarify the position for potential donors with Bronchiectasis
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 27.

## Rheumatic Fever

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<i>Obligatory</i>	<b>Must not donate if:</b> a) It is less than 24 months from any symptomatic disease.  b) Has caused permanent heart valve damage.
<i>Additional Information</i>	The Blood Safety and Quality Regulations 2005 state donation is not allowed until 24 months following the date of cessation of symptoms  Rheumatic fever can cause damage to the heart and this could make it unsafe to give blood.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The 'Obligatory' entry has been changed and the 'Additional Information' has been amended.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Sarcoidosis

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### 1. 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>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	New guidance to accept after full recovery and off all treatment for at least five years has been added. 'Additional Information' has been added.

### 2. 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>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## SARS

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### Urinary Catheterisation

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<i>Includes</i>	Self-catheterisation, indwelling urinary catheter
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Has an indwelling urinary catheter.</p> <p>b) It is less than seven days since catheterisation.</p>
<i>Discretionary</i>	If it is seven days or more since catheterisation, there are no symptoms suggestive of urinary tract infection and the underlying condition does not prevent donation, accept.
<i>See if Relevant</i>	<u>Kidney and Bladder Disease</u>
<i>Additional Information</i>	<p>Self-catheterisation is usually needed regularly every day for bladder emptying.</p> <p>Catheterisation including self-catheterisation is also used to administer drugs directly into the bladder. It is important to ensure that the underlying condition requiring this treatment does not prevent donation.</p> <p>Catheterisation is likely to cause bacteraemia following the procedure. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection. The waiting time after catheterisation is to allow any bacteria that have entered the blood stream to be cleared.</p> <p>Indwelling urinary catheters are associated with ongoing, sometimes asymptomatic, urinary infection with the associated risk of bacteraemia. The underlying condition may prevent donation.</p>
<i>Reason for change</i>	<p>Title changed to allow inclusion of guidance for individuals with indwelling catheters as well as those who undertake self-catheterisation.</p> <p>Discretionary guidance to be able to accept some donors who require catheterisation periodically has been added, and additional information regarding this has been included.</p> <p>A link to Kidney and Bladder Disease has been added.</p>
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Sex Worker

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<i>Obligatory</i>	<b>Must not donate if:</b> Has ever received money or drugs for sex.
<i>Discretionary</i>	If three or more months have elapsed since the donor last received money or drugs for sex, accept
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Additional Information</i>	In this context sex is defined as vaginal, oral or anal sex with or without a condom/protective
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 50.

## Sexually Transmitted Disease

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### 1. Affected Individual

<i>Obligatory</i>	<b>Refer to WBDSG entry for the condition.</b>  <b>If there is no specific entry, must not donate if:</b> Less than three months from completing treatment.
<i>See if Relevant</i>	<u>Blood Safety Entry</u>  <b>For chlamydia (excluding Lymphogranuloma Venereum) see:</b> <u>Infection - Acute</u>  <b>For genital warts see:</b> <u>Warts</u>  <b>For genital herpes see:</b> <u>Herpes Simplex</u>  <b>For syphilis see:</b> <u>Syphilis</u>

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

<i>Obligatory</i>	<b>Refer to WBDSG entry for the condition.</b>  <b>If there is no specific entry or the entry has no guidance on assessing sexual partners, must not donate if:</b>  a) The potential donor is undergoing, or waiting for, investigations.  b) The potential donor required treatment and it is less than three months since completing that treatment.
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c) The potential donor did not require treatment and it is less than three months from the last sexual contact with the infected partner.

- Discretionary* a) If the donor's sexual partner has been diagnosed with chlamydia, genital warts or genital herpes and the donor is not undergoing treatment or investigation, accept.
- b) If there is no WBDSG entry for the condition, or the entry has no guidance on assessing sexual partners, and it is more than three months since the donor's sexual partner completed treatment, accept.

*See if Relevant* Blood Safety Entry

**For chlamydia (excluding Lymphogranuloma Venereum) see:**  
Infection - Acute

**For genital warts see:**  
Warts

**For genital herpes see:**  
Herpes Simplex

**For syphilis see:**  
Syphilis

*Additional Information* Certain sexually transmitted infections, such as gonorrhoea, are more likely to be associated with other sexually transmitted infections and/or blood borne viruses that can be passed on through blood and component donation. A three-month deferral is required so that there is less risk of other infections being missed by the Blood Services and then being passed on to a recipient of donated material.

*Reason for change* This entry was updated to support the implementation of recommendations from the FAIR study; the deferral period after a sexually transmitted disease, or treatment after sexual contact with an infected person, has been reduced to three months.

*Update Information* This entry was last updated in TDSG-BM Edition 203, Release 57

## Sickle-Cell Trait

*Obligatory* **Whole Blood donor:**  
Not suitable for intra-uterine or neonatal use.

*Discretionary* For adult use only, accept.

*Additional Information* The red blood cells from people with sickle cell trait can be safely transfused into most adults. They are however not thought to be suitable for intra-uterine or neonatal use as there is a higher risk of the cells sickling and causing harm to the baby.

For some individuals with sickle cell trait it will not be possible to process their blood. For this reason they may be asked not to donate.

*Reason for change* To allow component donors with sickle-cell trait to donate.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 16

## Skin Disease

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

a) The donor has a condition that is infected or infectious e.g. Scabies.

- b) History of malignancy.
- c) The venepuncture site is affected.
- d) Required application of steroid, tacrolimus (Protopic<sup>®</sup>) or pimecrolimus (Elidel<sup>®</sup>) creams over large areas for periods of more than three weeks in the last six months.
- e) Ever been treated with Etretinate (Tigason<sup>®</sup>).
- f) Less than 36 months from the last dose of acitretin (Neotigason<sup>®</sup>).
- g) Less than four weeks from the last does of isotretinoin (Roaccutane<sup>®</sup>) or Alitretinoin (Toctino<sup>®</sup>).
- h) Has any current open skin wounds or infection.

*Discretionary*

- a) If occasional use of steroid, tacrolimus (Protopic<sup>®</sup>) or pimecrolimus (Elidel<sup>®</sup>) or other creams over small areas of skin and none of the above apply, accept.
- b) If chronic superficial fungal infection (e.g. ringworm, athlete's foot, chronic fungal nail infection or tinea) on local therapy only or has been in contact with an infected individual, accept.
- c) If in contact with scabies but not obviously infected, accept.
- d) If malignancy was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds healed, accept.

**For donors with Lichen Sclerosus requiring treatment other than topical steroid therapy only, excluding Etretinate (Tigason<sup>®</sup>).**

- e) If more than 24 months from completing treatment, have no areas of open wound or infection, have no history of associated malignancy and symptoms are controlled with or without intermittent use of topical steroid therapy only, accept.

*See if Relevant*

Acne  
Anaemia  
Autoimmune disease  
Dermatitis  
Hepatitis C - 1. Affected Individual  
Herpes Simplex  
Immunosuppression  
Infection - General  
Malignancy  
Psoriasis  
Steroid Therapy  
Surgery  
Thrush  
Thyroid disease  
Wounds, Mouth and Skin Ulcers

*Additional Information*

A donor who has been in contact with scabies but has no symptoms (e.g. itching) does not pose a risk to other donors or staff.

Damaged skin can increase the risk of infection contaminating a donation. For this reason a venepuncture should not be performed through an area of affected skin.

Many malignancies spread through the blood stream. It is therefore considered safer not to accept donations of blood from people who have been diagnosed with malignancy. Treated basal cell carcinoma is an exception to this as it is not spread through the blood stream.

Initial treatment of Lichen Sclerosus is through specialist care with potent steroid therapies. This and other possible therapies used such as psoralenultraviolet A (PUVA) or methotrexate can cause immunosuppression. This may mask infective conditions which would prevent donation.

Treatment can also be with retinoids such as Etretinate (Tigason<sup>®</sup>) or acitretin (Neotigason<sup>®</sup>). If taken systemically these can cause birth defects for babies exposed to them before birth. It is important to allow time for the drug to be cleared from the blood of a donor. Some drugs take longer to be cleared than others. Lichen Sclerosus itself is not an infection and is not contagious.

Under normal circumstances the use of topical treatment with steroid, tacrolimus and pimecrolimus will not result in blood levels which cause suppression of the immune response. Immunosuppression is more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

The cause of lichen planus is unknown but some cases have been associated with hepatitis C. It can take many months for the symptoms to resolve. Less than one in 50 adults is affected and it is slightly more common in women. It is not infectious or hereditary. Rarely can it become malignant.

*Reason for change* The deferral period after acitretin therapy has increased from 24 to 36 months.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Sleep Apnoea

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If asymptomatic on CPAP (continuous positive airway pressure) treatment, accept.
<i>See if Relevant</i>	<u>Donor Weight</u>
<i>Additional Information</i>	Untreated Sleep Apnoea can lead to day time sleepiness, difficulty in concentration and an increased risk of accidents. Treatment with CPAP can prevent these problems.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Smallpox Immunization

### 1. Immunized Individual

<i>Obligatory</i>	<b>Must not donate if:</b> 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.
<i>Additional Information</i>	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 other donors, staff or to people receiving donated material.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

### 2. Contact

<i>Obligatory</i>	<b>Must not donate if:</b> a) Any secondarily infected site has not yet healed.  b) Less than eight weeks after secondarily infected site appeared.
<i>Discretionary</i>	If no new skin lesions, accept.

<i>Additional Information</i>	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 from a person who has been intentionally immunized.
<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 202, Release 02.

## Smoking

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<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Smoking Cessation</u>
<i>Additional Information</i>	Smokers may donate. However all donation sessions have a no smoking policy to comply with the law.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Smoking Cessation

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<i>Includes</i>	Bupropion (Amfebutamone <sup>®</sup> , Zyban <sup>®</sup> ), nicotine replacement therapy (Nicorette <sup>®</sup> , Nicotinell <sup>®</sup> , NiQuitin <sup>®</sup> ) and varenicline (Champix <sup>®</sup> ).
<i>Obligatory</i>	<b>Must not donate if:</b> Experiencing symptoms related to treatment.
<i>Discretionary</i>	Donors using nicotine replacement therapy (patches, sprays etc), bupropion (Amfebutamone <sup>®</sup> , Zyban <sup>®</sup> ) or varenicline (Champix <sup>®</sup> ), if well, accept.
<i>See if Relevant</i>	<u>Complementary Therapy</u> (includes acupuncture)
<i>Additional Information</i>	Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected, may make these symptoms worse.
<i>Reason for change</i>	Varenicline (Champix <sup>®</sup> ) has been added to the list of anti-smoking treatments.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Snake Bite

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<i>Obligatory</i>	<b>Must not donate:</b> Until fully recovered.
<i>See if Relevant</i>	<u>Surgery</u> <u>Transfusion</u> <u>Wounds, Mouth and Skin Ulcers</u>

<i>Additional Information</i>	Snake bites can cause extensive local tissue damage that can take a long time to heal and may require surgery. They can also cause problems with blood clotting and, in severe cases, require the use of blood products.
<i>Reason for change</i>	Relevant links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## South American Trypanosomiasis

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*Also Known As* Chagas disease.

### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	South American trypanosomiasis is caused by infection with a protozoal parasite, <i>trypanosoma cruzi</i> . It is a persistent infection that is known to be transmitted by transfusion. At present there is no certain cure for the infection, so anyone who has ever been infected cannot donate.
<i>Reason for change</i>	'Additional Information' has been amended.

### 2. Risk

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ul style="list-style-type: none"> <li>a) Born in South America or Central America (including Mexico).</li> <li>b) Mother was born in South America or Central America (including Mexico).</li> <li>c) Has had a transfusion in South America or Central America (including Mexico).</li> <li>d) Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.</li> </ul>
<i>Discretionary</i>	If at least four months following the date of last exposure (or if transfused prior to 1980) and a validated test for <i>T. cruzi</i> antibody is negative, accept.
<i>See if Relevant</i>	<u>Geographical Disease Risk Index for countries with <i>T. cruzi</i> risk Transfusion</u>
<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> <p>Camping or trekking in the jungle in South or Central America (including Mexico) is not considered of high enough risk to merit exclusion.</p>
<i>Reason for change</i>	Geographical description of risk areas amended to include all Mexico. Also reduction of deferral period before testing from six months to four months.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Spina Bifida

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Has an indwelling shunt.</p> <p>b) The donor has an indwelling urinary catheter, or it is less than seven days since catheterisation.</p> <p>c) Has a pressure sore.</p>
<i>See if Relevant</i>	<p><u>Anti-Androgens</u> <u>Infection-General</u> <u>Malignancy</u> <u>Surgery</u> <u>Urinary Catherisation</u></p>
<i>Additional Information</i>	All of the conditions under 'Obligatory' put the potential donor at increased risk of bacteria being present in the blood stream. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection.
<i>Reason for change</i>	The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Splenectomy

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) For a myeloproliferative disorder.</p> <p>c) For haemolytic anaemia.</p>
<i>Discretionary</i>	<p>a) If for trauma, when recovered, even if taking prophylactic antibiotics, accept.</p> <p>b) If for immune thrombocytopenia, if at least five years from recovery, even if taking prophylactic antibiotics, accept.</p>
<i>See if Relevant</i>	<p><u>Haematological Disease</u> <u>Immune Thrombocytopenia</u> <u>Malignancy</u> <u>Surgery</u> <u>Transfusion</u></p>
<i>Additional Information</i>	If haemolysis is severe enough to require splenectomy, it is likely to significantly reduce affect red cell survival in storage. This may be dangerous for any recipient.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	The permanent deferral of individuals who have had a splenectomy for immune thrombocytopenia has been removed.
	Relevant links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in:

DSG-WB Edition 203, Release 01.

## Steroid Therapy

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Taking steroid tablets, injections, or enemas, or applying creams over large areas for periods of more than three weeks in the last six months.</p> <p>b) The donor has needed treatment to suppress an autoimmune condition in the last 12 months.</p> <p>c) Less than seven days after completing a course of oral or injected steroids for asthma, other disorders associated with allergy or a musculoskeletal condition.</p> <p>d) A donor has needed long term (six months or more) treatment within the last 12 months.</p>
<i>Discretionary</i>	<p>a) If occasional use of creams over small areas of skin for minor skin complaints, accept.</p> <p>b) If using steroid inhalers for prophylaxis, accept.</p> <p>c) If using steroid eye drops, nasal spray or ear drops for control of allergic symptoms, accept.</p> <p>d) If more than seven days from completing a course of intramuscular, periarticular or intra-articular injected steroids for a musculoskeletal condition, accept unless the musculoskeletal condition itself would lead to deferral.</p>
<i>See if Relevant</i>	<p><u>Adrenal Failure</u></p> <p><u>Allergy</u></p> <p><u>Asthma</u></p> <p><u>Autoimmune Disease</u></p> <p><u>Hormone Replacement Therapy</u></p> <p><u>Skin Disease</u></p> <p><u>Tissue and Organ Recipients</u></p>
<i>Additional Information</i>	<p>Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.</p> <p>Some individuals have to take replacement steroid hormones because they do not produce enough themselves. The dose of these must be increased during times of stress. It is considered that taking blood from people who need replacement therapy may put them at unnecessary risk.</p> <p>Long term steroid therapy may cause temporary adrenal dysfunction. Waiting 12 months from the last dose allows time for the adrenal glands to recover.</p>
<i>Reason for change</i>	A discretion has been added to clarify advice for donors having injected steroid treatment.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 04 Issue 02.

## Stoma

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<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) Inflammatory bowel disease.</p>
<i>Discretionary</i>	If the reason for the stoma is not of itself a reason to exclude and the stoma is healthy, accept.
<i>See if Relevant</i>	<p><u>Disabled Donor</u></p> <p><u>Endoscopy</u></p> <p><u>Inflammatory Bowel Disease</u></p> <p><u>Malignancy</u></p> <p><u>Surgery</u></p>

<i>Additional Information</i>	A stoma is usually performed either for malignancy or inflammatory bowel disease. It may be temporary or permanent.  If it is clear that a stoma has been performed for a different reason, that itself would not lead to deferral (e.g. following an accident or non-malignant obstruction), it is possible that the donor may be accepted. If there is any doubt: Refer to a ' <b>Designated Clinical Support Officer</b> '.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Additional links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Surgery

<i>Definitions</i>	<b>Major Surgery:</b> Any surgical procedure resulting in an inability to return to normal activities of daily living (e.g. routine housework, previous employment and/or driving) for six months or more.
<i>Obligatory</i>	<b>Must not donate if:</b> a) For malignancy.  b) All wounds are not healed.  c) There is any infection.  d) Normal mobility has not been regained.  e) Less than six months from major surgery.  f) Less than seven days from other surgery.  g) Less than four months from any flexible endoscopic procedure.  h) Requiring post-operative treatment or attending hospital regularly.  i) Waiting for surgery that is likely to require a transfusion, or has received a transfusion since 1st January 1980.
<i>Discretionary</i>	a) If for cervical carcinoma in situ (CIN) or basal cell carcinoma and all other criteria are fulfilled, accept.  b) If all other criteria are met and a donor has received a metal on metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.
<i>See if Relevant</i>	<u>Anaesthetic</u> <u>Cervical Carcinoma in Situ</u> <u>Disabled Donor</u> <u>Endoscopy</u> <u>Eye Disease</u> <u>Malignancy</u> <u>Neurosurgery</u> <u>Tissue and Organ Recipients</u> <u>Transfusion</u> <u>Xenotransplantation</u>
<i>Additional Information</i>	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.



This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.

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 Services can pick up any infection that they test for that may have been transmitted to the donor through their surgery.

Donors being monitored for chromium or cobalt levels following a metal on metal hip replacement can be accepted for donation.

<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017,
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 40.

## Syphilis

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### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Additional Information</i>	Many donors with treated syphilis will persistently test positive to the screening tests used by the Blood Services, even if treated many years ago. This will mean they will not be able to donate.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

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

<i>Obligatory</i>	<b>Must not donate if:</b> <ol style="list-style-type: none"> <li>The potential donor was diagnosed with syphilis (See 1. Affected Individuals).</li> <li>It is less than three months since last sexual contact with an infected partner.</li> </ol>
<i>Discretionary</i>	<ol style="list-style-type: none"> <li>If it is more than three months from the last sexual contact with an infected partner, accept.</li> <li>If it is more than three months since the infected partner has completed treatment, accept.</li> </ol>
<i>See if Relevant</i>	<u>Blood Safety Entry</u>
<i>Reason for change</i>	This entry was updated to support the implementation of the recommendations from the FAIR study; 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: DSG-WB Edition 203, Release 57

## Tendonitis

<i>Discretionary</i>	If the donor is only taking nonsteroidal anti-inflammatory drugs, accept.
<i>See if Relevant</i>	<u>Disabled Donor</u> <u>Drug Index - preparations which may affect platelet function</u> <u>Infection - General</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u> <u>Steroid Therapy</u> <u>Surgery</u>
<i>Additional Information</i>	This entry includes inflammatory conditions affecting tendons, their sheaths and bursas. Treatment may be with rest, nonsteroidal anti-inflammatory drugs (these affect platelet function), steroid injections or tablets and surgery.
<i>Reason for change</i>	A 'Discretionary' entry has been added. This entry has been expanded to include additional relevant links and additional information.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Tetanus

### 1. Affected Individual

<i>Obligatory</i>	<b>1. If treated with immunoglobulin:</b> <b>See:</b> <u>Immunoglobulin Therapy</u>
	<b>2. Must not donate if:</b> Not fully recovered
<i>Discretionary</i>	If fully recovered and is acceptable according to immunoglobulin therapy advice, accept.
<i>See if Relevant</i>	<u>Wounds, Mouth and Skin Ulcers</u>
<i>Additional Information</i>	Tetanus is a severe illness and usually requires treatment with high dose immunoglobulin. This may exclude the individual from donation.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.
<i>Reason for change</i>	Additional link added.

### 2. Immunization

<i>Obligatory</i>	<b>Must not donate if:</b> Less than four weeks from exposure to a tetanus risk injury or receipt of passive immunisation with tetanus immunoglobulin.
<i>Discretionary</i>	a) If not exposed i.e. prophylactic tetanus toxoid immunization only or a tetanus toxoid booster, accept.  b) If treated with single dose anti-tetanus immunoglobulin (intra muscular) and more than four weeks from exposure, accept.
<i>See if Relevant</i>	<u>Immunoglobulin Therapy</u> <u>Wounds, Mouth and Skin Ulcers</u>
<i>Additional Information</i>	Active or passive immunisation may mask infection. It is important to wait four weeks to ensure that the potential donor is not infected.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.

<i>Reason for change</i>	Additional link has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 03 Issue 01.

## Threadworms

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<i>Discretionary</i>	Even if on treatment, accept.
<i>Additional Information</i>	Threadworms are a common problem in children but can also infect adults. The infection is usually harmless and should not affect fitness to donate.
<i>Reason for change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Thrombocytosis

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<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Haematological Disease</u>
<i>Additional Information</i>	Platelet counts in excess of $500 \times 10^9/l$ should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.  High platelet counts are associated with a variety of diseases, including malignancy and iron deficiency. They can lead to both excessive bruising and abnormal blood clotting.
<i>Reason for change</i>	This is a new entry, added to clarify the eligibility of donors with this condition.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Thrombosis

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<i>Definitions</i>	<b>Thrombophilia:</b> This is a condition in which there is an increased tendency for blood clots to form. It is often inherited and may be discovered through family studies. Not all individuals with a thrombophilic condition will suffer from blood clots.
<i>Obligatory</i>	<b>Must not donate if:</b> a) Due to atherosclerosis (e.g. coronary thrombosis). b) History of axillary vein thrombosis. c) Two or more episodes of thrombosis requiring treatment. d) Less than seven days after completing anticoagulant therapy. e) Has thrombophilia and has had one or more episodes of thrombosis.
<i>Discretionary</i>	a) If a first episode of deep vein thrombosis (DVT), retinal vein thrombosis or pulmonary embolism (PE) has not had a cause identified which of itself would be a reason for exclusion, and anticoagulant therapy has been stopped for at least seven days, accept.  b) If the potential donor has a thrombophilic trait, is not on anticoagulant therapy and has never had an episode of thrombosis, accept.

<i>See if Relevant</i>	<u>Anticoagulant Therapy</u> <u>Cardiovascular Disease</u> <u>Drug Index - preparations which may affect platelet function</u> <u>Malignancy</u> <u>Nonsteroidal Anti-Inflammatory Drugs</u>
<i>Additional Information</i>	Unexplained thrombosis is associated with an increased risk of atherosclerosis, malignancy and thrombophilia.  It is possible that donating blood may make a person with an underlying condition more prone to thrombosis.
<i>Information</i>	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Retinal vein thrombosis has been added to the discretionary acceptances
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 27.

## Thrush

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*Also Known As* Candida, candidiasis, moniliasis or yeast.

### 1. Oral

<i>Obligatory</i>	<b>Must not donate if:</b> a) Unexplained.  b) Related to immunosuppression.  c) Less than seven days after completion of any treatment.
<i>See if Relevant</i>	<u>Antibiotic Therapy</u> <u>Asthma</u> <u>Immunosuppression</u>
<i>Additional Information</i>	Oral thrush is uncommon, unless there is an underlying illness, or there has been recent treatment with antibiotics. It may also be a problem in people using steroid inhalers or antiseptic mouthwashes.  If the infection returns quickly after stopping treatment, this is very suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any treatment to have been stopped for at least seven days.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	Appropriate links and 'Additional Information' have been added.

### 2. Genitoanal

<i>Obligatory</i>	<b>Must not donate if:</b> a) Related to immunosuppression.  b) Less than seven days after receiving systemic (oral) therapy.
<i>Discretionary</i>	If not related to immunodeficiency, even if using local therapy, accept.

<i>See if Relevant</i>	<u>Antibiotic Therapy</u> <u>Immunosuppression</u>
<i>Additional Information</i>	Vaginal thrush is common and is not usually a sign of a more serious problem. Penile thrush is less common and is usually a problem in uncircumcised men. Both types of thrush can affect the whole of the perineal area including the anus. The yeast that causes thrush is usually present on everybody's skin so it should not normally be considered as a sexually transmitted infection.  If the infection requires systemic (oral) treatment, and returns quickly after stopping this treatment, it is suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any systemic treatment to have been stopped for at least seven days.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Reason for change</i>	The term 'Vaginal' has been replaced with 'Genitoanal' recognising that it can affect men and the anal area.  Appropriate links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Thyroid Disease

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Under investigation.  b) Malignant.  c) Less than six months from treatment with radioactive iodine therapy.  d) Less than 24 months from stopping treatment with anti-thyroid tablets.  e) Less than 8 weeks since commencing thyroid replacement therapy (thyroxine).
<i>Discretionary</i>	If on stable maintenance thyroid replacement therapy (thyroxine) and there have been no dose changes in the last 4 weeks, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Malignancy</u> <u>Surgery</u>
<i>Additional Information</i>	An over or an under active thyroid increases the risk of heart disease.  Treatments used to treat an overactive thyroid are potentially harmful to the unborn child of a transfused mother.
<i>Reason for change</i>	The acceptance criteria for donors on long term thyroxine has been reviewed.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 39.

## Tissue and Organ Recipients

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*Excludes* Recipients of donated human eggs, sperm and embryos.

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p><b>1. At any time has:</b></p> <p>a) Needed immunosuppression.</p> <p>b) Had dura mater transplanted.</p> <p>c) Had a stored autologous tissue, matrix implant or organ transplanted.</p> <p>d) Had ocular tissue transplanted.</p> <p>e) Had a Xenotransplant performed.</p> <p><b>2. Since January 1st 1980:</b></p> <p>Has had an allogeneic human tissue or organ transplant.</p>
<i>Discretionary</i>	<p>a) If before January 1st 1980 an allogeneic tissue or organ transplant, other than those listed above, was performed and there is no other reason to exclude the donor, accept.</p> <p>b) If at any time a non-stored autologous tissue or organ has been transplanted, accept.</p> <p>c) If has received an acellular non-human matrix graft, accept.</p>
<i>See</i>	<u>Surgery</u>
<i>See if Relevant</i>	<u>Dental Treatment</u> <u>Eye Disease</u> <u>Immunosuppression</u> <u>Prion Associated Diseases</u> <u>Transfusion</u> <u>Trying to Conceive</u> <u>Xenotransplantation</u>
<i>Additional Information</i>	<p>The transfer of tissues or organs between individuals and species has lead to the spread of infection. The above guidelines are intended to minimize these risks.</p> <p>There is now a concern that this could also happen with vCJD. This is because 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 have been several cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD.</p> <p>In view of this, people who have received a tissue or organ transplant since 1980, will be excluded from donation in the same way as recipients of transfusion are. This date is before BSE, which is believed to have caused vCJD, was prevalent.</p> <p>Following an update to the SaBTO Microbiological Safety Guidelines, recipients of donated human eggs, sperm or embryos can be accepted to donate. Care should be taken to ensure they also meet the other criteria included in the 'Trying to Conceive' entry.</p> <p>Stored autologous tissue has been replaced in the wrong individual. Because of the associated infection risk these donors are not allowed to donate. It is important to check that any tissue transplanted has not be stored (e.g. chondrocytes).</p>
<i>Information</i>	This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.
<i>Reason for change</i>	The deferral for recipients of donated eggs or embryos has been removed in line with the most recent update of the SaBTO Microbiological Safety Guidelines.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 61.

## Topical Medication

<i>Obligatory</i>	<b>Must not donate if:</b> a) The site of venepuncture is affected.  b) There is broken or infected skin
<i>Discretionary</i>	If the condition being treated does not exclude, accept.
<i>See if Relevant</i>	<u>Acne</u> <u>Alopecia</u> <u>Dermatitis</u> <u>Infection - General</u> <u>Psoriasis</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	Any area of broken skin can be a means for bacterial entering the blood. This risk is higher if the venesection site is affected. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
<i>Reason for change</i>	Appropriate links and 'Additional Information' have been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## 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>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Entry has been simplified following a risk assessment.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 12.

## Transfusion

<i>Obligatory</i>	<b>1. Must not donate if:</b> <b>At any time the donor has:</b> 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.  b) Received treatment with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.  <b>2. Must not donate if:</b> <b>Since January 1st 1980:</b> a) Anywhere in the world the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, cryodepleted plasma, convalescent plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.  b) Has had a plasma exchange performed.
<i>Discretionary</i>	<b>1. a)</b> If on medical inquiry it is unlikely that the donor has been transfused accept.

b) If treatment with human immunoglobulin has been limited to specific immunoglobulin given as prophylaxis (e.g. anti D, anti tetanus or hepatitis immunoglobulin etc.), accept.

## 2. Autologous Transfusion in:

- the United Kingdom
- North America
- Australasia
- Western Europe (at any time)
- EU member states (from February 2005)

If **only** the donor's own blood has been used, accept.

## 3. Donor transfused before 1st January 1980:

a) If before 1st January 1980 the donor received, or thinks they may have received, a transfusion in a country endemic for malaria or South American trypanosomiasis, check the 'Geographical Disease Risk Index'. If transfused in an at risk country and a validated malarial antibody test and/or (as appropriate) a validated test for *T. cruzi* antibody is negative, accept.

b) If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept.

*See if Relevant*

Bleeding Disorder  
Immunoglobulin Therapy  
Immunosuppression  
Malaria  
Prion Associated Diseases  
South American Trypanosomiasis  
Geographical Disease Risk Index

*Additional Information*

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

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) 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 have been several 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 are now excluded from donation. This date is before BSE, which is believed to have caused vCJD, was prevalent.

Plasma exchange results in a patient being 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.

*Information*

This entry reflects guidance from SaBTO (The Advisory Committee on the Safety of Blood, Tissues and Organs) and its predecessor, the Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

*Reason for change*

The discretion which allowed recipients of COVID-19 convalescent plasma to donate convalescent plasma on their recovery from COVID-19 has been removed.

*Update Information*

This entry was last updated in:  
 DSG-WB Edition 203, Release 60.

## Transgender Individuals



<i>Definitions</i>	<p><b>Cisgender (cis).</b> 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 haemoglobin concentration should be according to the gender assigned on the day of donation.
<i>See if Relevant</i>	<u>Blood Safety Entry</u> <u>Surgery</u>
<i>Additional Information</i>	<p>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> <p>For blood services that use leucocyte antibody screening as a TRALI risk reduction measure, donors who were assigned female at birth and have changed gender should be included.</p>
<i>Reason for change</i>	This entry was revised to support the implementation of recommendations from the FAIR study; the additional information section has been revised.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 57

## Travel

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<i>See if Relevant</i>	<u>Air Crew</u> <u>Geographical Disease Risk Index</u> <u>Hazardous Activity</u> <u>Infection - General</u> <u>Malaria</u> <u>South American Trypanosomiasis</u>
<i>Additional Information</i>	<p>Donating before or after travel should not be a problem provided the donor is well hydrated. Travelling, particularly by plane, can be dehydrating and this may increase the risk of developing a thrombosis. If the donor is dehydrated, they should be advised to delay donating until they are well hydrated to avoid an increased risk of fainting.</p> <p>If the donor is likely to be exercising in conditions where the amount of available oxygen is low (e.g. at high altitude) it may be sensible to delay donation within two weeks of travel, so as to avoid the possibility of increasing the risk of adverse events.</p>
<i>Reason for change</i>	There is now a link to 'Air Crew ' and 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Tropical Viruses

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<i>Definitions</i>	<p>To include Dengue Virus, Dengue Fever and Chikungunya Virus, also known as CHIKV, Zika Virus and Zika Virus Fever.</p> <p><b>Tropical Virus Endemic Areas:</b> are shown in the 'Geographical Disease Risk Index' (GDRI) as a Tropical Virus Risk.</p>
<i>Obligatory</i>	<b>Must not donate if:</b>

- a) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has been diagnosed with Chikungunya, Dengue 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 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.
- d) The donor has had sex in the last 28 days with someone who has had a confirmed Zika Virus infection in the three months preceding the sexual contact.

*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 neither symptoms nor 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.

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 co-circulate.

The main vector for Chikungunya Virus, Dengue Virus and Zika Virus 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 Chikungunya, Dengue or Zika viruses. The main areas affected by all 3 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.

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 or dates of disease activity. These are provided in the Geographical Disease Risk Index.

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*

The deferral for sexual contact with an individual with confirmed Zika virus infection has been changed and now applies to partners with confirmed Zika infection in the last three months. Additional information now contains reference to European outbreaks.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Trying to Conceive

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(applies to female donors only)

*Obligatory* Take care to exclude pregnancy.

**Must not donate if:**

- a) Under investigation for infertility.
- b) Less than 12 weeks after completion of treatment with clomiphene (Clomid<sup>®</sup>).
- c) Less than 12 weeks after completion of treatment with tamoxifen.
- d) Has ever been given human gonadotrophin of pituitary origin.
- e) If donor knows that they have ever been treated with Metrodin HP<sup>®</sup>.

*Discretionary* If not known to have been treated with Metrodin HP<sup>®</sup> but treated exclusively with other non-pituitary derived gonadotrophins and/or donated sperm, accept.

*See if Relevant* Prion Associated Diseases

*Additional Information* The 12 week period is an additional safeguard to avoid taking a donation early in a pregnancy.

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.

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.

Donors trying to conceive naturally can donate provided that they have not missed a period. Taking folic acid or other vitamin and mineral preparations is not a problem.

*Reason for change* The deferral for recipients of donated eggs or embryos has been removed in line with the most recent update of the SaBTO Microbiological Safety Guidelines.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 61.

## Tuberculin PPD Test

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*Obligatory* **Must not donate unless:**  
No further investigations or treatment is planned

*See if Relevant* Sarcoidosis  
Tuberculosis

*Additional Information* The tuberculin PPD Test, sometimes known as a Mantoux test, is used to test for exposure to

	Tuberculosis, or to see if past immunisation with BCG remains effective. It is may also be used as part of the investigation of sarcoidosis.
<i>Reason for change</i>	This is a new entry, replacing the previous entries for the Heaf test (now discontinued) and the Mantoux test.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Tuberculosis

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*Also Known As* TB.

### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate if</b> a) Infected. b) Less than 24 months from confirmation of cure. c) Under follow-up.
<i>Discretionary</i>	Donors with a diagnosis of Latent TB can donate, as long as they are not currently undergoing investigation or treatment.  Donors on antibiotic treatment for Latent TB only can donate 7 days after their last dose.
<i>See if Relevant</i>	For BCG immunization: <u>Immunization - Live Tuberculin PPD Test</u>
<i>Reason for change</i>	Advice and background information on Latent TB has been added.

### 2. Contact

<i>Obligatory</i>	<b>Must not donate until:</b> Screened and cleared.
<i>Discretionary</i>	If the donor has been informed that they do not need to be screened, accept.
<i>See if Relevant</i>	For BCG immunization: <u>Immunization - Live Tuberculin PPD Test</u>
<i>Additional Information</i>	Close contacts may have undiagnosed disease.
<i>Reason for change</i>	The links and 'Additional Information' have been updated.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55

## Turner's Syndrome

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*Discretionary* If in good health, accept.

<i>See if Relevant</i>	<u>Cardiovascular Disease</u> <u>Kidney and Bladder Disease</u>
<i>Additional Information</i>	Turner's syndrome is a chromosomal abnormality that occurs in about one in 2,000 female births. There may be associated problems affecting the cardiovascular and renal systems that should be enquired for, as they may affect donor safety.
<i>Reason for change</i>	Relevant links and 'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 22.

## Valproate

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<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	If it is more than seven days since the last dose of valproate, and the reason for therapy does not preclude donation, accept.
<i>Additional Information</i>	Sodium valproate (Epilim <sup>®</sup> , Episenta <sup>®</sup> ) and the related drugs valproic acid (Depakote <sup>®</sup> , Convulex <sup>®</sup> ) are anticonvulsant medications used in the treatment of epilepsy. They are also used for treatment of bipolar disorder and as prophylaxis for migraine.  Exposure during pregnancy is a known cause of birth defects. As it is not possible to know whether an individual donation will be transfused to a pregnant woman, donors taking any form of sodium valproate or valproic acid must be deferred until at least one week after stopping treatment.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 55.

## Varicose Veins

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<i>Obligatory</i>	<b>Must not donate if:</b> a) Active Inflammation.  b) Thrombosis.  c) Ulceration.  d) Within one week of injection.
<i>Discretionary</i>	If otherwise well, accept.
<i>See if Relevant</i>	<u>Laser Treatment</u> <u>Phlebitis</u> <u>Surgery</u> <u>Thrombosis</u> <u>Wounds, Mouth and Skin Ulcers</u>
<i>Additional Information</i>	Varicose veins are not a reason for deferral. However if there has been recent treatment, or if there is active inflammation, thrombosis or ulceration, the donor should be deferred. This is to minimise any risk of thrombosis in the donor and transfer of infection to the recipient.
<i>Reason for change</i>	An 'Obligatory' entry and 'Additional Information' has been added.  A link has been added for 'Laser Treatment' and for 'Wounds, Mouth and Skin Ulcers'.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 01.

## Vertigo

<i>Obligatory</i>	<b>Must not donate if:</b> Experiencing dizzy spells.
<i>Discretionary</i>	If the donor has Meniere's disease, if well on the day, even if on treatment to prevent attacks, accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Additional Information</i>	Vertigo is a feeling of everything spinning around. It can be accompanied by nausea and sickness and lead to the affected person falling. There are many different causes and, if known, the cause should be looked up in the index.  Because faintness after donation can cause similar symptoms it is recommended that people affected by vertigo should only donate if they are not experiencing any symptoms.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 01.

## Viral Haemorrhagic Fever

*Definitions* Includes Crimean-Congo Fever, Ebola Virus Disease, Lassa Fever and Marburg Fever.

**Viral Haemorrhagic Fever Endemic Areas** are shown in the 'Geographical Disease Risk Index' (GDRI) as a Viral Haemorrhagic Fever Risk. Outbreak information is also listed but is not required for Whole Blood and Components Donor Selection Guideline users.

### 1. Affected Individual

*Obligatory* **Must not donate if:**  
Ever diagnosed with a Viral Haemorrhagic Fever.

### 2. Contact or traveller to endemic country

*Obligatory* **Must not donate if:**  
Less than 6 months from last contact with an affected individual or travel to an endemic country.

*Discretionary* If more than 6 months from last contact, completion of investigations or return to the UK from endemic country, accept.

### 3. Sexual Partners of Affected Individuals

*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*

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.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 55.

## Vitamins and Other Nutritional Supplements

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*Obligatory* **Must not donate if:**  
On prescribed medication to treat a deficiency.

*Discretionary* a) Medication to prevent recurrence, as opposed to treat a deficiency (e.g. B12 for treated pernicious anaemia or folic acid for treated folate deficiency), accept.

b) If on oral self-medication, accept.

c) If on Vitamin D supplement to treat risk of vitamin D deficiency, accept.

*See if Relevant* Anaemia  
Osteopenia

*Additional Information* People who are on treatment to cure a vitamin or other nutritional deficiency other than Vitamin D supplementation to prevent or treat osteopenia should not donate, even if they pass the haemoglobin-screening test.

Once treatment is completed, even if they then require maintenance treatment, they should be accepted or excluded on the basis of the underlying condition that required treatment. As an example, a person with pernicious anaemia (vitamin B12 deficiency) should not be accepted until their anaemia is fully corrected. Once fully recovered, they may be accepted, even though receiving maintenance treatment to prevent recurrence.

Vitamins and other nutritional supplements are often prescribed to prevent deficiency. For example, this might be for coeliac disease or for people wanting to conceive. Providing any underlying condition is not a reason to exclude the donor, they should be accepted.

*Reason for change* Advice about Vitamin D supplementation and a link to osteopenia has been added, see the letter from UK Chief Medical Officers of UK Feb 2012:  
[www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups](http://www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups)

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 22.

## Warts

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*Includes* Molluscum contagiosum and verrucas.

*Obligatory*

**Must not donate if:**

Treatment has left unhealed areas.

<i>Discretionary</i>	If there are no open wounds, even if on treatment, accept.
<i>See if Relevant</i>	<u>Sexually Transmitted Disease</u> <u>Surgery</u> <u>Wounds, Mouth and Skin Ulcers</u>
<i>Additional Information</i>	<p>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.</p> <p>Molluscum contagiosum is also caused by a virus and can be managed in the same way as warts.</p> <p>Treatment may lead to unhealed wounds or sores and these pose a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.</p>
<i>Reason for change</i>	This entry was revised to support the implementation of recommendations from the FAIR study; the instruction to discuss the possibility of high risk sexual activity has been removed.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 57

## West Nile Virus

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<i>Definitions</i>	<p><b>West Nile Virus (WNV) Endemic Areas:</b> These are shown in the <u>'Geographical Disease Risk Index'</u> (GDRI).</p>
<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 WNV endemic area and the donor has been diagnosed with WNV whilst there or following their return.</p> <p>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.</p> <p>c) In other cases it is less than four weeks from a donor's return from a WNV endemic area.</p>
<i>Discretionary</i>	<p>1) 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. For donors who have been back in the UK for less than four weeks, 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 on the donated component(s), accept.</p> <p>2) Donors who have been back in the UK for less than six months, 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 on the donated component(s), accept.</p>
<i>See if Relevant</i>	<u>The 'Geographical Disease Risk Index'</u>
<i>Additional Information</i>	<p>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.</p>



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'.

A 'Position Statement on West Nile Virus (WNV)' is available in the 'Document Library' of '[www.transfusionguidelines.org](http://www.transfusionguidelines.org)'.

*Reason for change* To increase the deferral of donors following infection with West Nile Virus or symptoms suggestive of West Nile Virus Infection to six months and to remove the requirement for a negative NAT test for these donors prior to donation.

*Update Information* This entry was last updated in:  
DSG-WB Edition 203, Release 31.

## Wounds, Mouth and Skin Ulcers

<i>Obligatory</i>	<b>Must not donate if:</b> Has infected wounds, or skin ulcers, sores or mouth ulcers.
<i>Discretionary</i>	If an individual has an uninfected wound or small non-infected aphthous ulcers only, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Cardiovascular Disease</u> <u>Diabetes Mellitus</u> <u>Infection - General</u> <u>Malignancy</u> <u>Surgery</u> <u>Tetanus - 2. Immunization</u> <u>Varicose Veins</u>
<i>Additional Information</i>	<p>An infected wound, a sore or an ulcer is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.</p> <p>A small individual aphthous ulcer in an otherwise healthy person does not pose such a risk. Donors with recurrent severe aphthous ulceration may have a serious underlying condition, such as an autoimmune disease.</p>
<i>Reason for change</i>	To clarify the nature of wounds that are acceptable.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 18.

## Xenotransplantation

<i>Includes</i>	Heterografts, non-human organ perfusion, xenografts and xenotransplant recipients.
<i>Definitions</i>	<p><b>Xenotransplantation:</b> 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.</p> <p>Biological products, drugs, or medical devices sourced from non-living cells, tissues or organs from non-human animals including, but not limited to, porcine insulin, porcine heart valves and acellular porcine collagen matrix (e.g. PelviSoft<sup>®</sup>, Bio-Oss<sup>®</sup>, Bio-Gide<sup>®</sup> and Surgibone<sup>®</sup>) are not considered xenotransplantation products.</p> <p>Inoculation injury from non human sources are not considered to be Xenotransplants.</p>

**1. Recipient**

<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.
<i>See if Relevant</i>	<u>Animal Bite (Non-Human)</u> <u>Non-Consented Exposure to Human Body Fluids</u>
<i>Additional Information</i>	Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in unusual infections, that would not normally affect humans, being passed on to recipients of donated material. Inoculation injury, involving non-human animals, does not fall into the category of xenotransplantation
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01
<i>Reason for change</i>	The entry has been updated with reference to additional products.

**2. Current or Former Sexual Partner of Xenotransplant Recipient**

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	Sexual partners of individuals who have received a xenotransplant may potentially be at risk of acquiring an unusual infection that may be passed on by donated material. Because the duration of any risk is not known, deferral must be permanent.
<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01
<i>Reason for change</i>	The entry has been updated with reference to additional products.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01

**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 blood donation.
<i>Reason for change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: DSG-WB Edition 203, Release 10 Issue 01

**Zanamivir**

<i>Also Known As</i>	Relenza®.
<i>Obligatory</i>	<b>Must not donate if:</b> a) Taking zanamivir (Relenza®) as treatment for influenza.  b) At any time in the seven days prior to, or while taking zanamivir, the donor has had symptoms of influenza, (a temperature of more than 38 degrees centigrade, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).
<i>Discretionary</i>	If the potential donor is taking zanamivir as prophylaxis, they have not been advised to be confined to home, and have not had any symptoms of influenza, accept.

*See if Relevant*      Infection - Acute

*Additional Information*      Zanamivir is a viral neuraminidase inhibitor (neuraminidase is an enzyme that helps the virus spread from cell to cell). It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.

*Information*      Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

*Update Information*      This entry was last updated in:  
DSG-WB Edition 202, Release 13.

## Latest Updates

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This page lists all changes to DSG-WB 203 after Release 01.  
The changes are listed with the most recent change at the top.

### Changes Introduced with Release 61

Trying to Conceive - [Change Notification No. 08 - 2022](#)  
 Non-Contagious Diseases - [Change Notification No. 07 - 2022](#)  
 Malignancy - [Change Notification No. 06 - 2022](#)  
 Kidney & Bladder Disease - [Change Notification No. 05 - 2022](#)  
 Complementary Therapy - [Change Notification No. 04 - 2022](#)  
 Alopecia - [Change Notification No. 03 - 2022](#)  
 Allergy - [Change Notification No. 02 - 2022](#)

### Changes Introduced with Release 60

Coronavirus Infection - [Change Notification No. 01 - 2022](#)

### Changes Introduced with Release 59

Blood Safety Entry - [Change Notification No. 45 - 2021](#)

### Changes Introduced with Release 58

Plasma Changes - [Change Notification No. 15 - 2021](#)

### Changes Introduced with Release 57

The FAIR Study - [Change Notification No. 16 - 2021](#)

### Changes Introduced with Release 56

Coronavirus Infection - [Change Notification No. 06 - 2021](#)  
 Diabetes Mellitus - [Change Notification No.07 - 2021](#)  
 Hypercholesterolaemia - [Change Notification No. 08 - 2021](#)

### Changes Introduced with Release 55

Coronavirus Infection - [Change Notification No. 04 - 2021](#)  
 Acitretin in Acne Psoriasis and Skin Disease - [Change Notification No. 72 - 2020](#)  
 Body Piercing - [Change Notification No. 71 - 2020](#)  
 Drug Index - [Change Notification No. 70 - 2020](#)  
 Animal Bites and Rabies - [Change Notification No. 69 - 2020](#)  
 South American Trypanosomiasis - [Change Notification No. 58 - 2020](#)  
 Viral Haemorrhagic Fever - [Change Notification No. 57 - 2020](#)  
 Sodium Valproate - [Change Notification No. 56 - 2020](#)  
 Tropical Virus - [Change Notification No. 55 - 2020](#)  
 Latent Tuberculosis - [Change Notification No. 54 - 2020](#)  
 Haemochromatosis - [Change Notification No. 53 - 2020](#)  
 Cervical Carcinoma In Situ - [Change Notification No. 52 - 2020](#)  
 Clopidogrel - [Change Notification No. 51 - 2020](#)

### Changes Introduced with Release 54

COVID-19 Vaccine - [Change Notification No. 73 - 2020](#)

### Changes Introduced with Release 53

Clinical Trials - [Change Notification No. 65 - 2020](#)  
 Coronavirus Infection - [Change Notification No. 64 - 2020](#)

### Changes Introduced with Release 52

Transfusion - Change Notification No. 48 - 2020

#### **Changes Introduced with Release 51**

Coronavirus Infection - Change Notification No. 29 - 2020

#### **Changes Introduced with Release 50**

Northern Ireland - donor selection changes 2020 - Change Notification No. 28 - 2020

#### **Changes Introduced with Release 49**

Haemoglobin Estimation - Change Notification No. 26 - 2020

#### **Changes Introduced with Release 48**

Coronavirus Infection - Change Notification No. 13 - 2020

#### **Changes Introduced with Release 47**

Coronavirus Infection - Change Notification No. 09 - 2020

#### **Changes Introduced with Release 46**

Coronavirus Infection - Change Notification No. 08 - 2020

#### **Changes introduced with Release 45**

Coronavirus Infection - See Change Notification No. 03 - 2020

#### **Changes introduced with Release 44**

Familial Pseudohyperkalaemia - See Change Notification No. 26 - 2019

Palpitations & Arrhythmias - See Change Notification No. 27 - 2019

#### **Changes introduced with Release 43**

HCV Northern Ireland - See Change Notification No. 11 - 2019

HTLV - See Change Notification No. 10 - 2019

Cervical Carcinoma in Situ - See Change Notification No. 09 - 2019

Blood Safety Entry England, Wales, Scotland - See Change Notification No. 08 - 2019

Blood Safety Entry Northern Ireland - See Change Notification No. 07 - 2019

Pre- and Post-Exposure Prophylaxis for HIV prevention - See Change Notification No. 04 - 2019

Pregnancy - See Change Notification No. 03 - 2019

Malignancy - See Change Notification No. 02 - 2019

Hepatitis C - See Change Notification No. 01 - 2019

#### **Changes introduced with Release 42**

Hepatitis A - See Change Notification No. 20 - 2018

Narcolepsy - See Change Notification No. 21 - 2018

#### **Changes introduced with Release 41**

Hepatitis E - See Change Notification No. 17 - 2018

#### **Changes introduced with Release 40**

Surgery - See Change Notification No. 52 - 2017

Endoscopy - See Change Notification No. 51 - 2017

Bleeding Disorder - See Change Notification No. 49 - 2017

Syphilis - See Change Notification No. 47 - 2017

Sex Worker - Change Notification No. 45 - 2017

Non -Consented Exposure to Human Body Fluids - Change Notification No. 44 - 2017

HTLV - See Change Notification No. 41 - 2017

Homosexual and Bisexual Individuals - See Change Notification No. 39 - 2017

HIV - See Change Notification No. 37 - 2017  
 Hepatitis C - See Change Notification No. 35 - 2017  
 Hepatitis B - See Change Notification No. 33 - 2017  
 Complementary Therapy - See Change Notification No. 31 - 2017  
 Body Piercing - See Change Notification No. 29 - 2017  
 Blood Safety Entry - Change Notification No. 26 - 2017

### Changes introduced with Release 39

Drug Index - See Change Notification 19 - 2017  
 Thyroid - See Change Notification No. 18 - 2017

### Changes introduced with Release 38

Malaria - See Change Notification No. 15 - 2017  
 Tissue and Organ Recipients - See Change Notification No. 14 - 2017  
 Radiation Therapy - See Change Notification No. 13 - 2017  
 Eye Disease - See Change Notification No. 12 - 2017  
 Autoimmune - See Change Notification No. 11 - 2017  
 Osteopenia - See Change Notification No. 11 - 2017

### Changes introduced with Release 37

Hepatitis A - See Change Notification No. 04 - 2017  
 Central Nervous System Disease - See Change Notification No.03 - 2017

### Changes introduced with Release 36

Cardiac surgery clarification - See Change Notification No. 37 -2016

### Changes introduced with Release 35

Blood Safety Entry and Homosexual and Bisexual Individuals - See Change Notification No. 36 - 2016

### Changes introduced with Release 34

Tropical Viruses See Change Notification No. 35 - 2016

### Changes introduced with Release 33

Acne	See <u>Change Notification No. 18 - 2016</u>
Disabled Donor	See <u>Change Notification No. 19 - 2016</u>
High Haemoglobin	See <u>Change Notification No. 20 - 2016</u>
Immunoglobulin	See <u>Change Notification No. 21 - 2016</u>

### Changes introduced with Release 32

Tropical Viruses	See <u>Change Notification No. 014 - 2016</u>
Viral Haemorrhagic Fever	See <u>Change Notification No. 015 - 2016</u>

### Changes introduced with Release 31

Viral Haemorrhagic Fever	See <u>Change Notification No. 11 -2016</u>
West Nile Virus	See <u>Change Notification No. 09 - 2016</u>
Tropical Viruses	See <u>Change Notification No. 08 - 2016</u>
Kidney and Bladder Disease	See <u>Change Notification No. 06 - 2016</u>
Memorial Tattoos, Body Piercing	See <u>Change Notification No. 05 - 2016</u>
Appendix 2 Table of Immunizations	See <u>Change Notification No. 04- 2016</u>
Hepatitis E	See <u>Change Notification No. 03 - 2016</u>
Hepatitis A	See <u>Change Notification No. 02 - 2016</u>
Glycogen Storage Disease	See <u>Change Notification No. 01 - 2016</u>

**Changes introduced with Release 30**

Alopecia and Automimmune Disease	See <a href="#"><u>Change Notification No 25 - 2015</u></a>
Chronic Fatigue Syndrome	See <a href="#"><u>Change Notification No 26 - 2015</u></a>

**Changes introduced with Release 29**

Central Nervous System	See <a href="#"><u>Change Notification No 10 - 2015</u></a>
Communication Difficulties	See <a href="#"><u>Change Notification No 11 - 2015</u></a>
Complementary Therapy	See <a href="#"><u>Change Notification No 12 - 2015</u></a>
Injectable Tanning Agents	See <a href="#"><u>Change Notification No 15 - 2015</u></a>

The changes made with Change Notification No. 15 - 2015 to the Blood Safety Entry have also been made to the Blood and Tissue Safety Entry N.I.

Injectable Tanning Agents has been added to index and linked to Blood Safety Entry (England, Scotland and Wales)  
Cosmetic Fillers and Faecal Microbiota Transplantation have been added to index and linked to Complementary Therapy

**Changes introduced with Release 28**

Asthma	See <a href="#"><u>Change Notification No 02 - 2015</u></a>
Kidney and Bladder Disease	See <a href="#"><u>Change Notification No 03 - 2015</u></a>
Malignancy	See <a href="#"><u>Change Notification No 04 - 2015</u></a>
Nonsteroidal Anti-Inflammatory Drugs and Drug Index	See <a href="#"><u>Change Notification No 05 - 2015</u></a>

**Changes introduced with Release 27**

Hepatitis of Unknown Cause	See <a href="#"><u>Change Notification No 44 - 2014</u></a>
Tuberculosis	See <a href="#"><u>Change Notification No 45 - 2014</u></a>
Mental Health Problems	See <a href="#"><u>Change Notification No 46 - 2014</u></a>
Respiratory Disease	See <a href="#"><u>Change Notification No 47 - 2014</u></a>
Thrombosis	See <a href="#"><u>Change Notification No 48 - 2014</u></a>

Clarifications have been made to South American Trypanosomiasis, Eye Disease and Accept topics  
Index Items have been added and linked as below:

Latent Tuberculosis to link to Accept  
Retinal Vein Thrombosis to link to Thrombosis  
Acoustic Neuroma – Surgery and Vestibular Schwannoma – Surgery to link to Neurosurgery  
Acoustic Neuroma – Causing Vertigo and Vestibular Schwannoma – Causing Vertigo to link to Vertigo  
Reversible Cerebral Vasoconstriction Syndrome and RCVS to link to Migraine  
Brain Cyst, Arachnoid Cyst, Dermoid Cyst, Colloid Cyst and Epidermoid Cyst to link to Accept

**Changes introduced with Release 26**

Viral Haemorrhagic Fever Risk See [Change Notification No. 43 – 2014](#)

In Index **Ebola Fever – Contact With** has been re linked to Viral Haemorrhagic Fever

**Changes introduced with Release 25**

West Nile Virus See [Change Notification No. 42 - 2014](#)

**Changes introduced with Release 24**

Chikungunya Virus Risk See [Change Notification No. 41 - 2014](#)

**Changes introduced with Release 23**

Chikungunya Virus Risk See [Change Notification No. 27 - 2014](#)

**Changes introduced with Release 22**

Accept	See <a href="#">Change Notification No. 18 - 2014</a>
Autoimmune Disease	See <a href="#">Change Notification No. 19 - 2014</a>
Central Nervous System Disease	See <a href="#">Change Notification No. 20 - 2014</a>
Complementary Therapy	See <a href="#">Change Notification No. 21 - 2014</a>
Kidney and Bladder Disease	See <a href="#">Change Notification No. 22 - 2014</a>
Osteopenia	See <a href="#">Change Notification No. 23 - 2014</a>
Vitamins and Other Nutritional Supplements	See <a href="#">Change Notification No. 24 - 2014</a>
Chikungunya Virus	See <a href="#">Change Notification No. 26 - 2014</a>

The title of the topic Kidney Disease has been changed to Kidney and Bladder Disease, and a number of new index items have been added leading to Central Nervous System Disease, Pituitary Disorders, Kidney and Bladder Disease and Autoimmune Disease

**Changes introduced with Release 21**

Chikungunya Virus	See <a href="#">Change Notification No. 01 - 2014</a>
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**Changes introduced with Release 20**

Malignancy	See <a href="#">Change Notification No. 18 - 2013</a>
Skin Disease and Dermatitis - Alitretinoin	See <a href="#">Change Notification No. 20 - 2013</a>
South American Trypanosomiasis	See <a href="#">Change Notification No. 21 - 2013</a>
Surgery	See <a href="#">Change Notification No. 22 - 2013</a>

Lichen Planus has been removed from the topic list and National Help Lines topic, Welcome and Preliminary pages have been updated.

Index items

Arnold – Chiari Malformation, Chiari Malformation and Syringomyelia have been added and linked to Neurosurgery, Budd Chiari Syndrome has been relinked from Neurosurgery to Surgery.

Autologous Platelet Rich Plasma has been added and linked to Transfusion.

Ductal Carcinoma in Situ, Lentigo Maligna, Lentigo Maligna Melanoma, Prostatic Intraepithelial Neoplasia, Tamoxifen – for Breast Malignancy Prophylaxis, Raloxifen - for Breast Malignancy Prophylaxis and Vulval Carcinoma in Situ have been added all linking to Malignancy.

Alitretinoin – for Skin Disease and Toctino<sup>®</sup> - for Skin Disease have been added and linked to Skin Disease.

Alitretinoin – for Dermatitis and Toctino<sup>®</sup> - for Dermatitis have been added and linked to Dermatitis.

**Changes introduced with Release 19**

West Nile Virus (WNV)	See <a href="#">Change Notification No. 14 - 2013</a>
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**Changes introduced with Release 18**

Hepatitis B	See <a href="#">Change Notification No. 02 - 2013</a>
Infection Chronic	See <a href="#">Change Notification No. 03 - 2013</a>
Chest Pain	See <a href="#">Change Notification No. 05 - 2013</a>
Cardiovascular Disease	See <a href="#">Change Notification No. 06 - 2013</a>
Wounds, Mouth and Skin Ulcers	See <a href="#">Change Notification No. 07 - 2013</a>

**Changes introduced with Release 17**

West Nile Virus (WNV)	See <a href="#">Change Notification No. 01 - 2013</a>
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**Changes introduced with Release 16**

Sickle-Cell Trait	See <a href="#">Change Notification No. 27 - 2012</a>
Kidney Disease	See <a href="#">Change Notification No. 28 - 2012</a>
Decompression Illness	See <a href="#">Change Notification No. 29 - 2012</a>

Index items for Decompression Illness, Decompression Sickness, the Bends and Caisson Disease have been added.

**Changes introduced with Release 15**



West Nile Virus (WNV)	See <a href="#">Change Notification No. 25 - 2012</a>
West Nile Virus (WNV)	See <a href="#">Change Notification No. 26 - 2012</a>
<b>Changes introduced with Release 14</b>	
Malaria	See <a href="#">Change Notification No. 20 - 2012</a>
West Nile Virus	See <a href="#">Change Notification No. 21 - 2012</a>
Cupping/Wet Cupping	See <a href="#">Change Notification No. 22 - 2012</a>
Cardiovascular Disease	See <a href="#">Change Notification No. 23 - 2012</a>
Mobilised Granulocytes	See <a href="#">Change Notification No. 24 - 2012</a>
Index items for Cupping, Wet Cupping, Heart Murmur and Heart Valve Abnormality have been added	
<b>Changes introduced with Release 13</b>	
West Nile Virus (WNV)	See <a href="#">Change Notification No. 19 - 2012</a>
<b>Changes introduced with Release 12</b>	
Acne	See <a href="#">Change Notification No. 06 - 2012</a>
Toxoplasmosis	See <a href="#">Change Notification No. 07 - 2012</a>
Psoriasis	See <a href="#">Change Notification No. 08 - 2012</a>
Pregnancy	See <a href="#">Change Notification No. 09 - 2012</a>
Dermatitis	See <a href="#">Change Notification No. 10 - 2012</a>
Skin Disease	See <a href="#">Change Notification No. 11 - 2012</a>
Cardiovascular Disease	See <a href="#">Change Notification No. 12 - 2012</a>
Cardiac Surgery	See <a href="#">Change Notification No. 13 - 2012</a>
Clarification has been made to the malignancy topic and additional index items for Fish pedicures, Lichen Planus, Acitretin - for Skin Disease, Neotigason - for Skin Disease, Tacrolimus - for Dermatitis, Tacrolimus - for Skin Disease, Protopic - for Dermatitis, Protopic - for Skin Disease, Pimecrolimus - for Dermatitis, Pimecrolimus - for Skin disease, Elide - for Dermatitis, Elide - for Skin Disease added.	
<b>Changes introduced with Release 11</b>	
West Nile Virus (WNV)	See <a href="#">Change Notification No. 03 - 2012</a>
<b>Changes introduced with Release 10</b>	
Donor Weight	See <a href="#">Change Notification No. 22 - 2011</a>
Cardiovascular Disease	See <a href="#">Change Notification No. 23 - 2011</a>
Surgery	See <a href="#">Change Notification No. 24 - 2011</a>
XMRV	See <a href="#">Change Notification No. 25 - 2011</a>
Hepatitis C	See <a href="#">Change Notification No. 26 - 2011</a>
<b>Changes introduced with Release 09</b>	
Blood Safety Entry	See <a href="#">Change Notification No. 16 - 2011</a>
Homosexual and Bisexual Individuals	See <a href="#">Change Notification No. 17 - 2011</a>
West Nile Virus (WNV)	See <a href="#">Change Notification No. 19 - 2011</a>
<b>Changes introduced with Release 08</b>	
West Nile Virus (WNV)	See <a href="#">Change Notification No. 18 - 2011</a>
<b>Changes introduced with Release 07</b>	
West Nile Virus (WNV)	See <a href="#">Change Notification No. 15 - 2011</a>
<b>Changes introduced with Release 06</b>	
West Nile Virus (WNV)	See <a href="#">Change Notification No. 11 - 2011</a>
<b>Changes introduced with Release 05</b>	
Pregnancy	See <a href="#">Change Notification No. 01 - 2011</a>

Trying to Conceive

See [Change Notification No. 02 - 2011](#)

Immunization - Live

See [Change Notification No. 03 - 2011](#)

Syphilis

See [Change Notification No. 04 - 2011](#)

Porphyria

See [Change Notification No. 05 - 2011](#)

**Changes introduced with Release 04**

Donor Weight and Donation Volumes

See [Change Notification No. 13 - 2010](#)

**Changes introduced with Release 03**

Chronic Fatigue Syndrome

See [Change Notification No. 08 - 2010](#)

**Changes introduced with Release 02**

West Nile Virus (WNV)

See [Change Notification No. 09 - 2010](#)

### Appendix 1 - Estimated Blood Volume for Female donors (after Nadler) by height and weight

Estimated Blood Volume for Female donors (after Nadler) by height and weight																
Height cm	Weight Kg														Height 4' 10" or less	
	50	51	52	53	54	55	56	57	58	59	60	61	62	63		64
149 or less	Less than 3500 ml															
150	3039	3072	3105	3138	3171	3205	3238	3271	3304	3337	3370	3403	3436	3469	3502	4' 11"
151	3083	3098	3129	3183	3198	3229	3282	3295	3328	3381	3394	3427	3480	3493	3526	
152	3088	3121	3154	3187	3220	3253	3286	3319	3352	3386	3419	3452	3485	3518	3551	4' 11½"
153	3113	3146	3179	3212	3245	3278	3311	3344	3377	3410	3443	3477	3510	3543	3576	
154	3138	3171	3204	3237	3270	3303	3336	3369	3403	3436	3469	3502	3535	3568	3601	5' ½"
155	3163	3196	3230	3263	3296	3329	3362	3395	3428	3461	3494	3527	3560	3593	3626	
156	3189	3222	3255	3288	3322	3355	3388	3421	3454	3487	3520	3553	3586	3619	3652	5' 1 ½"
157	3215	3248	3282	3315	3348	3381	3414	3447	3480	3513	3546	3579	3612	3645	3678	
158	3242	3275	3308	3341	3374	3407	3440	3473	3507	3540	3573	3606	3639	3672	3705	5' 2"
159	3269	3302	3335	3368	3401	3434	3467	3500	3533	3566	3600	3633	3666	3699	3732	
160	3296	3329	3362	3395	3428	3461	3494	3527	3561	3594	3627	3660	3693	3726	3759	5' 3"
161	3323	3356	3390	3423	3456	3489	3522	3555	3588	3621	3654	3687	3720	3753	3787	
162	3351	3384	3417	3451	3484	3517	3550	3583	3616	3649	3682	3715	3748	3781	3814	5' 4"
163	3379	3413	3446	3479	3512	3545	3578	3611	3644	3677	3710	3743	3776	3810	3843	
164	3408	3441	3474	3507	3540	3573	3607	3640	3673	3706	3739	3772	3805	3838	3871	5' 4 ½"
165	3437	3470	3503	3536	3569	3602	3635	3668	3702	3735	3768	3801	3834	3867	3900	
166	3466	3499	3532	3565	3599	3632	3665	3698	3731	3764	3797	3830	3863	3896	3929	5' 5"
167	3496	3529	3562	3595	3628	3661	3694	3727	3760	3794	3827	3860	3893	3926	3959	
168 or more	More than 3500 ml														5' 6" or more	
	7st 12	8st	8st 3	8st 5	8st 7	8st 9	8st 11	9st	9st 2	9st 4	9st 6	9st 8	9st 11	9st 13	10st 1	
	110lb	112lb	115lb	117lb	119lb	121lb	123lb	126lb	128lb	130lb	132lb	134lb	137lb	139lb	141lb	

## Appendix 2 - Table of Immunizations

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)	Pfizer/BioNTech COVID-19 vaccine; AstraZeneca COVID-19 vaccine; Moderna COVID-19 vaccine. If more than 7 days from most recent immunization, accept	<u>Non-Live</u>
HiB	Haemophilus influenza, Menitorex <sup>®</sup>	<u>Non-Live</u>
Hepatitis A	May be combined with typhoid or hepatitis B. Avaxim <sup>®</sup> , Epaxal <sup>®</sup> , Ambirix <sup>®</sup> , Twinrix <sup>®</sup> , Hapatyrix <sup>®</sup> , Viatim <sup>®</sup>	<u>Non-Live</u>
Hepatitis B	May be combined with hepatitis A if unexposed and more than 7 days from last immunisation, 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	Usually given to teenage girls, Cervarix <sup>®</sup> , Gardasil <sup>®</sup>	<u>Non-Live</u>
<b>Influenza-intra-nasal</b>	<b>Fluenz<sup>®</sup> to age 18</b>	<u>Live</u>
Influenza	Injection-annual flu jab. Agrippal <sup>®</sup> , Enzira <sup>®</sup> , Fluarix <sup>®</sup> , Fluvirin <sup>®</sup> , Imuvac <sup>®</sup> , Influvac <sup>®</sup> , Intanza <sup>®</sup> Optaflu <sup>®</sup> , Pandemrix <sup>®</sup>	<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, Meningococcal group B and the Quadrivalent ACWY immunisation may also be given in combination with HiB. Meningitec <sup>®</sup> , Menjugate Kit <sup>®</sup> , NeisVac-C <sup>®</sup> , Bexsero <sup>®</sup> , Menveo <sup>®</sup> , Nimenrix <sup>®</sup>	<u>Non-Live</u>
Pertussis	Usually pregnant women, Boostrix-IPV <sup>®</sup>	<u>Non-Live</u>
Pneumococcal disease	Given to people with specific risks e.g Asplenic. And over 65s Pneumovax II <sup>®</sup>	<u>Non-Live</u>
Polio	Would usually be given Diphtheria, Tetanus and Polio (injection). Boostrix-IPV <sup>®</sup> , Revaxis <sup>®</sup> , Repevax <sup>®</sup>	<u>Non-Live</u>
Rabies	Travel or post-bite. Rabipur <sup>®</sup>	<u>Non-Live</u>
<b>Shingles</b>	<b>Routine immunisation for older people. Zostavax<sup>®</sup></b>	<u>Live</u>
<b>Smallpox</b>	<b>Rarely given, see: Smallpox Immunization</b>	<u>Live</u>
Tetanus	Would usually be given Diphtheria, Tetanus and Polio. Revaxis <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	Typherix <sup>®</sup> , Typhim Vi <sup>®</sup>	<u>Non-Live</u>
<b>Typhoid - Oral</b>	<b>Vivotif<sup>®</sup></b>	<u>Live</u>
<b>Varicella (chickenpox)</b>	<b>Mainly healthcare workers. Varilrix<sup>®</sup>, Varivax<sup>®</sup>,</b>	<u>Live</u>

**Yellow Fever**

**Stamaril®**

**Live**

### Appendix 3 Maximum permitted Extra Corporeal Volume for component donors

#### Female Donors

	Weight (kg)											
Height (cm)	50	55	60	65	70	75	80	85	90	95	100	Height
150	486	513	539	566	592	619	645	672	698	724	751	4'11"
153	498	524	551	577	604	630	657	683	710	736	763	5'
155	506	533	559	586	612	638	665	691	718	744	771	5'1"
158	519	545	572	598	625	651	677	704	730	757	783	5'2"
160	527	554	580	607	633	660	686	713	739	766	792	5'3"
163	541	567	594	620	647	673	700	726	752	779	805	5'4"
165	550	576	603	629	656	682	709	735	762	788	815	5'5"
168	564	591	617	644	670	696	723	749	776	802	829	5'6"
170	574	600	627	653	680	706	733	759	786	812	839	5'7"
173	589	615	642	668	695	721	748	774	801	827	854	5'8"
175	599	626	652	679	705	732	758	785	811	837	864	5'9"
178	615	642	668	695	721	748	774	801	827	853	880	5'10"
180	626	653	679	706	732	759	785	812	838	864	891	5'11"
183	643	670	696	723	749	775	802	828	855	881	908	6'
	<b>7.9st</b>	<b>8.7st</b>	<b>9.5st</b>	<b>10.2st</b>	<b>11st</b>	<b>11.8st</b>	<b>12.6st</b>	<b>13.4st</b>	<b>14.2st</b>	<b>15st</b>	<b>15.7st</b>	

#### Male Donors

	Weight (kg)											
Height (cm)	50	55	60	65	70	75	80	85	90	95	100	Height
150	552	578	604	630	655	681	707	733	758	784	810	4'11"
153	564	590	616	642	667	693	719	745	770	796	822	5'
155	573	599	624	650	676	702	727	753	779	805	830	5'1"
158	586	611	637	663	689	714	740	766	792	817	843	5'2"
160	595	620	646	672	698	723	749	775	801	826	852	5'3"
163	608	634	660	686	711	737	763	789	814	840	866	5'4"
165	618	644	669	695	721	747	772	798	824	850	875	5'5"
168	633	658	684	710	736	761	787	813	839	864	890	5'6"

170	643	668	694	720	746	771	797	823	849	874	900	5'7"
173	658	684	710	735	761	787	813	838	864	890	916	5'8"
175	669	695	720	746	772	798	823	849	875	901	926	5'9"
178	685	711	737	763	788	814	840	866	891	917	943	5'10"
180	697	722	748	774	800	825	851	877	903	928	954	5'11"
183	714	740	765	791	817	843	868	894	920	946	971	6'
	<b>7.9st</b>	<b>8.7st</b>	<b>9.5st</b>	<b>10.2st</b>	<b>11st</b>	<b>11.8st</b>	<b>12.6st</b>	<b>13.4st</b>	<b>14.2st</b>	<b>15st</b>	<b>15.7st</b>	





Baythrom (Aspirin)  
Beecham Calcium Aspirin  
Beechams Hot Lemon Blackcurrant (Aspirin)  
Beechams Lemon Tablets (Aspirin)  
Beechams Powders (Aspirin)  
Beechams Powders Tablets (Aspirin)  
Berlind (Indometacin)  
Boots Period Pain Relief (Naproxen)  
Boots Seltzer (Aspirin)  
Brexidol Effervescent (Piroxicam)  
Brufen (Various Products) (Ibuprofen)  
Bucrol Long Acting (Ibuprofen)

**C**

Calmafen (Ibuprofen)  
Caprin (Aspirin)  
Cardiprin (Aspirin)  
Cataflam (Diclofenac)  
Celebrex  
Celecoxib  
Clinoril (Sulindac)  
Clonac (Diclofenac)  
Clotam (Tolfenamic Acid)  
Co-Codaprin Dispersible (Aspirin)  
Codafen Continus (Ibuprofen)  
Codis 500 (Aspirin)  
Cojene (Aspirin)  
Cold And Flu Powders (Aspirin)  
Cox Ibuprofen  
Cufen-EF (Ibuprofen)  
Cuprofen Effervescent (Ibuprofen)

**D**

Defenac (Diclofenac)  
Dentogen Soluble Effervescent (Ibuprofen)  
Dexketoprofen  
Dexomon (Diclofenac)  
Diclofenac  
Dicloflex (Diclofenac)  
Diclomax (Diclofenac)  
Diclo-SR XL (Diclofenac)  
Diclovol (Diclofenac)  
Diclozip (Diclofenac)  
Difenor (Diclofenac)  
Diflunisal  
Disprin 500 (Aspirin)  
Disprin Direct Dispersible (Aspirin)  
Disprin Dispersible (Aspirin)  
Disprin Extra Dispersible (Aspirin)  
Disprin Ibuprofen

Disprinex Effervescent (Aspirin)  
Dolobid (Diflunisal)  
Dolormin (Ibuprofen)  
Dristan Decongestant With Antihistamine (Aspirin)

**E**

Ebufac (Ibuprofen)  
Eccoxolac (Etodolac)  
Econac (Diclofenac)  
Emflex (Acemetacin)  
Enantyum (Dexketoprofen)  
Enstar (Diclofenac)  
Etodolac  
Etolyn (Etodolac)  
Etopan (Etodolac)  
Etoricoxib  
Extra Power Pain Control (Aspirin)  
Extra Power Pain Reliever (Aspirin)

**F**

Feldene Dispersible Melt (Piroxicam)  
Femaid (Ibuprofen)  
Feminax express (Ibuprofen)  
Feminax Ultra (Naproxen)  
Fenactol Retard (Diclofenac)  
Fenbid Biphasic Spansule (Ibuprofen)  
Fenbufen  
Fenoprofen  
Fenopron (Fenoprofen)  
Flamasacard (Aspirin)  
Flamatak (Diclofenac)  
Flamrase (Diclofenac)  
Fleximex (Ibuprofen)  
Flexin Continus (Indometacin)  
Flexotard (Diclofenac)  
Flurbiprofen  
Froben (Flurbiprofen)  
Fynnon Calcium Aspirin

**G**

Galpharm Migraine Relief (Ibuprofen)  
Galprofen (Ibuprofen)

**H**

Hedex (Ibuprofen)  
Hypon (Aspirin)

**I**

Ibrufhalal (Ibuprofen)  
Ibucalm (Ibuprofen)  
Ibucaps (Ibuprofen)  
Ibufem (Ibuprofen)  
Ibular (Ibuprofen)  
Ibuprofen

Ibuscent Effervescent (Ibuprofen)

Icc Analgesic (Aspirin)

Imazin XL Forte (Aspirin)

Indocid (Indometacin)

Indolar (Indometacin)

Indometacin

Indomethacin (Indometacin)

Indomod (Indometacin)

Inflam Tablets (Ibuprofen)

Inoven (Ibuprofen)

## **J**

Jomethid (Ketoprofen)

## **K**

Keral (Dexketoprofen)

Ketocid (Ketoprofen)

Ketoprofen

Ketovail (Ketoprofen)

Ketozip (Ketoprofen)

Ketpron (Ketoprofen)

## **L**

Lagap Pharms Migraine Relief (Aspirin)

Larafen (Ketoprofen)

Lederfen (Fenbufen)

Lempril (Aspirin)

Lemsip (Max) Flu 12 Hr (Ibuprofen)

Lemsip Cold And Flu Sinus 12 Hr (Ibuprofen)

Lemsip Pharmacy Power+ Granules (Ibuprofen)

Librofem (Ibuprofen)

Lilfen (Ibuprofen)

Lodine Sr (Etodolac)

Lofensaid (Diclofenac)

## **M**

Maximum Strength Aspro Clear (Aspirin)

Mefenamic Acid

Meloxicam

Micropirin EC (Aspirin)

Migra-Aid (Ibuprofen)

Migrafen (Ibuprofen)

Migramax Sachets (Aspirin)

Migravess Effervescent (Aspirin)

Misofen

Mobic (Meloxicam)

Mobiflex (Tenoxicam)

Mobilan (Indometacin)

Motifene (Diclofenac)

Motrin Migraine (Ibuprofen)

Mr Leslie Aspirin Enteric (Aspirin)

Mr Leslie Ibuprofen

Mrs Cullen's Powders Sachets (Aspirin)

**N**

Nabumetone  
Napratec (Naproxen)  
Naprosyn (Naproxen)  
Naproxen  
Neofenac (Diclofenac)  
Nexocin  
Nirolex Cold And Flu Relief (Ibuprofen)  
Non Drowsy Sudafed Dual Relief Max (Ibuprofen)  
Novaprin (Ibuprofen)  
Nurofen Back Pain Recovery (Ibuprofen)  
Nurofen Cold And Flu Hot Drink Tabs (Ibuprofen)  
Nurofen Honey & Lemon Sachets (Ibuprofen)  
Nurofen Liquid Caps Micro-Granules (Ibuprofen)  
Nurofen Meltlets Migraine Pain Sinus (Ibuprofen)  
Nurofen Various Other Preparations (Ibuprofen)  
Nurse Sykes Powders (Aspirin)  
NU-Seals (Aspirin)  
Nycrophen (Naproxen)

**O**

Oriel (Ibuprofen)  
Original Phensic Aspirin  
Orudis (Ketoprofen)  
Oruvail (Ketoprofen)

**P**

Pacifene (Ibuprofen)  
Pardelprin (Indometacin)  
Phensic (Aspirin)  
Phorpain (Ibuprofen)  
Piroxicam  
Ponstan (Mefenamic Acid)  
PR (Aspirin)  
Preservex (Aceclofenac)  
Proflex (Ibuprofen)

**R**

Relcofen (Ibuprofen)  
Relifex (Nabumetone)  
Rheumacin (Indometacin)  
Rheumafen (Ibuprofen)  
Rheumatac Retard (Diclofenac)  
Rheumox (Azapropazone)  
Rhumalgan (Diclofenac)  
Rimacid (Indometacin)  
Rimafen (Ibuprofen)  
Roche Pain Relief Sachets (Aspirin)

**S**

Secloclin (Ibuprofen)  
Seractil (Ibuprofen)  
Slofenac (Diclofenac)

Slo-Indo (Indometacin)  
Solpafen (Ibuprofen)  
Solpaflex (Ibuprofen)  
Solprin Dispersible (Aspirin)  
Stirlescent (Naproxen)  
Strefen Lozenges (Flubiprofen)  
Sulindac  
Surgam (Tiaprofenic Acid)  
Synflex (Naproxen)

**T**

Tabcin Effervescent (Aspirin)  
Tenoxicam  
Tiaprofenic Acid  
Tiloket (Ketoprofen)  
Tolfenamic Acid  
Toptabs (Aspirin)

**V**

Valdic (Diclofenac)  
Valket (Ketoprofen)  
Vimovo (Naproxen)  
Volraman (Diclofenac)  
Volsaid (Diclofenac)  
Voltarol Several Preparations (Diclofenac)  
Vostar (Diclofenac)

**Z**

Zymed (Diclofenac)