







Issued by JPAC: 30th August 2022 Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 46 - 2022

Coronavirus Infection (COVID-19)

These changes apply to the Whole Blood and Component Donor Selection Guidelines.

Please amend the following entry.

| Includes | COVID-19 disease due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV. | | | | |
|-------------|---|--|--|--|--|
| Definitions | Symptoms of COVID-19 include: | | | | |
| | <u> </u> | | | | |
| | New persistent cough | | | | |
| | Loss, or change in sense of smell and/or taste | | | | |
| | Testing: 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 | | | | |
| | Recovery from COVID-19: Donors can be considered to have recovered if they: | | | | |
| | Are generally well and back to normal activities | | | | |
| | Do not have continuing fatigue which affects daily activities | | | | |
| | Do not have a fever | | | | |
| | Do not have respiratory symptoms (except for a persistent mild cough) | | | | |
| | Are not experiencing cardiac symptoms (e.g. chest pain, palpitations) | | | | |
| | Are not experiencing any other symptoms e.g. peripheral neurological symptoms in upper or lower limbs, central neurological symptoms such as headache, dizziness. | | | | |
| | 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. | | | | |

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| Includes | Donors who have had confirmed, or suspected, COVID-19 and donors who report any of the symptoms listed above. |
|---------------|--|
| | Individuals with confirmed COVID-19 infection, diagnosed by a positive LFT or PCR test. |
| | Individuals where the results of SARS-Cov-2 testing, if carried out at the request of a health care professional, are awaited. |
| Obligatory | Must not donate. |
| Discretionary | a) If the donor had symptoms of COVID-19 and |
| | the donor has had a positive test for SARS-COV-2 (Coronavirus), and |
| | any period of isolation has finished, and |
| | • no further testing is required, and |
| | it is at least seven days from the resolution of symptoms, accept |
| | b) If the donor had symptoms of COVID-19 and the donor had a negative PCR test for SARS-COV-2 (Coronavirus) infection, and |
| | no further testing is required, and |
| | any period of isolation has finished, and |
| | all symptoms have resolved accept |
| | If the donor had symptoms of COVID-19 and the donor had a negative LFT for SARS-COV-2 and |
| | • no PCR test was taken, and |
| | any period of isolation has finished, and |
| | • no further testing is required, and |
| | it is at least seven days from the resolution of symptoms, accept |
| | c) If the donor had symptoms of COVID-19 and |
| | the donor has not been tested for the presence of SARS-COV-2 (Coronavirus or |
| | the donor had a test but is not aware of the result, When it is as 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 |

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| | any period of isolation is finished, and | | | |
|--------------------------|--|--|--|--|
| | • no further testing is required, and | | | |
| | • the donor remains well, and | | | |
| | it is at least seven days since the last positive test was taken, accept | | | |
| | If it is at least seven days from the resolution of symptoms, and no further testing is required, accept | | | |
| | naving routine surveillance testing for SARS-COV-2 (Coronavirus) Individuals with non-specific symptoms, not confirmed as COVID-19 | | | |
| Includes | Individuals who have non-specific symptoms of a respiratory infection, including coughs and cold symptoms | | | |
| Excludes | Individuals who are awaiting test results for SARS-CoV-2 infection, as requested by a health care professional | | | |
| Obligatory | See Infection - Acute | | | |
| 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 seven days. | | | |
| | This includes donors who work in a Health, Social Care or Educational setting. | | | |
| 3. Post-Cov | vid Syndrome (Long Covid) | | | |
| Obligatory | Must not donate | | | |
| Discretionary | If it is at least 6 months since all symptoms, including fatigue, have resolved, accept | | | |
| 4. Occupat | ional and other routine surveillance | | | |
| 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 SARS-CoV-2 in the last seven days. | | | |
| | This includes donors who work in a Health, Social Care or Educational setting. | | | |
| 53. SARS-0 | COV-2 SARS-CoV-2 (Coronavirus) Vaccination | | | |
| Obligatory | Must not donate if: Less than 48 hours after the most recent immunisation was given. | | | |
| Discretionary | a) If 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 | | | |
| | | | | |

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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,
- 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. COVID-19 is an illness caused by infection with SARS-CoV-2, a new coronavirus first identified in 2019. 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.

Many respiratory illnesses, including COVID-19, share common symptoms. As routine testing for SARS-CoV-2 infection is no longer recommended, most individuals will not have test results to confirm or exclude COVID-19. Where COVID-19 testing is not being undertaken, assessing donors using the Infection – Acute entry ensures that individuals are deferred for the appropriate time based on their symptoms.

Individuals affected by COVID-19 may experience longer term symptoms. Post-Covid Syndrome (PCS), which may also be known as Long Covid, is recognised in individuals who have persistent symptoms for 12 weeks or more. PCS is a multisystem disease; common symptoms include fatigue, breathlessness and 'brain fog'. Affected individuals may also experience cardiac, musculoskeletal, gastrointestinal and neurological symptoms. As PCS may follow a relapsing course, it is important individuals have fully recovered before being accepted to donate.

COVID-19 vaccines are non-live and as such do not pose a transfusion safety risk. A 48-hour deferral after immunisation is recommended to reduce the risk of a donation being discarded if a vaccine recipient develops symptoms directly related to the vaccine after donation

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 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.

If a donor reports post-donation respiratory illness, refer to <u>Appendix 4 – Management</u> <u>of post donation illness</u>

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

The obligatory time-based deferral after contact with a case of COVID-19 and guidance regarding quarantine and travel have been removed. The deferral for asymptomatic donors who have tested positive for Coronavirus has been reduced to seven days.

This entry has been extensively rewritten to reflect changes in COVID-19 guidance across the UK.









Appendix 4 – Management of post donation illness

Amend the entry for SARS-CoV-2 as shown below:

| Infection | Incubation | Action for donation |
|--------------------------------|--------------|--|
| COVID- 19 (SARS –CoV- 2) | IP 2-14 days | Discard up to 48hrs for fever, OR new continuous cough, OR loss or change in sense of smell and/or taste, OR positive RNA or antigen test |
| | | Discard if: A SARS-CoV-2 test has been taken and COVID-19 confirmed; and Symptoms and/or the positive test result occurred in the 48-hour period after donation. If a SARS-CoV-2 test is negative or has not been taken, refer to the relevant advice on this page for the donor's symptoms. |

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