**Institution Name:** Director General of Specialized Medical Care, MoH

**Document Title:** Policy and Procedure of Blood Donor Selection Criteria

**Approval Process**

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**ACKNOWLEDGMENT**

We thank CBB team

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| Dr. Thamina Muhammad Ashraf | CBB |
| Dr. Ahmed Elkashef | CBB |
| Dr. Eltantawi Gabr | CBB |
| Dr. Jamal Ahmed Abdullatif | CBB |
| Dr. Abdul Haadi Osama | CBB |
| Dr. Marian Gamal | CBB |
| Dr. Kawther Al-Harthi | CBB |
| Dr. Samia Ahmed | CBB |

for their major contribution in development of Blood Donor Selection Criteria

We also thank the National Blood Transfusion Committee members

| | |
|---|---|
| Dr Sabria Al Hashami | Royal Hospital |
| Dr. Zainab Al Arimi | DBBS |
| Dr. Thamina Muhammad Ashraf | CBB |
| Dr. Khalid Al Habsi | CBB |
| Dr Arwa Al Riyami | SQUH |
| Dr Khalid Al Hashmi | AFH |
| Dr Hana Al Arimi | ROPH |

And Mr. Assad AlQasmi for reviewing this document

**Acronyms:**

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| MOH | Ministry of Health |
| DBBS | Department of Blood Banks Services |
| CBB | Central Blood Bank |
| BTS | Blood Transfusion Services |
| SQUH | Sultan Qaboos University Hospital |
| AFH | Armed Force Hospital |
| RH | Royal Hospital |
| ROPH | Royal Oman Police Hospital |
| AIDS | Acquired Immunodeficiency Syndrome. |
| CJD | Creutzfeldt-Jakob disease |
| DIID | Donation-induced iron deficiency |
| NAT | Nucleic Acid Testing |
| HAV | Hepatitis A virus |
| HBV | Hepatitis B virus |
| HBsAg | Hepatitis B surface antigen |
| Anti-HBc | Antibodies to HBV core antigen |
| Anti-HBs | Antibodies to Hepatitis B surface antigen ( Ausab ) |
| HCV | Hepatitis C virus |
| HEV | Hepatitis E virus |
| HIV | Human Immunodeficiency virus |
| HTLVI/II | Human T- cell Lymphotropic viruses type I and type II. |

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| TTIs | Transfusion Transmitted Infections |
| STI | Sexual Transmitted Infection. |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| MSM | Men who have sex with men |
| UNAIDS | United Nations Programme on HIV/AIDS |
| vCJD | Variant Creutzfeldt-Jakob disease |
| WHO | World Health Organization |
| CCP | Covid-19 Convalescent Plasma |

# Policy and Procedure of Blood Donor Selection Criteria

## 1. Introduction

The primary responsibility of the Department of Blood Banks Services is to provide a safe, sufficient and timely supply of blood and blood products. In fulfilling this responsibility, the blood bank should ensure that the act of blood donation is safe and causes no harm to the donor. It should build and maintain a pool of safe, voluntary non-remunerated blood donors and take all necessary steps to ensure that the products derived from donated blood are efficacious for the recipient, with a minimal risk of any infection that could be transmitted through transfusion.

The criteria relate to the collection of (a) whole blood and (b) components by automated apheresis. All prospective blood donors should therefore be assessed for their suitability to donate blood, on each occasion of donation.

Key principles of blood donor selection are as follows:

- The health and safety of the donor as well as the recipient must be safeguarded.
- Only individuals in good health should be accepted as donors of whole blood and blood components.
- The selection of blood donors should be based on regularly reviewed selection criteria, without discrimination of any kind including gender, race, nationality, or religion.
- A prospective donor's health status and medical history should be evaluated for each donation, on the day of donation prior to blood collection.
- The blood bank should provide appropriate donor information and a simple donor questionnaire for health and risk assessment and obtain the donor's informed consent to blood donation.
- Staff should be suitably qualified and trained in the donor selection process.
- Good communication should be established between the blood bank staff and the donor, and donor confidentiality should be assured.

Blood bank has a primary duty to

- Protecting the health and safety of blood donors and ensuring confidentiality, privacy,
- Protecting the health of recipients of blood and blood products and ensuring the safety, quality and availability of blood and blood products

- All donations need to be treated as potentially infectious.
- Standard procedures for handling of biohazard material must be followed at all times.
- Universal precautions must be practiced at all stages of this procedure

The blood bank has a duty of care to provide counseling to all deferred donors and referral for their further management

## 2. Scope

The criteria relate only to whole blood collection and the apheresis of healthy volunteer donors and not to the clinical use of cell separators for plasma exchange and other therapeutic procedures.

A medically qualified person must be ultimately responsible for the selection, health and welfare of the donors. He or she should ensure that all staff appropriately trained and that clinical standards are maintained. Extreme care should be taken to ensure that undue pressure is not put-on persons to donate.

These criteria are reviewed regularly to ensure that the collected blood is safe and clinically efficacious as per the national standards

## 3. Purpose

The purpose of blood donor selection is to:

3.1 Protect donor health and safety by collecting blood only from healthy individuals".

3.2 Ensure patient safety by collecting blood only from donors whose donations, when transfused, will be safe for the recipients.

3.3 Identify any factors that might make an individual unsuitable as a donor, either temporarily or permanently

3.4 Reduce the unnecessary deferral of safe and healthy donors.

3.5 Ensure the quality of blood products derived from whole blood and apheresis donations.

3.6 Minimize the wastage of resources resulting from the collection of unsuitable donations.

## 4. Definitions

4.1 Apheresis

Any procedure in which blood is withdrawn from a donor, a portion (such as plasma, leukocytes, or platelets) is separated and retained, and the remainder is re-transfused into the donor

4.2 Donor deferral

The non-acceptance of a potential blood donor to donate blood or blood components, either temporarily or permanently, based on general health or medical condition, or the risk of exposure to pathogens

4.3 Donor selection

The process of assessing the suitability of an individual to donate blood or blood components against defined selection criteria

4.4 Risk behaviour

Behaviour that exposes an individual to the risk of acquiring transfusiontransmissible infection

4.5 Transfusion-transmissible infection (TTI)

An infection that is potentially capable of being transmitted by blood transfusion

## 5. Policy

5.1 Establish a national system for blood donor selection for the donation of blood or blood components.

5.2 All prospective blood donors, either donating as whole blood donations or through apheresis donations, should be assessed, prior to blood collection, for their suitability to donate on each occasion of donation, in every blood donation setting.

5.3 Donor acceptance and deferral policies for the prevention of TTI should be based on up-to-date information on the local epidemiology of infections, the markers screened for, the availability of suitable blood screening and confirmatory assays, and the technologies in use.

5.4 National donor selection criteria should define conditions of acceptance and deferral for each criterion.

5.5 Quality systems should be in place for blood donor selection, including selection criteria, staff training and documentation.

5.6 Blood transfusion services should have systems for the notification and counselling of individuals who have been deferred from blood donation and for their referral for further management if any abnormalities are found.

5.7 Blood transfusion services should establish mechanisms for monitoring and evaluation to assess the implementation and effectiveness of donor selection criteria.

## 6. Procedure

The steps involved in the donor selection process, prior to blood collection, refer to appendix 1:

6.1. Welcome the donor and give him / her donation form to complete

6.2. Register the donor's data on the system and check the donor status

6.3. If the donor is deferred, guide him/ her to the counseling room for medical advice and a re-test if required, explain the reasons and deferral period, and record the visit on the system

6.4. If the donor is active, guide him / her to next step for checking the vital signs (hemoglobin; blood pressure; pulse; weight and temperature).

6.5. Medical interview, pre-donation counseling, Health and risk factors assessment

6.6. After the medical interview, the donor may be Accepted or Deferred

6.7. If the donor is deferred, explain to him / her reasons and the deferral period and record on the blood donation form and the system

6.8. If the donor is accepted to donate blood, make sure that he / she has signed the consent and tell him to go to the blood donation hall to donate blood

6.9. Informed Consent.

Informed consent is a voluntary agreement given by the prospective donor to the donation of blood, to the testing of a blood sample for TTI, for the transfusion of the donated blood to patients and if required, for the use of the blood for additional tests, quality assurance or research purposes. To obtain informed consent, the BTS should provide the following minimum information to the potential donor:

- The donation process and potential adverse donor reactions
- The tests that will be performed (TTI and others) on the samples taken from the donated blood and the reasons for these tests.
- Confidentiality of all personal information, including test results.

The donor should sign and provide informed consent to the donation of blood or blood components on a voluntary basis. Informed consent signifies that the donor has understood the questionnaire, has provided accurate answers and is willing to donate blood.

It also indicates that the donor understands the blood donation process, the possibility of adverse reactions to blood donation, the risks of the transmission of infections through donated blood and the implications of any abnormalities that may be detected during the

donation process and blood screening and is providing consent for post-donation notification and counseling, if detected to have a positive viral infection marker or any other abnormality

## 7. Technical Recommendation

| Condition | Acceptance or Deferral | Recommendations |
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| Abortion / miscarriage | ▪ Temporary defer for 6 months.<br>o Female donors during pregnancy and up to 6 months after delivery (without lactation) or termination of pregnancy<br>o Female donors up to one year after delivery with lactation | ▪ Female donors should be deferred up to 6 months after abortion or miscarriage to allow for the recovery of iron stores. |
| Acne | ▪ Accept cases of mild acne if not infected, no systemic symptoms and venipuncture site is unaffected.<br>▪ Accept donors on topical treatments or long-term low-dose anti-biotics.<br>▪ Temporary defer for 3 years after last dose of Acitretin (Neotigason)<br>▪ Temporary defer for 4 weeks after the last dose of Isotretinoin (Roaccutane)<br>▪ Temporary defer for 14 days after last dose of oral antibiotics, tetracycline, erythromycin or Dianette if it is for acute infection.<br>▪ Permanently defer after use of Etretinate (Tigason) | ▪ Teratogenic and fetotoxic medicines deserve particular consideration as there is a theoretical risk of causing a fetal abnormality in the unlikely event that the blood is transfused to a pregnant female during the first trimester. Retinoids (etretinate, acitretin, isotretinoin) are highly teratogenic. |

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| Acupuncture | ▪ Temporary defer for 3 - 6 months following last Procedure. | ▪ If it is performed within a licensed institution from the Ministry of Health<br>o defer for 3 months following the last procedure.<br>▪ If it is performed within unlicensed institution from the Ministry of Health<br>o defer for 6 months following the last procedure |
| Age | ▪ Defer if outside acceptable age range (18 to 65 years) | ▪ Lower age limit<br>▪ A lower age limit should be set for blood donation, taking into account national legal requirements for consent,<br>▪ The lower age limit for blood donation is 18 years.<br>▪ Upper age limit<br>o The usual upper age limit for blood donation is 65 years.<br>o First-time donors older than 60 years and regular donors over the age of 65 may be accepted at the discretion of the responsible physician<br>▪ Donors are not accepted if more than 65 years of age, but if required, a medical health fitness certificate must be obtained from the family physician. |

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| Alcohol intake | ▪ Accept if no signs of intoxication | ▪ Accept if no signs of intoxication.<br>▪ Defer if displaying signs and symptoms of intoxication |
| Allergy | ▪ Accept if symptom free on the day of donation | Donors should be questioned about severe allergy to materials used in blood collection, such as latex or skin disinfectant, if present contact with these materials can be avoided.<br>▪ Accept Individuals with:<br>o Mild, localized or inactive conditions, without systemic symptoms |
| Anaemia | ▪ Refer to Haemoglobin | ▪ Donors whose haemoglobin levels are below the nationally defined threshold should be deferred, counselled and referred for medical assessment |
| Anaphylaxis | ▪ Permanent Defer | there is no evidence of harm resulting from blood donation by individuals with a history of anaphylaxis, the permanent deferral of such individuals is recommended as a precautionary measure |
| Antibiotics | ▪ Accept 14 days after completion of treatment | ▪ When assessing the donor, consider the underlying condition for which the medication is taken |
| Ankylosing spondylitis | ▪ Defer permanently | |

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| Arrhythmia | ▪ defer Permanently | |
| Arthritis | ▪ Accept if in good health only after detailed evaluation by the physician<br>▪ Permeant defere if rheumatoid disease or psoriatic arthropathy. | ▪ Accept Individuals with mild rheumatoid arthritis without systemic symptoms<br>▪ Accept Individuals with acute or chronic simple musculoskeletal disorders, such as:<br>o Back pain<br>o Sciatica<br>o Frozen shoulder<br>o Osteoarthritis<br>Provided these conditions do not inhibit their daily routine activities and they are able to climb on and off a donation couch without assistance |
| Asthma | ▪ Accept provided asymptomatic on maintenance dose of non-steroid and/or inhaled steroid medication<br>▪ Temporary defer for 14 days after full recovery from acute exacerbation<br>▪ Temporary defer for 14 days after completion of course of oral or injected steroid | ▪ Acute respiratory infections such as bronchitis: defer for 14 days following full recovery and cessation of any therapy, including antibiotics.<br>▪ Defer permanently individuals with:<br>o Respiratory disease if they are breathless at rest or on minimal exertion or are cyanosed.<br>o Severe obstructive airways disease, including those on long-term oral steroid therapy.<br>o Chronic or recurrent respiratory infections. |

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| Babesiosis | ▪ Defer permanently | Babesiosis (Babesia sp.) is transmitted by tick-borne intraerythrocytic parasites. Transfusion-transmission has been reported. |
| Biopsy | ▪ Accept after detailed evaluation by the physician<br>▪ Temporary defer till fully healed, normal activity is resumed and the results of the biopsy were benign | ▪ The indication for the procedure may be a reason for donor deferral, so it is necessary to assess underlying condition. |
| Blood transfusion | ▪ Temporary defer of donor who was recipient of blood and / or blood products for 12 months following transfusion<br>▪ Permeant defer if on regular treatment with plasma derived coagulation factors | ▪ Defer<br>o Former sexual contacts of individuals on regular treatment with plasma-derived coagulation factors: defer for 12 months after last sexual contact<br>o Current sexual contacts of individuals on regular treatment with plasma-derived coagulation factors<br>▪ Defer permanently<br>o Recipients of blood transfusion or any other human-derived therapeutic products since 1980 in a country in which the risk of vCJD has been identified |
| Bronchitis | ▪ Defer for 14 days after full recovery from acute respiratory infections and completion of treatment, including antibiotics. | ▪ Defer permanently individuals with:<br>o Severe obstructive airways disease, including those on long-term oral steroid therapy.<br>o Chronic or recurrent respiratory infections. |

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| Brucellosis | ▪ Defer permanently Individuals who have ever had a diagnosis of brucellosis | Brucellosis (undulant fever) is caused by the bacterium Brucella melitensis. It is usually acquired from an infected animal source. Transfusion-transmission has been reported in endemic regions. Infection is usually chronic; this may last for many years with bouts of sometimes quite serious illness. |
| Burns | ▪ Accept if fully healed | ▪ Accept if in good health only after detailed evaluation by the physician |
| Campylobacter | ▪ Temporary Defer for 28 days following full recovery | Post-transfusion sepsis may result from donor bacteraemia associated with gastrointestinal, urinary or wound infections.<br>▪ Defer individuals with:<br>o Symptoms suggestive of recent infection with salmonella, campylobacter or streptococcus: defer for 28 days following full recovery |
| Cardiovascular diseases | ▪ Accept patients with surgically corrected simple congenital cardiac malformation with no residual symptoms.<br>▪ Accept asymptomatic disorders; e.g. functional murmurs and mitral valve prolapse.<br>▪ Permanent defer all other conditions including cases of angina and arrythmia | Assessment of the suitability of individuals with cardiovascular disease should be based on the effect of the condition on the individual's ability to tolerate haemodynamic changes due to blood donation. |

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| Central nervous system Diseases | ▪ Accept if history of epilepsy or seizures provided off-medication and seizure free for 3 years<br>▪ Permanent defer of donors with all other conditions | Assessment of the suitability of prospective donors with central nervous system conditions should consider the well-being of the donor and the risk of transfusion-transmission of variant Creutzfeldt-Jakob disease (vCJD). |
| Cerebrovascular diseases | ▪ Permanent defer of Individuals with:<br>o Cerebrovascular disease (a history of transient cerebral ischaemic episodes or stroke)<br>o Dementia or neurodegenerative disease due to any cause<br>o Multiple sclerosis or other demyelinating diseases | |
| Chagas disease | ▪ Permanently defer | ▪ Defer permanently<br>o Individuals who have ever had a diagnosis of Chagas disease<br>o Individuals with an identified risk of Chagas disease:<br>o Born in, resided in for 6 months or more, or have mother or maternal grandmother born in an endemic area<br>o Received blood transfusion or organ transplant in an endemic area<br>o Travel for 28 days or more in a rural community in an endemic area |

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| Chickenpox | ▪ Temporary defer for 14 days following full recovery | ▪ Defer<br>o Individuals with measles, rubella, mumps or chickenpox: defer for 14 days after full recovery<br>o Individuals in close contact with patients having active measles, rubella, mumps or chickenpox and who are asymptomatic: Defer for 21 days following last day of close contact |
| Chikungunya virus | ▪ Temporary defer for 6 months | ▪ Defer<br>○ Individuals with a history of dengue or chikungunya virus: defer for 6 months following full recovery from infection<br>○ Individuals who have visited an area endemic for chikungunya: defer for 28 days following return<br>▪ Have suffered a febrile illness during or following return from an endemic region: defer for 6 months following full recovery from infection |
| Cholecystitis | ▪ Accept when fully recovered | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection.<br>▪ Accept Individuals with:<br>o Gallstones<br>o Cholecystitis, when fully recovered |

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| Coagulation disorders | ▪ Accept Individuals with carrier states for inherited coagulation disorders, after physician evaluation and discretion<br>▪ Defer permanently if coagulation factor deficiencies whether inherited or acquired | ▪ Accept Individuals with carrier states for inherited coagulation disorders including haemophilia A or B, after physician discretion and evaluation provided, he/she have not received treatment with blood products |
| Coeliac disease | ▪ Temporary defer until fully treated | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection.<br>▪ Accept Individuals with:<br>o Treated coeliac disease |
| Colitis | ▪ Accept irritable bowel syndrome without debility<br>▪ Temporary defer donor with active inflammatory bowel disease unless well, in long-term remission and meets minimum haemoglobin levels for blood donation<br>▪ Permanent defer of Individuals with malabsorption syndromes (except treated coeliac disease) | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss or may be a portal of entry for infection. |

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| Common cold | ▪ Temporary deferral for 14 days after full recovery and completion of therapy<br>▪ Temporary deferral of donors on antibiotic treatment for acute infections for 14 days after completion of treatment | Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, and diarrhea) may indicate the presence of an acute infection that may be transmissible by transfusion. |
| Contraceptive Use | ▪ Accept if used for pregnancy regulation or for treatment of menopausal symptoms<br>▪ Permanent defer if Used for treatment of malignancy. | The use of contraceptive should not normally be a reason to defer a donor. |
| Corona viruses (Covid-19) | ▪ Accept after 28 days from resolution of symptoms | ▪ Donors categorized as per symptoms and test results<br>o Symptoms + test positive = accept after 28 days from resolution of symptoms<br>o Symptoms + test negative = accept 14 days from resolution of symptoms<br>o Symptoms + not tested = accept 28 days from resolution of symptoms<br>o No symptoms + test positive = accept 28 days from the date of positive test<br>o Isolation due to travel + no symptoms = accepted after 14 days from the 1st day of isolation<br>o Isolation due to travel + symptoms = as above (with test or without test)<br>o Isolation due to contact to confirmed case + symptoms = accepted 28 days from resolution of symptoms |

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| | | ○ Isolation due to contact to confirmed case + no symptoms = accepted 14 days from last contact<br><br>▪ CCP donors<br>Accept 14 days from resolution of symptoms (at around one month from the onset of symptoms) and up to 3 months or more according to the IgG level<br>▪ Additionally, prospective blood donors who are tested at the port of disembarkation are re-tested upon arrival at Oman. They are tested again after completion of seven days of isolation.<br>These can be accepted for blood donation after completion of isolation period provided both tests are negative |
| Cosmetic treatment | ▪ Temporary defer for 3 - 6 months following last Procedure | ▪ If it is performed within a licensed institution from the Ministry of Health<br>○ defer for 3 months following the last procedure<br>▪ If it is performed within unlicensed institution from the Ministry of Health<br>○ defer for 6 months following the last procedure |

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| Creutzfeldt-Jakob disease (CJD) | ▪ Permanent defer | ▪ Defer permanently<br>o Individuals with sporadic or familial CJD<br>o First-degree relatives of individuals with sporadic or familial CJD<br>o Individuals with vCJD<br>o Individuals who have received a transfusion or any other human-derived therapeutic products since 1980 in a country in which the risk of vCJD has been identified<br>o Individuals with a history of treatment with pituitary-derived human growth hormone, human gonadotrophin, dura mater graft, corneal transplant or neurosurgery |
| Crohn's disease | ▪ Permanent defer | ▪ Defer Individuals with:<br>o Active inflammatory bowel disease (ulcerative colitis or Crohn's disease).<br>o They may be accepted if they are well, in long-term remission and meet the minimum haemoglobin levels for blood donation |
| Dementia | ▪ Permanent defer | ▪ Defer permanently Dementia or neurodegenerative disease due to any cause |

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| Dengue virus | ▪ Temporary defer for 6 months | ▪ Defer<br>o Individuals with a history of dengue or chikungunya virus: defer for 6 months following full recovery from infection<br>o Individuals who have visited an area endemic for chikungunya: defer for 28 days following return<br>o Have suffered a febrile illness during or following return from an endemic region: defer for 6 months following full recovery from infection |
| Dental treatment | ▪ Temporary defer for 7 days after any Dental work | Dental procedures, although minor, are associated with transient bacteraemia. |
| Depression | ▪ Accept Individuals with Anxiety disorders or mood (affective) disorders (e.g. depression, bipolar disorder), on physician discretion and evaluation<br>▪ Defer permanently individuals with psychotic disorders requiring maintenance treatment | |

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| Dermatomyositis | ▪ Defer Permanently | Assessment of the suitability of prospective donors with skin diseases should consider whether:<br>✓ The condition is a manifestation of systemic disease<br>✓ The donor is receiving prescribed medication such as antibiotics, anti-inflammatory agents, immunosuppressants or vitamin A analogues<br>✓ There is a risk of infection entering the bloodstream |
| Diabetes | ▪ Accept Individuals with Diabetes mellitus well-controlled by diet or oral hypoglycemic medication, provided that has not been changed in type or dose in the last three months and they have no complication as history of orthostatic hypotension and no evidence of infection, neuropathy, vascular disease or peripheral ulceration<br>▪ Permanently deferred Individuals with<br>o Diabetes that require insulin because of concerns regarding diabetes-related complications and an increased risk of hepatitis and other infections if safe injection practices cannot be assured.<br>o Complications of diabetes with multi-organ involvement | ▪ Accept diabetes mellitus controlled by diet or oral medication provided no complications<br>▪ Defer permanently if requires insulin treatment or has complications |

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| Diagnostic procedures | ▪ Refer to Biopsy | |
| Diarrhea | ▪ Accept chronic diarrhea due to irritable bowel syndrome without debility; otherwise defer<br>▪ Temporary deferral for 14 days after full recovery and completion of therapy, including antibiotic<br>▪ Temporary deferral for 28 days if symptoms suggestive of Yersinia enterocolitica<br>▪ Temporary deferral for 28 days after full recovery for individuals with symptoms suggestive of recent infection with salmonella, campylobacter or streptococcus | |
| Diverticular disease | ▪ Accept on physician discretion and evaluation | |

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| Drug abuse | ▪ Defer permanently | ▪ Defer permanently individuals with a history of intranasal cocaine<br>▪ Defer permanently individuals with a history of injecting drug use, current and past |
| Eczema | ▪ Accept individuals with mild eczema, not infected, and not affected venepuncture site and they have not received immunosuppressive or retinoid treatment after physician evaluation | Assessment of the suitability of prospective donors with skin diseases should consider whether:<br>✓ The condition is a manifestation of systemic disease<br>✓ The donor is receiving prescribed medication such as antibiotics, anti-inflammatory agents, immunosuppressants or vitamin A analogues<br>✓ There is a risk of infection entering the bloodstream |
| Epilepsy | ▪ Accept if history of epilepsy or seizures provided off-medication and seizure free for 3 years | |
| Epstein-Barr virus | ▪ Temporary defer at least 28 days after full recovery | Herpes viruses include herpes simplex types I and II, varicella-zoster, Epstein-Barr virus, cytomegalovirus and Kaposi's sarcoma-associated human herpes virus 8 (HHV8).<br>▪ Defer<br>o Individuals who are symptomatic for at least 28 days following full recovery<br>o Contacts of individuals who are symptomatic defer for 28 days |

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| Erythrocytosis | ▪ Accept secondary erythrocytosis due to smoking and high altitude<br>▪ Defer permanently if diagnosed as Polycythemia rubra vera | |
| Essential thrombocythaemia | ▪ Permanently defer | ▪ Defer permanently<br>o Individuals with a history of Polycythaemia rubra vera and essential thrombocythaemia |
| Fever<br>(non-specific) | ▪ Temporary defer for 14 days after full recovery | Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, and diarrhea) may indicate the presence of an acute infection that may be transmissible by transfusion. |
| Fracture | ▪ Accept when plaster is removed and mobile, after physician evaluation<br>▪ Temporary defer of Individuals with fractures until plaster or external fixation is removed and they are fully mobile | Assessment of the suitability of prospective donors depends on the nature and severity of the disorder and the mobility of the donor |

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| Frequency of donation | ▪ The minimum interval between donations of whole blood should be 3 months for both males and females<br>▪ If platelet apheresis ---- 2 weeks | **A-** <u>After donating a whole blood unit</u>:<br>▪ A donor should not donate platelet or plasma for a period of 4 weeks.<br>▪ A donor should not donate RBC apheresis for a period of 3 months.<br>▪ A donor should not donate a whole blood unit for a period of 3 months.<br>**B-** <u>After donating RBC apheresis</u> :<br>▪ A donor should not donate platelet or plasma for a period of 4 weeks.<br>▪ A donor should not donate RBC apheresis for a period of 3 months.<br>▪ A donor should not donate a whole blood unit for a period of 3 months.<br>**C-** <u>After platelet or plasma apheresis donation:</u><br>▪ A donor should not donate whole blood a period of 4 weeks.<br>▪ A donor should not donate RBC apheresis for a period of 4 weeks.<br>▪ A donor should not donate platelet or plasma apheresis for a period of 2 weeks. |
| Gallstones | ▪ Accept Individuals with:<br>o Gallstones if well<br>o Cholecystitis, when fully recovered | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection |

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| Gastro-esophageal reflux | ▪ Accept Individuals with Mild gastro-esophageal reflux | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection |
| Gonorrhea | ▪ Permanently defer | Syphilis, yaws and gonorrhea are common sexually-transmitted diseases; it should be noted that a history of sexually transmitted disease is an important indicator for sexual behaviors associated with HIV transmission.<br>▪ Permanently defer<br>o Individuals who have ever had a diagnosis of gonorrhea<br>o Current sexual contacts of individuals with gonorrhea<br>o Former sexual contacts of individuals with gonorrhea |
| G6PD deficiency | ▪ Accept if no history of haemolysis<br>▪ Permanently defer if history of haemolysis | |
| Haematological malignancy | ▪ Permanently defer | ▪ Defer permanently individuals with current or past haematological malignancy, including:<br>o Leukaemia: i.e. lymphoproliferative and myeloproliferative disorders<br>o Lymphomas<br>o Myelodysplastic syndromes |

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| | | ○ Clonal haematological disorders such as:<br>- Polycythaemia rubra vera and essential thrombocythaemia<br>- Paroxysmal nocturnal haemoglobinuria |
| Haemochromatosis | ▪ Accept Individuals with hereditary haemochromatosis provided fulfil all other donor selection criteria and treatment has not been required. | |
| Haemoglobin level for blood donation | ▪ Male not less than 13.0 g/dl<br>▪ Female not less than 12.0 g/dl<br>Upper limits:<br>All Donors must not donate if the haemoglobin concentration is greater than<br>a) Female donors : 16.5 g/dl<br>b) Male donors : 18.0 g/dl<br>If the haemoglobin concentration for males is greater than 18.0 g/dl and, for females greater than 16.5 g/dl and Polycythemia Rubra Vebra has been excluded, accept | Defer as following:<br>❖ <u>Male</u><br>- From 12.0 to12.9 g/dl defer 1 month<br>- From 10.0 to 11.9 g/dl defer 3 month<br>- Less than 10.0 g/dl defer 6 month and refer to health center<br>❖ <u>Female</u><br>- From 11.5 to11.9 g/dl defer 1 month<br>- From 10.0 to 11.4 g/dl defer 3 month<br>- Less than 10.0 g/dl defer 6 month and refer to health center |

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| Haemoglobinopathies | ▪ Accept traits, provided they are well and meet the minimum haemoglobin level and other selection criteria for blood donation<br>▪ Defer permanently thalassemia major or sickle cell disease<br>▪ Defer sickle cell trait for blood donation by apheresis procedure or for whole blood donation if the blood is to be leucofiltered | Sickle cell trait: accept for whole blood donation provided they meet the minimum haemoglobin level for blood donation; blood donated by sickle cell trait individuals is, however, not suitable for leucodepletion,<br>intrauterine transfusion, neonatal exchange transfusion or for patients with sickle cell disease |
| Haemophilia | ▪ Defer permanently Individuals with coagulation factor deficiencies, whether inherited or acquired | ▪ Accept Individuals with carrier states for inherited coagulation disorders including haemophilia A or B, on physician evaluation and provided have not received treatment with blood products |
| Hepatitis A, hepatitis E, and hepatitis of unknown origin | ▪ Temporary defer for 12 months following full recovery | ▪ Defer Sexual contacts, household and other close contacts of individuals with HAV, HEV or hepatitis of unknown origin for 12 months since last contact or full recovery |

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| Hepatitis B | ▪ Defer permanently. | ▪ Accept<br>The following individuals may be accepted for blood donation provided they have been tested and found to be NAT Non-Reactive, negative for HBsAg, and negative for anti-HBc; if anti-HBc positive, they must have anti-HBs greater than 100 mIU/ml:<br>o Individuals with a past history of HBV if more than 12 months ago<br>o Current sexual contacts of individuals with a history of HBV infection if more than 12 months ago<br>o Current and former household contacts who have been successfully immunized against HBV and are anti-HBs positive more than 100 mIU/ml but anti-HBc negative<br>o Donors with initially reactive results for HBsAg but confirmed to be non-reactive: re-entry procedures should be established and followed<br>▪ Defer<br>o Individuals with active HBV infection or a history of infection within the last 12 months<br>o Current sexual and household contacts of individuals with active HBV infection<br>o Former sexual contacts of individuals with active HBV infection: defer for 12 months since last sexual contact<br>o Former household contacts of individuals with active HBV infection: defer for 6 months since last contact<br>o Health workers who have suffered an inoculation or mucosal injury: defer for 12 months following the exposure; health workers who have been vaccinated against HBV should be assessed individually |

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| Hepatitis C | ▪ Defer permanently | ▪ Defer permanently<br>o individuals with current or past HCV infection<br>o Current sexual contacts of individuals with current or past HCV infection.<br>▪ Accept<br>The following individuals may be accepted for blood donation provided they have been tested and found to be NAT Non-Reactive<br>o Former sexual contacts of individuals with HCV infection after 12 months since last sexual contact<br>o Current household contacts of individuals with HCV infection after 12 months provided that the donor have enough information about HCV<br>o Former household contacts after 6 months provided that the donor have enough information about HCV |

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| Herpes | ▪ Accept individuals with cold sores and genital herpes, provided there are no active lesions<br>▪ Defer Permanently all other types | ▪ Defer<br>o Individuals who are symptomatic (except HHV8 infection): defer for at least 28 days following full recovery<br>o Contacts of individuals who are symptomatic (except HHV8 infection): defer for 28 days<br>▪ Defer permanently<br>o Individuals with Kaposi's sarcoma-associated human herpes virus 8 (HHV8 infection)<br>o Current and former sexual contacts of individuals with HHV8 infection |
| Hiatus hernia | ▪ Accept mild cases, provided well | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection |

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| HIV / AIDS | ▪ Defer permanently | ▪ Defer permanently<br>o Individuals with present or past clinical or laboratory evidence of HIV infection<br>o sexual contacts of individuals with HIV infection<br>o Individuals whose sexual behaviour put them at high risk of transfusion transmissible infections<br>o sexual contacts of individuals whose sexual behaviour put them at high risk of transfusion-transmissible infections |
| Hormone Replacement Therapy | ▪ Defer permanently if:<br>o Used for malignancy.<br>o A recipient of human gonadotrophin of pituitary origin.<br>o A recipient of human pituitary growth hormone.<br>o A recipient of replacement adrenal steroid hormones. | Accept Contraceptive if used for pregnancy regulation or for treatment of menopausal symptoms |

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| HTLV | ▪ Defer permanently individuals with HTLV 1 and / or HTLV 2 infection | ▪ Accept<br>o Household contacts of individuals with HTLV I and/or II infection<br>o Individuals whose mother or maternal grandmother has or had HTLV I and/ or II infection, if blood screening for HTLV I and/or II infection is available<br>o Former sexual contacts of individuals with HTLV I and/or II infection if more than 12 months after the last sexual contact, and blood screening for HTLV I and/or II infection is available<br>▪ Defer<br>o Current sexual contacts of individuals with HTLV I and/or II infection<br>o Former sexual contacts of individuals with HTLV I and/or II infection: defer for 12 months after last sexual contact<br>▪ Defer permanently<br>o Individuals with HTLV I and/or II infection<br>o Individuals whose mother or maternal grandmother has or had HTLV I and/or II infection, if blood screening for HTLV I and/or II infection is not available<br>o Former sexual contacts of individuals with HTLV I and/or II infection, if blood screening for HTLV I and/or II infection is not available |

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| Hypertension | ▪ Accept stable uncomplicated hypertension controlled by medication<br>▪ Defer if recently started or changed anti-hypertensive medication until 28 days after blood pressure stabilized<br>▪ Defer permanently if hypertensive heart or renal disease | Donors who have recently started taking anti-hypertensive medication or for whom the dose of anti-hypertensive medication has been adjusted should be deferred for a period of 28 days after the blood pressure has been stabilized.<br>▪ Accepted range<br>o Male<br>From 110/70 mm/Hg to 150/100mm/Hg.<br>o Female<br>From 110/70 mm/Hg to 140/90 mm/Hg. |
| hyopgamaglobulinaemia | ▪ Defer permanently | ▪ Defer permanently<br>o Immunosuppression due to congenital or acquired hypogammaglobulinaemia or immunosuppressive medication, with the exception of individuals with IgA deficiency |
| Immunization | ▪ Refer to vaccination | |

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| Immunological diseases | ▪ Accept individuals with:<br>o Mild, localized or inactive conditions, such as vitiligo or mild rheumatoid arthritis without systemic symptoms<br>o History of allergy, provided they are well and free from allergic symptoms on the day of donation<br>o Asthma<br>o Eczema<br>▪ Defer permanently individuals with:<br>○ Severe debilitating autoimmune disorders such as systemic lupus erythematosus, dermatomyositis or severe rheumatoid disease<br>○ Immunosuppression due to congenital or acquired hypogammaglobulinaemia or immunosuppressive medication<br>○ History of anaphylaxis | Donors should be questioned about severe allergy to materials used in blood collection, such as latex or skin disinfectant, so that contact with these materials can be avoided. |

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| Infections<br>(acute bacterial) | ▪ Accepted 14 days after full recovery and completion of antibiotic treatment<br>▪ Defer for 28 days following full recovery and completion of treatment if symptoms suggestive of infection with salmonella, campylobacter, streptococcus or staphylococcus | ▪ Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, diarrhoea) may indicate the presence of an acute infection that may be transmissible by transfusion<br>▪ Post-transfusion sepsis may result from donor bacteraemia associated with gastrointestinal, urinary or wound infections<br>▪ Donors should be asked to confirm that they are free from such symptoms on the day of donation and that they have fully recovered from any recent infection(s) |
| Influenza | ▪ Accept : Asymptomatic individuals with no close contact with those having active infection<br>▪ Defer Symptomatic individuals with active infection: defer for 14 days after full recovery and cessation of any therapy<br>▪ Defer Asymptomatic household contacts and other close contacts of symptomatic individuals with active infection for 7 days after last day of close contact | For sporadic cases, individuals with active infection should be deferred until 14 days after full recovery; susceptible contacts should be deferred for 7 days after the implicated individual has recovered. |
| Inoculation injury | ▪ Defer 6 months following exposure (needle stick injury) | Health workers who have suffered an inoculation or mucosal injury: defer for 12 months following the exposure |
| Iron deficiency | ▪ Refer to Haemoglobin | |

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| Irritable bowel syndrome | ▪ Accept if without debility | Assessment of the suitability of individuals with diseases of the gastro-intestinal tract should be based on whether the condition is associated with malabsorption and/or acute or chronic blood loss, or may be a portal of entry for infection<br>▪ Accept Individuals with: Irritable bowel syndrome without debility |
| Leishmaniasis | ▪ Defer<br>o Individuals who have spent extended periods in endemic areas: defer for at least 12 months since their last return<br>▪ Defer permanently<br>o Individuals who have ever had a diagnosis of leishmaniasis | Leishmaniasis is a parasitic disease endemic in the tropics and subtropics,<br>Transmitted by the bite of infected sand-flies<br>The parasite (*Leishmania sp.*) has the potential for transfusion-transmission<br>. |
| Leukaemia | ▪ Defer permanently | ▪ Defer permanently individuals with<br>o current or past haematological malignancy, including:<br>✓ Leukaemia: i.e. lymphoproliferative and myeloproliferative disorders<br>✓ Lymphomas |
| Lyme disease | ▪ Defer Individuals with a current diagnosis of Lyme disease: defer for 28 days following completion of treatment and full recovery, whichever is longer | The spirochete *Borrelia burgdorferi* is carried by insect vectors including ticks, horseflies and mosquitoes. It can survive blood storage temperatures. Transfusion transmission is possible |

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| Lymphoma | ▪ Defer permanently | ▪ Defer permanently individuals with<br>o current or past haematological malignancy, including:<br>✓ Leukaemia: i.e. lymphoproliferative and myeloproliferative disorders<br>✓ Lymphomas |
| Malaria | ▪ Defer permanently<br>○ Individuals who have ever had a diagnosis of malaria | ❖ <u>Recommendations based on the availability of Malaria Ab ELISA test at the CBB:</u><br>▪ Defer permanently<br>o Individuals who have ever had a diagnosis of malaria<br>▪ Defer Individuals:<br>o Who born and lived in malaria non-endemic areas and have travelled to malaria endemic areas and who have had no symptoms:<br>✓ defer for 4 months from last return from a malarias' area, Malaria screening should be done thereafter till they complete 12 months.<br>✓ Can be accepted if they complete 12 months after last return from endemic area without testing.<br>o Who born and lived in non-endemic areas and have travelled to malaria endemic areas and who have had febrile symptoms, but not diagnosed as malaria: defer for 4 months following full recovery or last return from a malaria's area, whichever is the longer, Malaria screening should be done thereafter till they complete 12 months. |

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| | | ▪ Defer Individuals:<br>o Who born and lived in malaria endemic areas ( now resident in non-endemic areas) and have travelled to malaria endemic areas and who have had no symptoms: defer for 4 months from last return from a malarias' area, Malaria screening should be done<br>o Who born and lived in endemic areas (now resident in non-endemic areas) and have travelled to malaria endemic areas and who have had febrile symptoms, but not diagnosed as malaria: defer for 4 months following full recovery or last return from a malaria's area, whichever is the longer, Malaria screening should be done |
| Malabsorption syndromes | ▪ Defer permanently | ▪ Accept Individuals with:<br>o Irritable bowel syndrome without debility<br>o Diverticular disease, if well<br>o Mild gastro-oesophageal reflux<br>o Mild hiatus hernia<br>o Treated coeliac disease<br>▪ Defer permanently Individuals with malabsorption syndromes (except treated coeliac disease) |

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| Malignant diseases | ▪ Defer permanently | ▪ Defer permanently individuals with<br>o current diagnosis of malignancy<br>o past history of solid malignant tumour<br>o history of malignant melanoma<br>o current or past haematological malignancy, including:<br>- Leukaemia: i.e. lymphoproliferative and myeloproliferative disorders<br>- Lymphomas<br>- Clonal haematological disorders such as:<br>✓ Polycythaemia rubra vera and essential thrombocythaemia<br>✓ Paroxysmal nocturnal haemoglobinuria<br>- Myelodysplastic syndromes |
| Measles | ▪ Defer<br>o Individuals with measles, rubella, mumps or chickenpox: defer for 14 days after full recovery<br>o Individuals in close contact with patients having active measles, rubella, mumps or chickenpox and who are asymptomatic: Defer for 21 days following last day of close contact | Infections with childhood illnesses such as measles, rubella, mumps and Chickenpoxes are known to occur in adults. |

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| Medications | ▪ Defer<br>o Aspirin: 10 days if platelet apheresis donation<br>o Other NSAIDs: 10 days if platelet apheresis donation<br>o Acitretin: defer for 3 years<br><br>**NB: Accept aspirin and other NSAIDs as whole blood donation without processing platelets after exclude the underlying causes.**<br><br>o Isotretinoin: defer for 28 days<br>o Dutasteride: defer for 6 months<br>o Finasteride: defer for 28 days<br>o Antibiotics for acute infections: - 14 days after completion of Treatment<br><br>▪ Defer permanently individuals treated with human pituitary-derived growth hormone | The BTS should consider the following principles in developing deferral criteria for medications:<br>▪ Pharmacodynamics<br>▪ Pharmacokinetics<br>▪ Teretogenicity<br>▪ Cytotoxicity<br>▪ Fetotoxicity |
| Menstruation | Accept Female donors during menstruation provided that they feel well and meet the minimum hemoglobin level for blood donation | ▪ Defer<br>o Female donors during pregnancy and up to 6 months after delivery (without lactation) or termination of pregnancy<br>o Female donors up to one year after delivery with lactation |

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| Minor illnesses | ▪ Defer 14 days after full recovery from acute infection and completion of antibiotic treatment | Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, and diarrhea) may indicate the presence of an acute infection that may be transmissible by transfusion.<br>It is advisable as a precautionary measure to defer blood donation until any such infection has resolved. |
| Multiple sclerosis | ▪ Defer permanently | Individuals with multiple sclerosis should be permanently deferred because of the progressive nature of the condition and uncertainty regarding the etiology. |
| Mumps | ▪ Defer<br>o Individuals with measles, rubella, mumps or chickenpox: defer for 14 days after full recovery<br>o Individuals in close contact with patients having active measles, rubella, mumps or chickenpox and who are asymptomatic: Defer for 21 days following last day of close contact | Infections with childhood illnesses such as measles, rubella, mumps and Chickenpoxes are known to occur in adults. Individuals suffering from any of these childhood illnesses and their close contacts should be identified as ‘at-risk’ donors and should be deferred for a defined period of time |

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| Musculoskeletal disorders | ▪ Accept Individuals with acute or chronic simple musculoskeletal disorders, such as:<br>o Back pain<br>o Sciatica<br>o Frozen shoulder<br>o Osteoarthritis<br>▪ Defer permanently Individuals with systemic diseases affecting joints, such as:<br>o Rheumatoid disease<br>o Psoriatic arthropathy<br>o Ankylosing spondylitis<br><u>Fracture</u><br>o Defer individuals with fractures until plaster or external fixation is removed and they are fully mobile | |
| Myelodysplastic syndrome | ▪ Defer permanently | |
| Nephritis | ▪ Defer acute nephritis : till renal function become normal, this may require up to 5 years after full recovery | |
| Peptic ulcer | ▪ Defer Individuals with: Active peptic ulceration until completion of treatment and full recovery | |

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| Piercing | ▪ Temporary defer for 3 - 6 months following last Procedure | ▪ If it is performed within a licensed institution from the Ministry of Health<br>o defer for 3 months following the last procedure<br>▪ If it is performed within unlicensed institution from the Ministry of Health<br>o defer for 6 months following the last procedure |
| Platelet disorders | ▪ Defer permanently | |
| Polycythaemia | ▪ Accept secondary erythrocytosis<br>▪ Defer permanently individuals with<br>o Clonal haematological disorders such as:<br>✓ Polycythaemia rubra vera and essential thrombocythaemia | Donors with secondary erythrocytosis due to smoking may be accepted provided that polycythaemia rubra vera has been excluded and other donor selection criteria are fulfilled. |
| Pregnancy and lactation | ▪ Defer<br>o during pregnancy<br>o one year following delivery with lactation<br>o 6 months following delivery without lactation<br>o 6 months following termination | |

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| Prisons and penal institutions | ▪ Defer permanently | ▪ Defer permanently inmates of prisons and penal institutions |
| Psoriasis | ▪ Accept mild psoriasis provided lesions are not infected, there are no systemic symptoms, the venepuncture site is unaffected and they have not received immunosuppressive or retinoid treatment<br>▪ Defer permanently individuals with Psoriasis with infected lesions, systemic symptomms, affected venepuncture site or receiving immunosuppressive or retinoid treatment | ▪ Assessment of the suitability of prospective donors with skin diseases should consider whether:<br>o The condition is a manifestation of systemic disease<br>o The donor is receiving prescribed medication such as antibiotics, anti-inflammatory agent, immunosuppressants or vitamin A analogues<br>o There is a risk of infection entering the bloodstream |
| Psoriatic arthropathy | ▪ Defer permanently | Assessment of the suitability of prospective donors depends on the nature and severity of the disorder and the mobility of the donor.<br>▪ Defer permanently Individuals with systemic diseases affecting joints, such as:<br>o Psoriatic arthropathy<br>o Rheumatoid disease<br>o Ankylosing spondylitis |
| Psychiatric disorders | ▪ Accept anxiety disorder or mood disorder provided in generally good health, regardless of medication<br>▪ Defer permanently psychotic disorder requiring maintenance treatment | |

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| Pulmonary embolus | ▪ Defer permanently | ▪ Defer permanently individuals who have had :<br>o Pulmonary embolus<br>o Venous thrombosis<br>o thrombophlebitis |
| Red cell membrane defects | ▪ Accept if no history of hemolysis.<br>▪ Defer permanently if history of Hemolysis | ▪ Accept Individuals with G6PD deficiency or other inherited red cell membrane defects, without a history of hemolysis; however, their blood is not suitable for intrauterine transfusion, neonatal exchange transfusion or for patients with G6PD deficiency<br>▪ Defer permanently Individuals with G6PD deficiency or inherited red cell membrane defects, with a history of hemolysis. |

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| Renal diseases | ▪ Defer individuals with lower urinary tract infections: for 14 days after full recovery and completion of treatment.<br>▪ Accept if fully recovered from acute self-limiting condition (e.g. acute nephritis) provided renal function become normal, this may require up to 5 years after full recovery<br>▪ Defer permanently if chronic renal disease causing ill-health or anemia or associated with chronic or recurrent infection. | Assessment of the suitability of prospective donors with renal and urinary tract disorders should take into account the well-being of the donor and the risk of bacterial infection which may enter the bloodstream. |

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| Respiratory diseases | ▪ Accept individuals with asthma provided they are asymptomatic on a maintenance dose of non-steroid and/or inhaled steroid medication.<br>▪ Defer acute respiratory infection for 14 days following full recovery and completion of therapy, including antibiotics<br>▪ Defer permanently if breathless at rest or minimal exertion or if cyanosed, has severe obstructive airways disease (including if on long-term oral steroid therapy), or chronic or recurrent respiratory infection | ▪ Defer Individuals with:<br>o Asthma during an acute exacerbation: defer for 14 days after full recovery.<br>o Asthma on a course of oral or injected steroids: defer for 14 days following full recovery and cessation of oral or injected steroids.<br>o Acute respiratory infections such as bronchitis: defer for 14 days following full recovery and cessation of any therapy, including antibiotics.<br>▪ Defer permanently individuals with:<br>o Respiratory disease if they are breathless at rest or on minimal exertion or are cyanosed.<br>o Severe obstructive airways disease, including those on long-term oral steroid therapy.<br>o Chronic or recurrent respiratory infections. |
| Rickettsial infection | ▪ Defer temporarily individuals with:<br>o Rickettsial infection: defer for 6 months following completion of treatment or cessation of symptoms.<br>o Acute Q fever: defer for 2 years following completion of treatment and full recovery, whichever is the longer.<br>▪ Defer permanently individuals with chronic Q fever | Rickettsiae are organisms that are smaller than bacteria and, except for Q fever (*Coxiella burnetii*), require an insect vector.<br>Transfusion-transmissions of Q fever and Rocky Mountain spotted fever have rarely been reported |

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| Rocky Mountain spotted Fever | ▪ As previous (Rickettsial infection) | As previous (Rickettsial infection) |
| Rubella infection | ▪ Defer for 14 days following full recovery. | Infections with childhood illnesses such as measles, rubella, mumps and<br><br>Chickenpoxes are known to occur in adults. Individuals suffering from any of these childhood illnesses and their close contacts should be identified as 'at-risk' donors and should be deferred for a defined period of time.<br><br>▪ Defer<br>o Individuals with measles, rubella, mumps or chickenpox: defer for 14 days after full recovery<br>o Individuals in close contact with patients having active measles, rubella, mumps or chickenpox and who are asymptomatic: Defer for 21 days following last day of close contact |

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| Salmonella infection | ▪ Defer for 28 days following full recovery. | Post-transfusion sepsis may result from donor bacteraemia associated with gastrointestinal, urinary or wound infections.<br>Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, diarrhoea) may indicate the presence of an acute infection that may be transmissible by transfusion.<br>▪ Defer individuals with:<br>o Symptoms suggestive of recent infection with salmonella, campylobacter or streptococcus: defer for 28 days following full recovery<br>o Other evidence of potential infection with staphylococcus: e.g. recent superficial but significant wounds: defer for 14 days following full wound healing |
| Scarification | ▪ Temporary defer for 3 - 6 months following last Procedure | ▪ If it is performed within a licensed institution from the Ministry of Health<br>o defer for 3 months following the last procedure<br>▪ If it is performed within unlicensed institution from the Ministry of Health<br>o defer for 6 months following the last procedure |

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| Scleroderma | ▪ Permanent defer. | ▪ Defer permanently<br>o Scleroderma<br>o Systemic lupus erythematosus<br>o Dermatomyositis<br>o Systemic cutaneous amyloidosis |
| Sex workers | ▪ Permanent defer individuals and sexual contacts of individuals whose sexual behaviours put them at high risk of transfusion-transmissible infections | |
| Sexual behaviour (high risk) | ▪ Permanent defer individuals and sexual contacts of individuals whose sexual behaviours put them at high risk of transfusion-transmissible infections | |

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| Sickle cell disease | ▪ Accept sickle cell trait.<br>▪ Defer permanently sickle cell disease. | ▪ Accept Individuals with:<br>o Sickle cell trait: accept for whole blood donation provided they meet the minimum haemoglobin level and other selection criteria for blood donation ( blood donated by sickle cell trait individuals is, however, not suitable for leucodepletion, intrauterine transfusion, neonatal exchange transfusion or for patients with sickle cell disease )<br>▪ Defer<br>o sickle cell trait for blood donation by apheresis procedure or for whole blood donation if the blood is to be leucofiltered<br>▪ Defer permanently thalassemia major or sickle cell disease |

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| Skin diseases | ▪ Accept mild skin disease if lesions not infected, venepuncture site is unaffected.<br>▪ Defer if generalized skin disease and on systemic medication.<br>▪ Defer if contagious skin disease<br>▪ Defer permanently if systemic disease affecting skin. | Assessment of the suitability of prospective donors with skin diseases should consider whether:<br>☒ The condition is a manifestation of systemic disease<br>➢ The donor is receiving prescribed medication such as antibiotics, anti-inflammatory agents, immunosuppressants or vitamin A analogues<br>▪ There is a risk of infection entering the bloodstream<br>▪ Accept Individuals with<br>o Mild eczema<br>o Mild acne<br>o Mild psoriasis<br>▪ Defer Individuals with<br>Contagious skin diseases such as scabies and ringworm until cleared; while not a blood safety risk, there is a potential risk to blood collection staff<br>▪ Defer permanently<br>o Psoriasis with infected lesions, systemic symptoms, affected venepuncture site or receiving immunosuppressive or retinoid treatment<br>o Generalized skin disease(s) on systemic medication<br>o Scleroderma<br>o Systemic lupus erythematosus<br>o Dermatomyositis<br>o Systemic cutaneous amyloidosis |

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| Streptococcus infection | ▪ Defer for 28 days following full recovery.<br>▪ Defer for 14 days following full healing if recent superficial but significant wounds. | Minor non-specific symptoms (e.g. general malaise, pain, fever, headache, cough, diarrhoea) may indicate the presence of an acute infection that may be transmissible by transfusion.<br>Donors should be asked to confirm that they are free from such symptoms on the day of donation and that they have fully recovered from any recent infection(s). Individuals suffering from minor illnesses and not feeling well should not donate blood.<br>▪ Defer individuals with:<br>o Symptoms suggestive of recent infection with streptococcus: defer for 28 days following full recovery<br>o Other evidence of potential infection with staphylococcus: e.g. recent superficial but significant wounds: defer for 14 days following full wound healing |
| Stroke | ▪ Defer permanently. | |
| Surgery | ▪ Accept minor surgery when treatment is complete and successful and normal activity resumed after physician evaluation<br>▪ Defer for 12 months following major surgery.<br>▪ Defer permanently following neurosurgical procedure, duramater graft or corneal transplant. | |

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| Syphilis | ▪ Accept Household contacts of individuals with syphilis.<br>▪ Defer:<br>○ Current sexual contacts of individuals with syphilis<br>○ Former sexual contacts of individuals with syphilis: defer for 12 months since last sexual contact<br>▪ Defer permanently individuals who have ever had a diagnosis of syphilis | o Syphilis, yaws and gonorrhea are common sexually-transmitted diseases; it should be noted that a history of sexually transmitted disease is an important indicator for sexual behaviors associated with HIV transmission.<br>o Controlling sexually transmitted infections is important for preventing HIV infection, particularly in people with high risk sexual behaviors. |
| Systemic lupus Erythematosus (SLE) | ▪ Defer permanently. | |
| Tattoos | ▪ Temporary defer for 3 - 6 months following last Procedure | ▪ If it is performed within a licensed institution from the Ministry of Health<br>o defer for 3 months following the last procedure<br>▪ If it is performed within unlicensed institution from the Ministry of Health<br>o defer for 6 months following the last procedure |
| Thalassemia | ▪ Accept Individuals with Thalassemia traits.<br>▪ Defer permanently Individuals with Thalassemia major. | |

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| Thrombosis | ▪ Defer permanently. | |
| Thyroid disorders | ▪ Accept if benign disorder and euthyroid (with or without treatment).<br>▪ Defer if under investigation for thyroid disease, if hyper- or hypo-thyroid, till full investigation and clear diagnosis.<br>▪ Defer permanently<br>o History of thyrotoxicosis due to Graves' disease<br>o History of malignant thyroid tumors. | ▪ Accept individuals with successfully treated benign thyroid disorders who are euthyroid may safely be accepted as blood donors.<br>▪ Accept individual with benign thyroid disorders provided they are euthyroid such as :<br>o Asymptomatic goiter<br>o History of viral thyroiditis<br>o Autoimmune hypothyroidism |
| Transient cerebral ischemic episodes or attacks (TIA) | ▪ Defer permanently. | |
| Transplantation | ▪ Defer permanently. | A requirement for stem cell or organ transplantation indicates serious underlying disease and such patients should not be accepted as blood donors.<br>▪ Defer permanently Recipients of:<br>o Stem cell or organ transplantation<br>o Allogeneic cells or tissue sourced since 1980 from countries in which the risk of vCJD has been identified<br>o Dura mater graft<br>o Corneal transplant<br>o Xenograft<br>o Non-human organ perfusion |

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| Tuberculosis (TB) | ▪ Defer permanently. | |
| Ulcerative colitis. | ▪ Defer permanently. | |
| Urinary tract diseases. | ▪ Accept lower urinary tract infections 14 days after full recovery and completion of treatment. | ▪ Defer individuals with lower urinary tract infections: for 14 days after full recovery and completion of treatment.<br>▪ Defer individuals with acute self-limiting renal diseases such as acute nephritis when fully recovered and renal functions are normal; this may require deferral for as long as 5 years after full recovery.<br>▪ Defer permanently individuals with chronic renal disease causing ill-health or anemia, or associated with chronic or recurrent infection. |

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| Vaccination | ▪ The reason for the vaccination is an indication for deferral, Physician evaluation is required | ▪ <u>Post-exposure prophylaxis</u><br>1. Post-exposure Hepatitis B Vaccination and / or immunoglobulin<br>o Accepted 12 months after exposure if they have been tested and found to be HBsAg negative, anti-HBc negative and NAT Non-Reactive **<u>or,</u>** if anti-HBc positive, must have anti-HBs greater than 100 mIU/ml, HBsAg negative and NAT NR<br>2. Post-exposure Rabies Vaccination and / or immunoglobulin<br>o Defer Individuals who have received rabies post-exposure prophylaxis with vaccine and/or immunoglobulin: defer for 12 months after exposure<br>▪ <u>Live attenuated viral and bacterial vaccines</u><br>➢ Live attenuated viral vaccines include hepatitis A, Japanese encephalitis, measles, mumps, rubella, polio (oral), smallpox and yellow fever. Bacterial vaccines include BCG, cholera and typhoid.<br>o Defer individuals who have received live attenuated vaccines for 28 days following vaccination<br>▪ <u>Inactivated vaccines</u><br>➢ Non-live vaccines and toxoids include cholera, diphtheria toxoid, human papillomavirus (HPV), meningococcal meningitis, pertussis, pneumococcal, polio (injected), rabies, tetanus toxoid, tick-borne encephalitis and typhoid. |

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| | | ➢ These vaccines pose no risk to the recipients of blood<br>o Accept donors provided they are well.<br><br>❖ HBV vaccination may cause transient HBsAg positivity.<br>o Defer individuals who have received HBV vaccines for 28 days following vaccination<br><br>**NB:** Two types of influenza vaccine are widely available: inactivated influenza vaccines (IIV) and live attenuated influenza vaccines (LAIV).<br>o Accepted or Deferred individuals who have received influenza vaccine according to type of vaccine<br>▪ Covid-19 vaccine<br>o Recipients of vaccine which is mRNA template of viral protein or inactivated vaccine can donate seven days after the most recent immunization was given and the donor is well, with no ongoing local or systemic reaction to the vaccine<br>o Recipients of any other COVID-19 vaccine must not donate if less than four weeks after the most recent immunization was given |

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| Variant Creutzfeldt-Jakob disease (vCJD) | ▪ Defer permanently. | ▪ Defer permanently<br>○ Individuals with sporadic or familial CJD<br>○ First-degree relatives of individuals with sporadic or familial CJD<br>○ Individuals with vCJD<br>○ Individuals who have received a transfusion or any other human-derived therapeutic products since 1980 in a country in which the risk of vCJD has been identified<br>○ Individuals with a history of treatment with pituitary-derived human growth hormone, human gonadotrophin, dura mater graft, corneal transplant or neurosurgery |
| Vitiligo | ▪ Accept. | ▪ Accept Individuals with:<br>o Mild, localized or inactive conditions, such as vitiligo or mild rheumatoid arthritis without systemic symptoms |
| Weight | ▪ Accept ≥ 50 Kg | o It is generally accepted that the volume of whole blood donated should not exceed 13% of blood volume: e.g. 50 kg to donate 450 ml ± 10%. |
| West Nile virus | ▪ Defer Individuals who:<br>○ Have known West Nile virus infection or symptoms suggestive of WNV: defer for 6 months from full recovery<br>○ Have visited an area endemic for WNV with human cases, in the WNV season within the last month: defer for 28 days following return. | ○ West Nile Virus (WNV) is a flavivirus primarily transmitted by mosquitoes, but also readily transmitted through blood donations from infected individuals<br>○ Transfusion-transmission has been reported<br>○ Non-endemic areas (if blood screening is not performed) At risk donors with symptoms appearing within 14 days following donation should be advised to report to the BTS |

| | | |
|---|---|---|
| Yersinia enterocolitica Infection | ▪ Defer for 28 days following full recovery if recent abdominal symptoms, particularly diarrhea, suggestive of Y. enterocolitica infection. | o This gram-negative bacterium (Yersinia enterocolitica) causes enteritis and is of particular concern as it can multiply at +4oC; thus a low-grade bacteraemia in a donor is capable of causing severe, sometimes fatal post-transfusion sepsis and toxic shock in the recipient.<br>o Donors should be asked to inform the BTS if they develop such symptoms within 14 days of donation. |

## 8. Responsibilities

### 8.1. Ministry of Health Blood banks and transfusion services Shall:

8.1.1. Implement Blood Donor Selection Criteria

### 8.2. National Blood Transfusion Committee Shall:

8.2.1. Promote, Maintain and update Blood Donor Selection Criteria

8.2.2. Audit and monitor blood banks compliance to the Blood Donor Selection Criteria

### 8.3. Department of Blood Banks Services Shall:

7.3.1 Provide technical advice to all blood banks and transfusion services regarding the Blood Donor Selection Criteria

## 9. Document History and Version Control

| Document History and Version Control | | | |
|---|---|---|---|
| **Version** | **Description of Amendment** | **Author** | **Review Date** |
| 01 | Initial Release | Dr. Ahmed El-Kashef | November 2024 |
| 02 | | | |
| 03 | | | |
| 04 | | | |

| **Written by** | **Reviewed by** | **Approved by** |
|---|---|---|
| Dr. Ahmed El-Kashef | National Blood Transfusion Committee | Dr.Kadhim Jaffar Sulaiman |

## 10. Related Document

There is no related document for this policy and procedure.

## 11. References:


| Title of book/ journal/ articles/ Website | Author | Year of publication |
|---|---|---|
| Blood Donor Selection – Guidelines on Assessing donor Suitability for Blood Donation (2012) | World Health Organization | 2012 |
| Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee | JPAC | http://www.transfusionguidelines.org.uk |
| AABB – Technical Manual. 7th edition | AABB | 2011 |
| Guide to the preparation, use and quality assurance of Blood Components | Council of Europe<br>European Committee (Partial Agreement) on Blood Transfusion | 19th Edition 2017 |
| WHO _ Europe _ Types of seasonal influenza vaccine.html | World Health Organization | https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/vaccination/types-of-seasonal-influenza-vaccine |

**12. Appendix 1**:Blood donor selction process