

Issued by JPAC: 15 July 2020	Implementation: To be determined by each Service
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Change Notification UK National Blood Services No. 39 - 2020

Infection - Acute

These changes apply to the Deceased Tissue Donor Selection Guidelines

Please make the following changes to this topic:

<i>Obligatory</i>	<p>See: Is there is a specific entry for the disease you are concerned about?</p> <p>Must not donate if: Less than two weeks from recovery from a systemic infection.</p>
<i>Discretionary</i>	<p>1. All tissues: If the clinician caring for the potential donor thinks that therapy given for a localised infection has successfully cleared it, accept.</p> <p>Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats, accept.</p> <p>Common acute local viral respiratory tract infections including colds, sore throats, and seasonal influenza, accept. See additional information.</p> <p>Cold sores and genital herpes, accept.</p> <p>2. Eyes. If caused by bacterial infection and the corneas are to be stored by organ culture, accept.</p>
<i>See if Relevant</i>	<p><u>Congo Fever</u> <u>Coronavirus Infection</u> <u>Crimean Fever</u> <u>Ebola Fever</u> <u>Herpes - Genital</u> <u>Herpes - Oral</u> <u>Lassa Fever</u> <u>Marburg Fever</u> <u>MRSA (Methicillin Resistant Staphylococcus Aureus)</u> <u>Myocarditis</u> <u>Steroid Therapy</u> <u>West Nile Virus</u></p>

Continued

<p><i>Additional Information</i></p>	<p>Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.</p> <p>Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.</p> <p>Potential donors who have been cared for on an ITU may have a local chest infection as a result of ventilation - these patients are acceptable as donors.</p> <p>Donors who have bacterial pneumonia are acceptable as eye donors. Other tissues may be accepted if the infection has been successfully treated, or with individual risk assessment to exclude severe or systemic sepsis. The same applies to a donor with seasonal influenza who had developed secondary bacterial infection.</p> <p>Donors who have had a positive screening test for MRSA (carriers) are acceptable, whereas donors with active MRSA infection at the time of death are not acceptable.</p> <p>There is no evidence that cold sores, genital herpes and common viral respiratory infections such as seasonal influenza, colds and sore throats can be passed on by processed tissue grafts.</p> <p>A risk assessment should be performed to ensure that retrieval staff are not put at risk from the infection.</p> <p>Unusual bacterial/fungal/protozoal infections Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immuno-compromised patients, or infections which lie dormant or may be difficult to eradicate.</p> <p>A risk assessment should be performed to ensure that retrieval staff are not put at risk from the infection.</p>
<p><i>Reason for Change</i></p>	<p>Add guidance re donor suitability in the presence of minor infections. To add additional guidance for evaluation of unusual infections for which no specific entry exists, as advised by SaBTO Microbiological Safety Guidelines, 2017. Updated guidance regarding donors who are recovering from seasonal influenza.</p>

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