Change Notification for the UK Blood and Tissue Services

Notification date 7 July 2026
Effective date 11 August 2026
Implementation To be determined by each Service

CN 21-2026

Coronavirus infection

	Content changed	Type of change	Guidelines affected
1	Coronavirus infection	Removed entry	**Tissue (deceased)** **Tissue (live)**
2	Infection, acute	Updated entry	**Tissue (deceased)**
3	Infection, acute	Updated entry	**Tissue (live)**
4	'See if relevant' links	Updated hyperlinks	**Tissue (deceased)** **Tissue (live)**

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Note: this document indicates inserted and ~~deleted~~ text. This formatting will not apply in the published text.

1. Coronavirus infection

Guidelines affected	Reason for change
Tissue (deceased) Tissue (live)	This entry has been removed and replaced with guidance in ‘Infection, acute’ entry.

This entry will be removed.

Search terms ‘Coronavirus infection’ and ‘SARS-CoV-2’ will now return ‘Infection, acute’ entry.

2. Infection, acute

Guidelines affected	Reason for change
Tissue (deceased)	Clarification that coronavirus infection (COVID-19) should be managed as a common viral respiratory tract infection, following removal of 'Coronavirus infection' entry.

Essential information

Obligatory	**See:** is there a specific entry for the disease you are concerned about? **Must not donate if:** Less than 2 weeks from recovery from a systemic infection.
Discretionary	**1. All tissues:** a. If the clinician caring for the potential donor thinks that therapy given for a localised infection has successfully cleared it, accept. b. Common acute local viral respiratory tract infections including colds, sore throats, COVID-19 and seasonal influenza, accept. See Additional information below. c. Cold sores and genital herpes, accept. **2. Eyes:** If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

Supporting information

See if relevant	• Congo fever • ~~*Coronavirus infection*~~ • Herpes, genital • Herpes, oral • Infectious diseases, contact with • MRSA • Myocarditis • Steroid therapy • Viral haemorrhagic fever • West Nile Virus

Additional information	Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals. Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza. Potential donors who have been cared for on an ITU may have a local chest infection as a result of ventilation - these patients are acceptable as donors. Donors who have bacterial pneumonia are acceptable as eye donors. Other tissues may be accepted if the infection has been successfully treated, or with individual risk assessment to exclude severe or systemic sepsis. The same applies to a donor with seasonal influenza who had developed secondary bacterial infection. Donors who have had a positive screening test for MRSA (carriers) are acceptable, whereas donors with active MRSA infection at the time of death are not acceptable. There is no evidence that cold sores, genital herpes and common viral respiratory infections such as seasonal influenza, colds, COVID-19 (caused by the SARS-CoV-2 virus) and sore throats can be passed on by ~~*processed*~~ tissue grafts. **Unusual bacterial/fungal/protozoal infections:** Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate. A risk assessment should be performed to ensure that retrieval staff are not put at risk from the infection.
Regulatory information	Part of this advice is a requirement of the EU Tissue and Cells Directive.

3. Infection, acute

Guidelines affected	Reason for change
Tissue (live)	Clarification that coronavirus infection (COVID-19) should be managed as a common viral respiratory tract infection, following removal of 'Coronavirus infection' entry.

Essential information

Obligatory	**See:** is there a specific entry for the disease you are concerned about? **Must not donate if:** 1. Infected 2. Less than 2 weeks from recovery from a systemic infection 3. Less than 7 days from completing systemic antibiotic, antifungal or antiviral treatment
Discretionary	Common viral respiratory tract infections such as colds, sore throats, COVID-19 and seasonal influenza, if recovering, accept. See Additional information below. Cold sores, genital herpes, accept.

Supporting information

See if relevant	• Congo fever • ~~*Coronavirus infection*~~ • Herpes, genital • Herpes, oral • Infectious diseases, contact with • MRSA • Myocarditis • Steroid therapy • Viral haemorrhagic fever • West Nile Virus

Additional information	Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. Waiting 2 weeks from when the infection is better and seven days from completing systemic antibiotic, antifungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on. There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds, COVID-19 (caused by the SARS-CoV-2 virus) and sore throats can be passed on by donated material, but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate. Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals. Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza. **Unusual bacterial/fungal/protozoal infections:** Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.

4. ‘See if relevant’ links

Guidelines affected	Reason for change
Tissue (deceased) **Tissue (live)**	Update of ‘See if relevant’ links due to the removal of ‘Coronavirus infection’ entry and addition of relevant guidance to ‘Infection, acute’ entry.

For each entry below, the ‘See if relevant’ links will be updated as shown:

Entry	Link to be removed	Link to be added
Infectious diseases, contact with	~~*Coronavirus infection*~~	Infection, acute