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## Change Notification UK National Blood Services No. 23 - 2021

# **Coronavirus Vaccination**

This change applies to the Deceased and Live Tissue Donor Selection Guidelines as stated below

#### **Deceased Tissue Donor Selection Guidelines**

Please amend the following sections of this entry:

Obligatorv:	a) Recipients of a COVID-19 vaccine in the UK vaccination programme-
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	Must not donate if:
	i) Less than seven days after the last immunization was given.
	ii) If donor felt unwell after vaccination, must not donate for 7 days after resolution of symptoms.
	<ul> <li>Recipients of a COVID-19 vaccine outside the UK vaccination program, including participants in clinical trials or donors vaccinated outside the UK</li> </ul>
	Refer to Designated Clinical Support Officer for individual risk assessment. See additional information.
Discretionary:	Donors may be accepted less than 7 days after the date of the most recent vaccination if vaccinated as part of the UK vaccination programme, subject to individual risk assessment. See additional information. Recipients of a COVID-19 vaccine in the UK vaccination programme: Accept
See if Relevant:	Coronavirus Infection Immune thrombocytopenia Immunoglobulin therapy
Additional Information:	Individuals vaccinated with inactivated viruses or vaccines that do not contain live agents (i.e. mRNA and protein subunit vaccines) may be accepted as tissue and cell donors if they feel well after vaccination. After vaccination with attenuated viruses (e.g. virus vector-based other than non-replicating or live- attenuated virus vaccines) tissue and cell donors must by default be deferred for four weeks.
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	All COVID-19 vaccines currently licensed authorised in the UK are non-live. However as the effects of the newly developed coronavirus vaccines on donor health and donation safety are not fully established yet, as a precautionary principle a 7 day deferral from the date of vaccination, or deferral of donors who developed symptoms directly related to the vaccine for at least 7 days after the resolution of symptoms, is recommended.
	Deceased tissue donors who had been vaccinated with a non-live vaccine less than 7 days prior to death and had not had significant local or systemic reactions following vaccination can be accepted.
	Living tissue and cell donors, within 7 days after non-live vaccine, may be considered subject to individual risk assessment, if the benefit of the transplant outweighs the risks of donation.
	Immune thrombocytopenia (ITP) can occur after all types of COVID-19 vaccines. The incidence is unclear but may be similar to other vaccine induced ITP. There have been a small number of reports of vaccine induced thrombosis and thrombocytopenia syndrome (VITTS), in people receiving virus vector based (non-replicating) coronavirus vaccine. VITTS patients have severe clinical symptoms whilst ITP may be sub-clinical and go unnoticed on symptoms alone.
	VITT in the donor or treatment of the donor with IVIg following diagnosis of VITT is not a contraindication to tissue donation (pulmonary & aortic grafts, arteries, bone, tendons meniscus, skin and cornea /sclera). These tissues are not considered to be at risk for passenger lymphocyte syndrome. Islet transplantation is deemed to be low risk of passenger lymphocyte syndrome and could proceed after careful discussion and documentation of risk versus benefits with the patient.
	For donors vaccinated as part of a clinical trial or outside of the UK, the type of vaccine used should be established to determine the appropriate deferral period.
	There may be new types of vaccine that become available, and it may not be known which type of vaccine was used for immunisation. In situations where information about vaccine type is missing or the vaccination is experimental, a four-week deferral period should be applied.
	The ECDC recommends that if HSC donors have been vaccinated with attenuated vaccines in the four weeks before donation, a risk assessment should be carried out and taken into account when deciding on transplantation and, if transplanted, the recipient should be monitored post-transplant.
	The British Society for Immunology has published an infographic to explain to the general public the different types of COVID-19 vaccines, including brand names, available in the UK, in other countries, and in clinical trials. See the following link: <u>https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/types-vaccines-for-covid-19</u>
Reason for Change:	Remove reference to specific brands of vaccine. Remove 7-day deferral post vaccination, and new 'see if relevant' links, update of 'Additional Information' section.

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### Appendix 4 - Table of Immunizations

Diseases Protected against	Comments and example trade names of adult preparations	
COVID-19 (SARS-CoV-2)	Pfizer/BioNTech COVID-19 vaccine, AstraZeneca COVID-19 vaccine, Moderna COVID-19 vaccine <del>7 days post immunisation</del> ; see ' <u>Coronavirus</u> <u>vaccination</u> ' entry	<u>Non-Live</u>

#### Living Tissue Donor Selection Guidelines

Please amend the following sections of this entry:

Obligatory:	a) Recipients of a COVID-19 vaccine in the UK vaccination programme-
	Must not donate if: i) Less than seven days after the last immunization was given.
	ii) If donor felt unwell after vaccination, must not donate for 7 days after resolution of symptoms.
	<ul> <li>Recipients of a COVID-19 vaccine outside the UK vaccination program, including participants in clinical trials or donors vaccinated outside the UK</li> </ul>
	Refer to Designated Clinical Support Officer for individual risk assessment. See additional information.
Discretionary:	Donors may be accepted less than 7 days after the date of the most recent vaccination if vaccinated as part of the UK vaccination programme, subject to individual risk assessment. See additional information.
	Recipients of a COVID-19 vaccine in the UK vaccination programme: Accept
See if Relevant:	Coronavirus Infection Immune thrombocytopenia Immunoglobulin therapy
Additional Information:	Individuals vaccinated with inactivated viruses or vaccines that do not contain live agents (i.e. mRNA and protein subunit vaccines) may be accepted as tissue and cell donors if they feel well after vaccination. After vaccination with attenuated viruses (e.g. virus vector-based other than non-replicating or live- attenuated virus vaccines) tissue and cell donors must by default be deferred for four weeks.
	All COVID-19 vaccines currently <del>licensed</del> authorised in the UK are non-live. However as the effects of the newly developed coronavirus vaccines on donor

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	health and donation safety are not fully established yet, as a precautionary principle a 7 day deferral from the date of vaccination, or deferral of donors who developed symptoms directly related to the vaccine for at least 7 days after the resolution of symptoms, is recommended.
	Deceased tissue donors who had been vaccinated with a non-live vaccine less than 7 days prior to death and had not had significant local or systemic reactions following vaccination can be accepted.
	Living tissue and cell donors, within 7 days after non-live vaccine, may be considered subject to individual risk assessment, if the benefit of the transplant outweighs the risks of donation.
	Immune thrombocytopenia (ITP) can occur after all types of COVID-19 vaccines. The incidence is unclear but may be similar to other vaccine induced ITP. There have been a small number of reports of vaccine induced thrombosis and thrombocytopenia syndrome (VITTS), in people receiving virus vector based (non-replicating) coronavirus vaccine. VITTS patients have severe clinical symptoms whilst ITP may be sub-clinical and go unnoticed on symptoms alone.
	However, living tissue donors will have undergone routine pre-operative surgical assessment before donating tissues. Tissues donated by living donors are unlikely to contain viable passenger lymphocytes at the time of transplantation and therefore can be accepted for clinical use.
	For donors vaccinated as part of a clinical trial or outside of the UK, the type of vaccine used should be established to determine the appropriate deferral period.
	There may be new types of vaccine that become available, and it may not be known which type of vaccine was used for immunisation. In situations where information about vaccine type is missing or the vaccination is experimental, a four-week deferral period should be applied.
	The ECDC recommends that if HSC donors have been vaccinated with attenuated vaccines in the four weeks before donation, a risk assessment should be carried out and taken into account when deciding on transplantation and, if transplanted, the recipient should be monitored post-transplant.
	The British Society for Immunology has published an infographic to explain to the general public the different types of COVID-19 vaccines, including brand names, available in the UK, in other countries, and in clinical trials. See the following link: <u>https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/types-vaccines-for-covid-19</u>
Reason for Change:	Remove reference to specific brands of vaccine. Remove 7-day deferral post vaccination, add link to 'immune thrombocytopenia' entry and update of 'Additional Information' section.

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### Appendix 3 - Table of Immunizations

Diseases Protected against	Comments and example trade names of adult preparations	
COVID-19 (SARS-CoV-2)	Pfizer/BioNTech COVID-19 vaccine, AstraZeneca COVID-19 vaccine, Moderna COVID-19 vaccine <del>7 days post immunisation</del> ; see ' <u>Coronavirus</u> <u>vaccination</u> ' entry	<u>Non-Live</u>

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