DIRECTED DONATIONS
NZBS POLICY

REASON FOR ISSUE: Renumbering and reformatting.

Definition

A directed donation refers to the situation where one individual seeks to identify another individual who will donate blood to provide blood components for either themselves or a close family relative.

Scope

This Policy refers to situations where an attempt is made to direct a donation on the grounds of personal preference. Rare clinical situations when a selected donor is requested, usually by NZBS Medical staff, to donate blood for an other individual on grounds of clinical need, for example donation of HPA 1A negative platelets or blood of a rare phenotype, are not addressed by the Policy.

Background

Allogeneic blood available for transfusion within New Zealand has an excellent safety record. The possibility that transfusion of blood components might transmit infection is very low but cannot be excluded. NZBS aims to minimise this risk by application of standard approaches to donor selection and the use of validated screening technologies. Blood available for transfusion is safer today than it has ever been. Public concern over safety remains a problem and this occasionally results in individual requests for **directed donations**, most frequently in the setting of sick neonates.

There is no evidence that **directed donations** are safer than blood components derived from voluntary non remunerated blood donors. A number of specific issues can be identified;

- Individuals who are identified as potential directed donors might fail to disclose risk behaviour that would normally exclude them from donating blood. This theoretical concern is demonstrated in a number of studies within the medical literature that indicate that the frequency of positive microbiological markers is higher in the directed donor population than that identified in equivalent volunteer donors.

- Donations from close family members increase the likelihood that the donor and patient will share the same tissue type. This increases the risk of Transfusion Associated Graft versus Host Disease (TA- GVHD). This is a rare but fatal complication of transfusion. The risk of TA-GVHD can be eliminated by irradiation of blood components, but access to facilities for irradiation is currently limited. Delays in irradiation might lead to delay in availability of components derived from directed donations thus worsening of an individual patient's clinical condition.

Policy

NZBS does not support the practice of directed donations. NZBS will discourage requests to provide directed blood components for patients on the basis that there is no evidence that such components lead to improved patient care nor that they reduce the risk of acquiring transfusion associated infections.

References
1. Cordell RA, Yalon VA, Cigahn-Haskell Cet al. Experience with 11916 designated donations. (1986) Transfusion 26 485-486S
2. Strauss RG Directed and limited exposure donor programmes for children. In Contemporary issues in Paediatric Transfusion Medicine, eds RA Sacher and R Strauss pp 1-11. (1989) AABB Arlington VA
3. Bastian JF, Williams RA, Ornelas W. Maternal isoimmunisation resulting in combined immunodeficiency and fatal graft versus host disease in an infant. Lancet (1984) I 14354-1437