

Donor Eligibility and Testing Issues, Diverse Donors

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Prepared by Mindy Goldman, MD

Canadian Blood Services

Recruitment and retention of diverse donors that reflect Canada's population is critical to meet patient needs. Approximately 16% of individuals presenting to donate are deferred from donation. These rates can be higher in first time donors and donors from diverse backgrounds. Donor eligibility and screening considerations that are particularly relevant to diverse donors are listed below.

1. Donor comprehension: Donors must be able to understand the mandatory pamphlet and the donor assessment questionnaire in English or French.
2. Criteria that may lead to deferral:
 - History of hepatitis after age 11: permanent deferral, unless hepatitis A or E
 - History of malaria: permanent deferral
 - Residence (lived for more than 6 months in a row) in a malaria risk country: 3 year deferral from date left risk area
 - Recent travel to a malaria risk country or area: 12 month deferral from date left risk area
 - Sexual partner born or lived in Togo or Cameroon: 12 month deferral from last sexual contact, this amounts to a permanent deferral for stable partners
 - There are also deferral criteria for individuals who have spent more than 3 months in France or the UK from 1980 to 1996, more than 6 months in Saudi Arabia from 1980 to 1996, and more than 5 years in Europe from 1980 to 2007.
3. Donor hemoglobin: At the present time, the minimum hemoglobin requirements are 125 g/L in females and 125 g/L in males (will increase to 130 g/L in males in the next year). Hemoglobin levels tend to be slightly lower in certain ethnic groups, and therefore the deferral rate for low hemoglobin may be particularly high in women in these groups.
4. Infectious disease testing: Hepatitis B and hepatitis C are endemic in many parts of Africa and Asia. Testing involves detection of antibodies to hepatitis B core (anti-HBc), in addition to testing for hepatitis B surface antigen and nucleic acid testing. Similarly, for hepatitis C testing consists in anti-HBc and nucleic acid testing. Therefore, donors with a remote episode of hepatitis B, even if presently cured, will have evidence of a past infection and be deferred from donation.

Possible mitigating actions to increase awareness of these issues and avoid donor disappointment and high deferral rates on the clinic may include the following:

1. Extra education of clinic organizers and community volunteers working on a specific clinic targeting a minority group.
2. Urging donors to call the NCC (National Contact Centre) for more information, if they have any questions about their eligibility.