BCSH TRANSFUSION TASK FORCE

ADDENDUM TO:


Since 2004, as a variant Creutzfeldt-Jacob disease (vCJD) risk reduction measure, the UK Departments of Health (DH) have recommended the use of fresh-frozen plasma (FFP) sourced from countries with a low bovine spongiform encephalopathy prevalence for children born after 1 January 1996. In 2005 this was extended to all children under 16 years. The English National Blood Service (NBS) imports FFP from volunteer US donors and, because of the higher prevalence of viral markers, this is subjected to a viral inactivation process (methylene blue and white light). In line with current UK guidelines, the specification for imported FFP restricts donors to those who have had virology testing within the previous 24 months, thus excluding new or lapsed donors. This requirement is included in the BCSH guidelines noted above.

Imported FFP is derived exclusively from male donors as a risk reduction measure for transfusion-related acute lung injury (TRALI). However, as the US also switches to male donors for FFP it will be increasingly difficult to maintain supplies for the UK which meet the current specification. A rigorous risk assessment exercise has been carried out for the NBS and DH, and ratified by the Microbiological Safety of Blood and Tissues committee (MSBTO). The optimum strategy to ensure supplies and maintain patient safety is to continue to import US male FFP but relax the specification to include first time donors, as the virus inactivation step provides reassurance of acceptable safety. There will be no change to the specification of UK FFP as this is not subjected to a virus inactivation process.

Following review of the evidence by the BCSH Transfusion Task Force it has been agreed to amend the above guidelines to remove the recommendation that FFP is only produced from donors who have had negative virology testing within the previous 24 months. This amendment will also be posted on the BCSH website (www.bcshguidelines.com).

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