

Travel Related Risks and Blood Transfusion



GIVE BLOOD

TRAVEL RELATED RISKS

Increasingly blood donors travel to ever more exotic locations across the globe for business and pleasure. Also, as our culture becomes more diverse we are grateful to have the support from blood donors from other countries.

However, the increased level of travel and diversity can potentially introduce new risks to the blood supply. Many travel associated risks arise due to infections that can be transmitted by mosquitoes or other insects. So if you have ever visited any area where there are mosquitoes or other biting insects it is really important that you read this leaflet carefully. Scottish midges don't count!

This leaflet aims to explain these risks and to encourage you to think about whether you might be affected. Thank you for taking the time to read this information. If you think you may be affected please let one of our staff know.

If you have ever visited any of the following countries please check with our staff to see if you may be affected:

- North America (including Canada and the USA): See West Nile Virus
- Tropical areas: See Malaria
- Central and South America (including Southern Mexico): See Chagas' Disease
- India and Indian Ocean: See Malaria and Chikungunya
- Far East: See Malaria
- Parts of Europe: Occasionally specific parts of Europe may have local outbreaks of a particular disease, e.g. West Nile Virus (or 'West Nile Virus infection')

Please ensure that you declare all travel outwith the UK in the relevant boxes of the donation form EVERY TIME YOU DONATE. Please do not assume that a previous declaration will suffice, since our acceptance criteria may change as new information emerges about risks associated with particular parts of the world.

MALARIA

Malaria is very common in many tropical countries. It is estimated that 500 million people worldwide are infected. Of these, more than one million die each year and the majority of these are children.

There is no risk of catching malaria in the United Kingdom but each year 2,000-2,500 people are diagnosed who have contracted the disease abroad.

Malaria is a parasitic infection that is carried in the red blood cells of humans. It is transmitted from person to person by the bites of Anopheles mosquitoes and can also be transmitted by blood transfusion from an infected donor.

The risk of contracting malaria is reduced by using measures to avoid mosquito bites such as insect repellent and night netting, and by taking anti-malaria medication (as advised by your doctor).

- Despite taking all such sensible precautions, visitors to many tropical areas remain at some risk from malaria.
- Malaria risk is not static – an area which was not a malaria risk years ago may now be a risk, and areas where risk was once present may now be clear of risk.
- Review of cases of transfusion-transmitted malaria over the years have led to changes in donor selection criteria.

For these reasons blood donors are always asked about travel to malarial areas of the world before they donate.

It is vitally important that any malarial travel or residency risk – no matter how long ago, or whether it has been discussed during previous visits - is re-assessed at every visit on the basis of current knowledge.



WHO IS AT RISK?

Residents People who have been exposed to malaria for more than six months, in countries where infected mosquitoes are present (called "residents"), may acquire a partial resistance to malaria infection. This can reduce symptoms whenever the infection is contracted again in later life.

These people may appear well but nevertheless may carry the parasite in their blood for many years after return to the UK. Before they can donate blood, a sample has to be tested by a special test for malaria antibodies. Unless tested they would be unable to donate in future.

The difference between residents and visitors, is that if residents return again to visit any malarial area, this special test must be repeated again before donations can be accepted. (This is due to the risk of partial resistance and lack of symptoms in residents if infected.)

History of Malaria People who have had malaria confirmed cannot give blood for a minimum of three years after their recovery. Before they can donate, a sample has to be tested by a special test for malarial antibodies. If donors who have had malaria visit any malarial area, they will require a further test for malarial antibodies before returning to donate. This can be performed six months after returning from the malarial area.

Visitors People who have visited a malarial area for a period of less than six months are considered to be at risk for the first 12 months after return to the UK. This is the period during which they would be expected to become unwell if they were infected with the malaria parasite. If they have remained well for 12 months since their return to the UK, no special testing is required before being allowed to donate. If they are keen to donate before this 12 months is up, as long as it is at least six months since their return, a sample can be tested by a special test for malaria antibodies.

History of fever related to travel People who have a history of an illness with fever related to travel, which might have been malaria, may carry the parasite in their blood for many years without showing any symptoms. Before they can donate blood, a sample has to be tested by a special test for malaria antibodies.

THE TEST

We use a test which looks for antibodies to the malaria parasite in blood donations. This test is called the Malaria Antibody Test (MAT).

A negative MAT means that the blood can safely be collected and used for transfusion to patients.

A positive MAT may indicate that the person has had malaria in the past. Only in very rare cases would a positive test result mean that the donor is currently infected with malaria, but to be on the safe side we cannot use his/her blood. Any donor with a confirmed positive MAT will be contacted by one of our doctors and given appropriate advice.

DONATING AFTER VISITING A MALARIAL COUNTRY

For anyone having a MAT sample taken - as long as the result is negative, they will be contacted by letter within a few weeks and recalled to donate as soon as convenient.

- Anyone who has been diagnosed as having had malaria has to wait for three years before a test can be carried out. If they subsequently return to a malarial area, they must have a sample taken for MAT at least six months after each return from any malarial area before being allowed to donate again.
- Anyone who has had an undiagnosed fever (which may have been malaria) while abroad or within six months of leaving a malaria endemic area must have a sample taken for MAT at least six months since the date of return to the UK and since recovery from symptoms that may have been caused by malaria.
- Visitors to a malarial area of the world can:
 - donate as long as they have been back in the UK for 12 months and have remained well.
 - have a sample tested for MAT six months after their return to the UK. This is the earliest that the test can be performed.
- Residents of malarial areas must have a sample taken for MAT at least six months after each return from any malarial area before being allowed to donate again.



WEST NILE VIRUS

West Nile Virus (WNV) causes a wide spectrum of infection in which the symptoms vary from no or mild symptoms to death. This virus is geographically widespread but in recent years this has reached epidemic levels in the United States and Canada. This has resulted in transfusion associated transmission

of infection in patients who have received blood or tissues from an infected donor. For this reason we ask all visitors to the United States and Canada not to give blood for 28 days after their return. If a visitor to a WNV affected area has been diagnosed with WNV or has had an illness that may have been WNV while abroad or following their return, we would ask them not to give blood for six months. From time to time local outbreaks of WNV have occurred in Europe and temporary restrictions on blood donation may need to be applied to visitors to specific areas.

While North America and Canada are the regions most affected by this virus, there are occasional outbreaks in other areas. So it is really important that you tell us about your travel history even if you think there is no infectious risks in the area you visited. This is particularly important if there are mosquitoes in the area you visited.



CHAGAS' DISEASE (SOUTH AMERICAN TRYPANOSOMIASIS)

Chagas' disease is a tropical parasitic disease caused by the flagellate protozoan *Trypanosoma cruzi*. This infection is commonly transmitted to humans and other mammals by insects. The disease may also be spread through blood transfusion and organ transplantation, eating uncooked food contaminated with the parasites, and from a mother to her child during pregnancy.

The symptoms of Chagas' disease vary over the course of an infection. In the early, acute stage, symptoms are mild and usually produce no more than local swelling at the site of

infection. As the disease progresses, over the course of many years, serious chronic symptoms can appear, such as heart disease and malformation of the intestines. If untreated, the chronic disease is often fatal.

Chagas' disease occurs exclusively in the Americas, particularly in poor, rural areas of Mexico, Central America, and South America; very rarely, the disease has originated in the Southern United States.

You will not be able to donate if any of the following apply to you:

- If you were born in Central or South America (including Southern Mexico)
- If your mother was born in Central or South America (including Southern Mexico)
- If you think you had a blood transfusion in Central or South America (including Southern Mexico)
- If you have lived or worked in a rural farming community in these countries for a continuous period of four weeks or more.

CHIKUNGUNYA (CHIK-V)

Chikungunya (meaning "that which bends up") virus is transmitted to humans by day-biting mosquitoes. This virus is geographically widespread but has reached epidemic proportions in parts of India and islands in the Indian Ocean since 2005. It is known to be spread by blood in symptomatic cases and so could possibly be spread by transfusion.

A number of visitors returning to the UK from areas affected by Chikungunya have been diagnosed with this infection. It is therefore important that you let us know if you may have visited an affected area. As the areas affected by Chikungunya virus may change over time, it is important that you inform us of any foreign travel, so that we can assess the information against our list of current risk areas.

OTHER RISKS

Occasionally there may be other disease risks associated with travel such as the SARS outbreak in 2003 which affected several countries in the Far East and Canada. In these circumstances, additional travel-associated deferral criteria may apply.

**Please call 0845 30 17 2 70 between
9am and 5pm if you wish to discuss
your travel history further.**

This publication can also be made available in large print, Braille (English only), audio tape and in different languages. If you would like further information contact The Public Affairs Department on 0141 357 7752.

www.scotblood.co.uk



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