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Issued by JPAC: 15 July 2020 Implementation: To be determined by each Service

## Change Notification UK National Blood Services No. 38 - 2020

## **Viral Haemorrhagic Fever**

These changes apply to ALL the Tissue and Cells Donor Selection Guidelines

Please make the following changes to this topic:

Includes	Crimean-Congo Fever Ebola Virus Disease Lassa Fever Marburg Fever
1. Affected Individual	
Obligatory	Must not donate if: a) Has ever been infected
2. Contact or traveller to endemic country	
Obligatory	Must not donate if: a) Was present in an area during an active outbreak b) Under investigation for viral haemorrhagic fever c) Has been in contact with an individual who was present in an area during an active outbreak d) Was in contact with an individual infected with, or was under investigation for viral haemorrhagic fever e) less than six months after return to UK from an endemic area when there was no active outbreak Under exceptional circumstances, the donor may be accepted subject to individual risk assessment. Refer to designated medical officer. See additional information section

## **\Continued**









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Discretionary  3. Sexual Partner of Affecte	Accept if: a) If more than 6 months after return to UK from an endemic area when there was no active outbreak at the time of visit b) If the individual, or the contact person, under investigation had viral haemorrhagic fever infection excluded as diagnosis.
Obligatory	Must not donate:  If the donor has had sex with an individual who had been diagnosed with a Viral Haemorrhagic Fever at any time before their last sexual contact.
See if Relevant	The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk.
Additional Information	These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. The 2014-16 outbreak of Ebola in West Africa had increased understanding about the persistence of the virus in affected individuals and the number of asymptomatic individuals who may be able to transmit the virus to others.  There is no routine screening test for EBOV currently available. There is an option to test donors serologically for the presence of anti-EBOV (antibodies) two months after the exposure event if a test becomes available. A reactive test would result in permanent deferral, a negative test would allow donation to proceed. Designated medical officers may seek expert advice where necessary, under exceptional circumstances.  There is evidence of persistent virus in individuals who recover from several forms of Viral Haemorrhagic Fever. For this reason, it is necessary to defer the sexual partners of these individuals.
Reason for Change	Guidance for travellers to endemic areas during active outbreaks and contacts with these infections has been updated in line with SaBTO advice in September 2017. A permanent deferral has been introduced for donors who have had sex with an individual who has been diagnosed with a Viral Haemorrhagic Fever, and definition of Viral Haemorrhagic Fever provided.

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Dr Sheila MacLennan