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NATIONAL BLOOD TRANSFUSION SERVICE
GUIDANCE FOR THE SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS

REVISED 1985

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SECTION I - SELECTION OF DONORS

1. Donors should be healthy people of either sex over 18 years of age. New donors will be welcome up to the age of 60, regular donors can continue to donate up to the age of 65.

Potential donors who are under about 50 kg (8 stone) body weight are more likely to faint or suffer other adverse reaction to normal blood donation and should therefore be dissuaded. If they have already donated uneventfully they may still be accepted (some Regions accept part donations from underweight donors to produce serum for laboratory use).

Healthy people as above can generally donate up to 450 ml of blood (plus small laboratory samples) without any deleterious effect on their health or resistance to disease, and with only a temporary effect on the circulation from which recovery is rapid. Donors should have had a meal within a few hours prior to donation (see also Section III 5).

2. Interval between donations. It is the policy of the Service to maintain donor panels at a size which ordinarily will not require donors to give more than 2 donations in a year (min. interval 16 weeks). Any donor (male or female) who recurrently fails the haemoglobin test should be critically reviewed with regard to future donation.

3. THE DECISION WHETHER OR NOT A PERSON IS FIT TO GIVE BLOOD RESTS FINALLY WITH THE DOCTOR HAVING DUE REGARD FOR THE WELFARE OF DONORS AND THE SAFETY OF RECIPIENTS. PARTICULAR CARE SHOULD BE EXERCISED WITH ALL OLDER DONORS. Patients referred for therapeutic venesection should not be accepted at donor sessions.

4. Hazardous occupations. Arrangements for sessions at factories should take account of the type of work being performed and where possible, arrangements are made for staff whose work is hazardous to be bled at the end of their working day or shift.

At all sessions special note should be taken by the Medical Officer of the occupation of the donor and any hazardous hobbies; donors should be advised to postpone donation if in the next few hours they will be working as civil air crew, a train or bus driver, heavy machinery or crane operator, on climbing ladders or scaffolding, diver etc; or taking part in hazardous hobbies such as gliding, power flying, motor car or cycle racing, climbing etc.

Queen's Regulations for the Royal Air Force para. 900 (28.1.76) state that aircrew personnel, RAF or WRAF, whether trained or under training are ineligible to act as blood donors except in emergency. The donation of blood by aircrew will normally entail their removal from flying duties for seven days.

SECTION II - MEDICAL EXAMINATION OF DONORS

Medical History

A donor is the best judge of his or her fitness, and truthful answers to simple questions about his or her medical history and general health form a large part of the assessment.

The donor session clerk should specifically question the donor about the conditions listed on form NBTS 110A and request the donor's signature on form NBTS 110. Any conditions declared should be recorded by the Clerk or preferably by the Medical Officer, most conveniently in the "medical history box" on the NBTS 101 donor record card or other equivalent document.

A suggested layout of NBTS 110A (revised 1983) is attached. This, or similar notice should have printing sufficiently large and clear so that donors can read it comfortably. The notice can conveniently be mounted on card and covered for repeated use.

A more detailed list follows of conditions which may affect actions taken with a particular donor, whether to accept a donation, to refer the donor to the Medical Officer or to decline their offer permanently. Any donor not accepted because of one of the conditions listed will, if they ask, be referred to the Medical Officer.

CONDITION	ACTION	COMMENT
Abortion, (see pregnancy)	Wait	See note xii
Accident, minor	Wait	See note vii
" major	Wait	See note viii
Acupuncture	Wait	See note vi
AIDS	Disqualify	See appendix 1
Allergy	Refer to MO	See appendix 1
Anaemia	Refer to MO	See appendix 1
Blood donation within 4 months	Wait	See section I, 2
Blood transfusion in last 6 months	Refer to MO	See note ix
Brucellosis	Disqualify	
Cancer	Disqualify	
Contact with infectious fevers	Wait	See note ii
Contraceptives - oral, the "pill"	Accept	See note xi
Creutzfeld - Jakob disease	Disqualify	See appendix 1

CONDITION	ACTION	COMMENT
Dental treatment	Refer to MO	See note x
Diabetes mellitus	Refer to MO	See appendix 1
Drug abuse	Disqualify	
Drugs - prescribed by Doctor - self-medification (eg aspirin)	Wait, or refer to MO	See note xi
Ear-piercing, - see piercing of ears etc	Wait	See note vi
Electrolysis	Wait	See note vi
Epilepsy	Refer to MO	See appendix 1
Gastrectomy	Disqualify	
Glandular Fever	Wait	See appendix 1 (infectious mononucleosis)
Haemophiliacs and their sexual contacts	Refer to MO	See appendix 1 (AIDS)
Hay fever	Refer to MO	See appendix 1 (allergy)
Heart disease	Disqualify	
Heart operations	Refer to MO	See appendix 1
Hepatitis	Refer to MO	See appendix 1
High blood pressure	Disqualify	See appendix 1 (hypertension)
Homosexuals	[Disqualify] [Refer to MO]	See appendix 1 (AIDS)
Infections - boils, sore throat etc	Wait	See note iii
Infectious fevers - recent measles mumps etc	Refer to MO	See appendix 2
Infectious mononucleosis	Wait	See appendix 1
Inoculations	Wait	See note i

CONDITION	ACTION	COMMENT
Jaundice	Refer to MO	See appendix 1 (hepatitis)
Kidney disease	Refer to MO	
Malaria	Refer to MO	See appendix 3
Multiple sclerosis	Disqualify	
Piercing of ears etc	Wait	See note vi
Pregnancy	Wait	See note xii
Stroke	Disqualify	
Surgery minor	Wait	See note vii
Surgery major	Wait	See note viii
Tattooing	Wait	See note vi
Thyroid disease	Refer to MO	See appendix 1
Toxoplasmosis	Refer to MO	See appendix 1
Tropical diseases Filariasis Kala azar Leptospirosis Yellow fever Yaws	Disqualify	
Other tropical diseases	Refer to MO	See appendix 3
Tuberculosis	Refer to MO	See appendix 1
Undulant fever (syn. Brucellosis)	Disqualify	
Underweight less than 50 kg (8st)	Disqualify	Except in some Regions see also Sections I, 1; and III, 5.
Venereal diseases	Disqualify	See appendix 1

NOTES ON SOME OF THE ABOVE WHO REQUIRE DEFERMENT:-

		Time since event before donations can be accepted for transfusion but see also appendix 1 2(ii) under Plasma for Immunoglobulins.
i.	Inoculations	
	(a) Live vaccines	
	Rubella	3 months
	B.C.G., Measles, Mumps, Polio - live oral; Rabies, Smallpox, Yellow fever.	3 weeks providing donor feels well
	(b) Killed vaccines/Toxoids	
	Hepatitis B	6 months
	Anthrax; Cholera; common cold) Diphtheria; Influenza; Polio-) (Salk); Tetanus; Typhoid) (monovalent and TAB)	1 week providing donor feels well
ii.	Contact with infectious fever if donor has not already had the illness.	Incubation period, or if unknown, 4 weeks.
iii.	Intercurrent infection - boils, sore throats, skin infections etc	Until cured
iv.	History of hepatitis, jaundice	12 months, but see appendix 1 under 'hepatitis'
v.	Infectious mononucleosis (glandular fever)	2 years
vi.	History of tattooing, acupuncture unless within NHS, piercing of ears or electrolysis etc in the last six months	6 months
vii.	Minor surgery or accidents	about 1 month
viii.	Major surgery or accidents admitted to hospital	6 months minimum depending on nature of disease or injury
ix.	Transfusion of blood or blood products received in last six months	

x.	Dental treatment	48 hours (because of possible bacteraemia), but one month minimum if general anaesthetic given
xi.	Prescribed treatment with antibiotics, antihistamines, antidepressants, non-steroid anti-inflammatory drugs etc (see also end of Section II), but excluding oral contraceptives, (the "Pill") and similar hormone treatments.	1 week minimum after treatment finished
	Self medication with non-prescribed drugs eg aspirin (very commonly undeclared).	Can only be dealt with on an individual basis; a major contraindication is the ingestion of aspirin and other non-steroidal anti inflammatory drugs within seven days when the donation is to be used for preparing platelets. In general it is probably better to defer donation for at least 3 days anyway depending on the reason for the drugs being taken which must be assessed individually.
xii.	Pregnancy (see also Serum Donors, below)	
	Gestation of six months or more	1 year following delivery
	Abortion (spontaneous or therapeutic) up to six months gestation	6 months minimum from termination of pregnancy

On each subsequent occasion the donor should be shown the notice NBTS 110A and asked to sign form NBTS 110 to show that he/she had read it.

Serum Donors. In certain circumstances, eg to collect serum containing valuable antibodies, mothers may donate within the recommended time since confinement if shown by medical examination to be fit to give blood. Under these circumstances it might be wise to withdraw less than the usual amount of blood. Special arrangements for the donation should be made with the agreement of the attending Obstetrician or family doctor if the donation is being taken within six weeks of confinement. Plasmapheresis rather than simple donation is to be preferred wherever possible.

Donors both male and female, whose serum or plasma is to be used only for laboratory purposes because it contains anti-Rh, anti-HLA, etc should be submitted to the same routine as other donors, but because the blood is not going to be transfused some decisions, especially about temporary deferment, may be modified, eg treatment with certain tablets, or an attack of hay fever need not disqualify, etc. All such donors should be informed that their blood is to be used in this way and their agreement should be obtained.

EXAMINATION OF THE DONOR

1. Haemoglobin estimation. The haemoglobin should be determined each time the donor presents. Female donors with less than 12.5 g/dl, or male donors with less than 13.5 g/dl should not be bled. The type of test used is left to the discretion of the Regional Transfusion Directors, but the Phillips - Van Slyke copper sulphate method (Reference: J. Biol. Chem. (1950) 183-305) is still widely used as a screen test, sometimes supplemented by a photometric haemoglobin estimation. Both tests are performed on a sample of blood commonly obtained from a finger.

Donors whose haemoglobin appears to be below the appropriate level should be told that it is not advisable for them to donate blood that day. If a more exact determination is not immediately available, a sample of venous blood should be taken into sequestrene for proper laboratory assessment. Donors with haemoglobin levels substantially less than those given above should be advised to consult their own doctors who should receive a report of the results obtained.

2. The medical history should be coupled with a careful assessment of the donor's appearance. The experienced doctor can detect many potentially unsuitable donors at a glance. Those of poor physique, the debilitated, the undernourished, the mentally unstable and those bearing obvious stigmata of disease should not be bled.

Middle-aged and older donors have an increased risk of acquired cardiovascular disorders. Whilst most donors may be accepted on the basis of medical history, general appearance and haemoglobin estimation, it is advisable to examine the pulse and check the blood pressure where there are any doubts, particularly of new donors (see also Appendix 1 under Hypertension).

NOTE: A complete medical examination including X-Ray examination, electrocardiogram and extensive haematological tests is obviously impractical for normal donors, but the above procedure, used skilfully, will lead to the rejection or deferment of most donors who are unfit to be bled and it should be carried out meticulously. When in doubt it is better to reject or defer, and the Medical Officer should then see that an appropriate entry is made on the donor's record.

In general, only healthy people with a good medical history should be accepted as donors.

"INCIDENT LIST"

It may be found useful to keep a separate record at each donor session for use at the R.T.C. This should list conditions or circumstances which require decision at the Centre as to the fate of the donation but which, for various reasons, are considered best not entered on the donor's permanent record.

DONORS ON TREATMENT WITH DRUGS

In general, donors receiving courses of prescribed medication should be deferred at least until one week after treatment is completed. This is to ensure that

both the blood collected is as near normal as possible, and to minimise risks for donors themselves. In some circumstances it may be considered wiser to defer longer, viz. three weeks after the more powerful tranquilisers and for six months after steroids. Donors having continuous hormone replacement therapy should be referred to R.T.C. for discussion with the donor's General Practitioner before being accepted.

Sporadic self-medication with some drugs (eg antacids, vitamins etc) need not prevent a donation being accepted. However in general terms, it is better to defer for three days and preferably longer. This is essential if the donation is to be used for preparing platelets which are affected by many of the drugs most commonly taken (see also Section II note xi).

While the Medical Officer may use discretion in accepting or deferring a particular donor who has been treated, it is recommended that appropriate notes should be made and that in any doubtful situation it is wiser to defer.

Illicit drug taking if admitted or suspected should debar.

SECTION III - MEDICAL CARE OF DONORS

Apart from courteous and considerate treatment by all members of the blood collecting team, the donor's medical well-being should be assiduously watched by the Medical Officer and the members of the team while he/she is at a blood donor session.

The donor's medical well-being depends upon:-

1. The use of carefully prepared sterile equipment.

2. Sterilisation of the skin prior to venepuncture, using an approved well-tried method.

3. Immaculate technique of venepuncture. An intradermal injection of local anaesthetic is usually given prior to insertion of the phlebotomy needle into a suitable antecubital vein, preferable avoiding whenever possible any vessels that are overlying or adjacent to an artery. Normally, not more than 450 ml blood plus small laboratory samples should be withdrawn. No matter how experienced the doctor (or in some situations the R.G.N. under an M.O's supervision) he or she will occasionally "miss" a vein. No further attempts should be made without the donor's permission. Any second attempt should only be made on the other arm if at all, and even then only if there is good prospect of a successful venepuncture. In factories it is wise never to use the other arm.

4. The enforcement of a definite routine upon the donor during the resting period after withdrawal of blood. The resting period is of special significance in regard to the prevention of the "delayed faint" (see 5 below)

   (a) The donor should remain recumbent for at least 5 minutes either on bed used for venesection, or on a designated rest bed to which

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4. The enforcement of a definite routine upon the donor during the resting period after withdrawal of blood. The resting period is of special significance in regard to the prevention of the "delayed faint" (see 5 below)

   (a) The donor should remain recumbent for at least 5 minutes either on bed used for venesection, or on a designated rest bed to which

he or she should be assisted by the donor attendant. The donor should then sit up for about 5 minutes and have at least one cup of fluid and a few biscuits. If rest is refused, this should be noted on the donor's record.

(b) Before the donor leaves, the site of venepuncture should be inspected. On occasion it is possible to forestall complaints from donors by warning them, for example, of likely bruising. A dressing should be placed over the site of venepuncture.

5. The immediate and considerate treatment of those who faint. A small proportion of donors, variously estimated at 2 to 5% faint. This is usually only a transient episode, but in a few instances may be prolonged and troublesome. The "delayed" faint is potentially more dangerous since the donor may be in the street or back at work; it may then prove very important to be able to demonstrate that the routine outlined in Section III, para. 4 (a), (b), was followed. Because fainting is sometimes psychological in origin, it cannot always be anticipated. It is more likely to occur in otherwise normal healthy donors who have had little or no food for several hours. Also, donors under about 50 kg (8 st) in weight may not withstand giving a full donation without fainting, and should be discouraged unless they are known to have donated blood uneventfully in the past.

The importance of these measures and the reasons for them must be carefully impressed upon the lay members of the bleeding team. The reputation of the National Blood Transfusion Service and the readiness with which donors will volunteer depends very much upon the standard of medical care given to the donor.

SECTION IV - DONORS : COMPLAINTS AND ACCIDENTS

The need for sympathetic, prompt and thorough investigation of all complaints made by the donors, no matter how trivial, is obvious. Complaints of a medical nature should invariably be investigated by a doctor. The following routine, which has proved of value in practice, is recommended.

1. Minor accidents and any untoward incidents occurring during a blood collecting session, eg haematoma, fainting, damage to or loss of, a donor's property, should be noted at the time upon the donor's record card or donor session work sheet. The recording of apparently trivial incidents has, in practice, proved of value as long as two years later.

2. Serious incidents or accidents during blood collecting sessions, or complaints made direct to the Regional Transfusion Centre, should be fully recorded in a book kept for the purpose, together with full notes of all investigations made.

An analysis of complaints and accidents should be made annually at each R.T.C. The following headings have proved useful:

haematoma, cellulitis, thrombosis, accidents due to fainting, dermatitis, unclassified, total; ratio to total number of donors bled; number of accidents serious enough to merit financial compensation, together with, if available, the amount of compensation paid.

APPENDIX

Contents:

1. Notes on Certain Diseases

(i) ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). Practising homosexual and bisexual men, drug abusers both men and women, persons from Haiti and Central Africa particularly Zaire and Chad, haemophiliacs and the sexual contacts of all those mentioned must not be accepted as donors.

(ii) ALLERGY. People who give a history of frequent allergy symptom(s) should not be accepted as donors; otherwise donors need only be rejected if they are suffering from allergy when they present, or are symptom free only because of drugs taken within the past three days.

(iii) ANAEMIA. If a donor has failed the screen test on two or three recent occasions, it is probably advisable to delay further donation for an extended period.

A donor who appears well but declares a history of anaemia attributable to the presence of abnormal haemoglobin (eg sickle-cell disease, thalassaemia etc) or to other red cell defects should be deferred so that further information may be sought from the family doctor. Most donors with clinically significant red cell abnormalities will not volunteer as donors anyway. It is not currently realistic to screen the entire donor population for milder forms of these disorders, and provided the would-be donor with a covert red cell anomaly appears to have an adequate haemoglobin level, there is probably little risk to prospective recipients.

(iv) CREUTZFELDT-JAKOB DISEASE. Patients with this disease should not be accepted as donors.

(v) DIABETES MELLITUS. Both new and established donors who present with diabetes may be accepted only if the disease is controlled by diet alone and they appear otherwise fit. Requirement for any form of replacement therapy should debar (further) donation.

(vi) EPILEPSY. Some patients with epilepsy react to minor stress by having fits and it is important that additional risks should be avoided. Anyone on regular medication for epilepsy should not be accepted as a donor. A known epileptic who has not required regular anticonvulsant therapy nor been subject to daytime fits for at least two years, may with discretion be considered as a possible donor, but it should be remembered that a fit may be difficult to deal with during a busy sessions and can be upsetting to other donors.

(vii) GASTRECTOMY. Patients who have had a gastrectomy frequently have reduced iron absorption thereafter and should therefore be excluded as donors.

(viii) HAEMOPHILIA (DISEASE). Donations cannot be accepted from haemophiliacs or their sexual partners.

(ix) HAEMOPHILIA (CARRIER STATE). A donor who declares a carrier state of haemophilia or allied disorder may be accepted if the person has not received coagulation factor concentrates and after appropriate enquiries have been made of the local Haemophilia Centre Director and the family doctor. Donations from such a person should not be used for the preparation of coagulation products.

(x) HEART OPERATIONS. Where surgery has been carried out in early life for correction of congenital malformations, donation may be considered. It should only be accepted after appropriate consultation between the Transfusion Centre and the donor's medical adviser(s).

(xi) HEPATITIS. Individuals who give a history of jaundice or hepatitis or in whose blood anti-HBs is present may be accepted as donors providing that they have not suffered from jaundice or hepatitis in the previous twelve months, have not been in close contact with hepatitis or received a transfusion of blood or blood products in the previous six months, and providing their blood gives a negative reaction for the presence of HBsAg when tested by an accepted sensitive method (eg RIA). An approved test for hepatitis B surface antigen should be performed each time a donor is bled; donors whose blood is shown to carry HBsAg shall be excluded from the ordinary donor panel. They may only be considered for reinstatement under special circumstances and if they have been subsequently demonstrated by appropriately sensitive tests to be persistently negative for known viral markers (HBc, HBe) for at least twelve months and have an adequate level (>1 i.u./ml) of anti-HBs antibody.

(xii) HYPERTENSION. It is the practice of many Transfusion Centres to check the blood pressure.

A hypertensive whether under treatment or not should not be bled because of the possible complications which may follow the sudden lowering of arterial tension caused by the withdrawal of blood. If a doctor feels that a patient should be bled for the relief of symptoms, whether from hypertension, polycythaemia or other condition, this should be done in hospital where complications, should they occur, can be dealt with more satisfactorily than at a donor session.

(xiii) INFECTIOUS MONONUCLEOSIS. (Glandular Fever) Most patients recover completely within a few weeks. However, following temporary improvement a few experience relapses even up to a year or more later. In view of this and the known viral cause(s) of this illness, donations should not be accepted until TWO YEARS after the diagnosis has been made.

(xiv) THYROID DISEASE. Donors who are obviously suffering from thyroid disease (myxoedema or thyrotoxicosis) and those who are only maintained in reasonably normal health through regular replacement therapy, should not

(b) Rabies - plasma from individuals 4-12 weeks after the last (third) injection of a primary immunisation course or 3-12 weeks after reinforcing dose of vaccine against rabies. Categories of individuals eligible for immunisation against rabies are given in health circular HC(77)29, para 1.

(c) Hepatitis B - plasma taken from individuals within one month of completing a primary immunisation course or of a reinforcing dose of vaccine against hepatitis B or plasma which has been shown by a screening method to have at least 15 i.u. per ml (10 i.u. per ml in Scotland) of antibody to HBsAg.

3. Tropical Diseases

Donors should be asked if they have visited places abroad (other than in Western Europe or North America) or have lived in such places within the past five years. The most important diseases to bear in mind when considering the fitness of such donors are hepatitis B and malaria because of their world-wide distribution; certain other diseases must also be considered before accepting, deferring or rejecting such donors including AIDS prevalent in Central Africa. (See para 1(i) of this Appendix)

The following notes give general guidance regarding the fitness as donors of people who have had certain tropical diseases or who have recently returned to the UK from the tropics.

(i) HEPATITIS B. Although hepatitis B is not strictly a 'tropical' disease, its causative virus is far more prevalent in tropical and subtropical areas than in the UK. Donors who have been in such areas for six months or more must therefore be regarded as being at increased risk of having and perhaps transmitting this disease. They may be accepted as donors, but their blood or blood products should only be issued for transfusion if shown to be negative for hepatitis B surface antigen by a test which detects at least 2 British Standard Units per ml. (eg radio-immunoassay).

(ii) MALARIA. The decision whether or not to accept donations from people who have visited or lived in endemic malarious areas (see list and map) may depend on the availability of specific laboratory tests.

If malaria specific tests not available:

Donors who have had[1] malaria	Defer at least six months from last attack, then accept for plasma fractions[2] only.
Donors[1] born in, formerly resident of or visited endemic malarious areas	Defer until six months elapsed since arrival in/return to UK.
- six months to five years after arrival in/return to UK	Accept for plasma fractions[2] only
- more than five years since arrival in/return to UK and have remained well	Accept for normal use.

NOTES: 1. If a history of malaria is uncertain, use donations for plasma fraction only.

2. Donations for plasma fractions only cannot be used for fresh, or fresh frozen plasma, or cryoprecipitate.

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NOTES: 1. If a history of malaria is uncertain, use donations for plasma fraction only.

2. Donations for plasma fractions only cannot be used for fresh, or fresh frozen plasma, or cryoprecipitate.

If malaria-specific tests are available:

Donors who had[1] malaria more than six months before		Accept for plasma fractions[2] only
Donors[1] born in, formerly resident of, or who have visited endemic malarious areas		Defer until six months have elapsed since arrival in/return to UK
- after six months of arrival in/ return to UK and have remained well	(Test positive (or equivocal	Accept for plasma fractions[2] only
	(Test negative	Accept for normal use

(iii) TRYPANOSOMIASIS

Because trypanosomiasis may lead to an acute or chronic incurable and even fatal illness, blood of persons who have visited or lived in S. America or Central America, including Southern Mexico should ONLY be used for preparing plasma fractions (not fresh/fresh frozen plasma or cryoprecipitate). Donations from such people may be used for normal purposes provided they have been shown by suitable tests to be free of antibodies to Trypanosoma Cruzii.

(iv) ARTHROPOD-BORNE ENCEPHALITIDES
DENGUE FEVER
RIFT VALLEY FEVER
SANDFLY FEVER
SCHISTOSMIASIS
WEST NILE VIRUS FEVER
YELLOW FEVER
) Donations acceptable provided donor completely recovered

(v) RELAPSING FEVER

People may be accepted as donors two years after recovery from this disease.

(vi) AMOEBIC DYSENTRY

Donations acceptable provided adequate treatment has been given and the donor has completely recovered.

(vii) PYREXIA OF UNKNOWN ORIGIN IN PERSONS WHO HAVE VISITED THE TROPICS

The possibility has to be kept in mind that pyrexias might result from infection with the causative agent of LASSA FEVER or other dangerous viruses. In view of this, blood or blood products from such persons should not be used until three months have elapsed following resolution of the pyrexia, or six months after return to the UK, whichever is the longer.

(viii) FILARIASIS
KALA AZAR
LEPTOSPIROSIS
Q FEVER
YAWS
) Donations should NOT be accepted

(ix) GENERAL

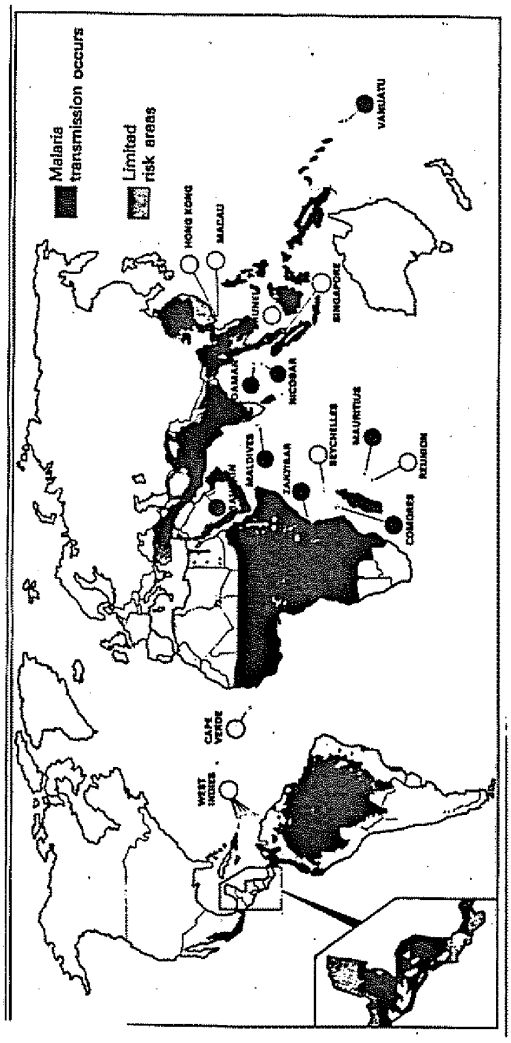
People returning from tropical areas should not donate blood until six months after arriving in the UK. Many of the diseases above for example, may take the form of a short-lived viraemia, without specific clinical symptoms. People harbouring any of these viruses will automatically be excluded during the potentially dangerous period by adopting this six month period of "quarantine". (See also NBTS 130A attached).

APPENDIX 2

LIST OF ENDEMIC MALARIOUS AREAS

Afghanistan
Algeria
Angola
Argentina
Bangladesh
Belize
Benin
Bhutan
Bolivia
Botswana
Brazil
Burma
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
China, People's Republic of
Colombia
Comoros
Congo
Costa Rica
Djibouti
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Ethiopia
French Guiana
Gabon
Gambia
Ghana
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran
Iraq
Ivory Coast
Kampuchea
Kenya
Laos (Lao)
Liberia
Libya
Madagascar
Malawi
Malaysia
Maldives
Mali
Mauritani
Mauritius
Mexico
Morocco
Mozambique
Namibia
Nepal
Nicaragua
Niger
Nigeria
Oman
Pakistan
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Rwanda
Sao Tome and Principe
Saudi Arabia
Senegal
Sierra Leone
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Surinam
Swaziland
Syria
Tanzania
Thailand
Timo (Reast)
Togo
Turkey
Uganda
United Arab Emirates
Upper Volta
Vanuatu (formerly New Hebrides)
Venezuela
Vietnam
Yemen
Yemen, Democratic
Zaire
Zambia
Zimbabwe

List based on leaflet SA 35/1984 issued by DHSS for UK Health Departments - also information from the World Health Organisation.


Malaria transmission occurs
Limited risk areas
HONG KONG
MACAU
BRUNEI
SINGAPORE
VANUATU
NICOBAR
SEYCHELLES
MAURITIUS
REUNION
COMORES
MALDIVES
ZANZIBAR
CAPE VERDE
WEST INDIES

Appendix 3
NBTS 110A (Rev. 1985)

WELCOME TO THE DONOR SESSION

THIS IS VERY IMPORTANT - PLEASE READ CAREFULLY EACH TIME YOU ATTEND

To ensure as far as possible that giving blood will not harm you, and that all blood collected is safe for patients. PLEASE TELL US IF YOU

1. have RECENTLY SEEN A DOCTOR
2. have ever suffered from

ANAEMIA	HEART DISEASE
BLOOD PRESSURE PROBLEMS	HEPATITIS (JAUNDICE) or been in contact with a case in the last 6 months
BRUCELLOSIS (Undulant fever)	KIDNEY DISEASE
CANCER	STROKE
DIABETES	THYROID DISEASE (Goitre etc)
EPILEPSY (fits)	TROPICAL DISEASE especially MALARIA
GLANDULAR FEVER (in last 2 years)	
HAY FEVER or other ALLERGIES or ASTHMA	

3. think you may be in a high risk group for AIDS
4. have ever received a BLOOD TRANSFUSION
5. have had EARS PIERCED, ELECTROLYSIS, ACUPUNCTURE, or have been TATTOOED in the last six months
6. have been immunised or inoculated recently, e.g. against TETANUS
7. have recently suffered from, or been in contact with GERMAN MEASLES, (Rubella), MEASLES, CHICKEN POX or SHINGLES, MUMPS
8. have visited or lived in

   CENTRAL or SOUTH AMERICA: WEST INDIES:
   TROPICAL AFRICA: MIDDLE EAST: ASIA

9. drive a PUBLIC SERVICE VEHICLE, or work with unusual HAZARDS e.g. climbing ladders etc.
10. have suffered from UNEXPECTED LOSS OF WEIGHT
11. are under 8 stone (51 kg) in weight
12. are PREGNANT, or have had a baby in the LAST 12 MONTHS

IF ANY OF THE ABOVE APPLY TO YOU, PLEASE TELL THE CLERK OR DOCTOR IN CHARGE OF THE SESSION WHO WILL DECIDE IF YOU MAY GIVE BLOOD

NO SMOKING PLEASE