Change Notification for the UK Blood and Tissue Services

Notification date 20 August 2026
Effective date 17 September 2026
Implementation To be determined by each Service

CN 32-2026

Medication and donor eligibility

	Content changed	Type of change	Guidelines affected
1	'Using these guidelines'	Updated information	**Whole blood**
2	Drug treatment	Updated entry	**Whole blood**

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

1. ‘Using these guidelines’ page

Guidelines affected	Reason for change
Whole blood	Updated information to support the assessment of donors on medication.

General principles

(this section is unchanged)

Use of the A to Z index

(this section is unchanged)

Guideline terminology

(this section is unchanged)

Medication

The underlying illness suffered by a donor, rather than the properties of any drug they are taking, is the usual reason for an ineligibility to donate.

In general, traces of drugs in donations are very unlikely to cause harm ~~***harmless***~~ to ~~***their***~~ recipients of a transfusion. However, donors treated with certain drugs are deferred for periods associated with the pharmacodynamic and pharmacokinetic properties of the drug. Examples are drugs used to treat acne, psoriasis, and some prostate problems. All such drugs have their own entry. This is reviewed regularly, taking into account information issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

Drugs that can affect platelet function are listed in the drug index together with the deferral period required before a donor's blood can be used for platelet production.

Inspection of the donor

(this section is unchanged)

Version control

(this section is unchanged)

2. Drug treatment

Guidelines affected	Reason for change
Whole blood	Additional information to support the assessment of the eligibility of donors taking drug treatment that can affect foetal development has been added. 'See if relevant' section has been removed.

Essential information

Obligatory	**See:** any specific entry for the disease being treated or the drug taken. The taking of some drugs may make a donor ineligible. This could be due to the underlying disease or to the medication.
Discretionary	Self-medication with some drugs (e.g. vitamins, aspirin, sleeping tablets) need not prevent a donation being accepted, providing the donor meets all other criteria. The number of different drugs taken should not of itself make a donor ineligible.

Supporting information

~~***See if relevant***~~	~~• *Acne*~~ ~~• *Alopecia*~~ ~~• *Anti-androgens*~~ ~~• *Antibiotic therapy*~~ ~~• *Autoimmune disease*~~ ~~• *Drugs and platelet donation (drug index)*~~ ~~• *Immunodeficiency*~~ ~~• *Immunoglobulin therapy*~~ ~~• *Nonsteroidal anti-inflammatory drugs*~~ ~~• *Prostate problems*~~ ~~• *Psoriasis*~~ ~~• *Skin disease*~~ ~~• *Steroid therapy*~~

Additional information	In most circumstances, it is the condition that a drug is being taken for, rather than the drug itself, that will lead to deferral. This is because the amount of drug that will be transfused will be very small. Some drugs are ~~*however*~~ known or suspected to affect foetal development when taken by patients to treat their underlying condition. ~~*to cause birth defects even in tiny amounts.*~~ For a drug to potentially harm the foetus, it must be present at a significant concentration in the mother's bloodstream during the specific period of organ development. For example, sodium valproate needs to be in the circulation during the neural tube formation phase in the first trimester of pregnancy. ~~*As we do not know who may receive donated blood (e.g. it may be transfused directly into an unborn baby), people taking these drugs must be deferred.*~~ Although a donation taken from a person on medication may contain traces of that drug, the potential risk to the recipient is not believed to be significant because: • the concentration of the drug will be low because of dilution within the recipient's circulation • a one-off exposure is unlikely to cause an effect • transfusions within the first trimester (the first 3 months) of pregnancy, at the key stage of foetal development, are uncommon However, some drugs have a Pregnancy Prevention Programme (PPP) mandated due to their higher teratogenic risk. A PPP is mandatory formal risk management and is distinct from drug information that simply advises avoiding use in pregnancy. In acknowledgement of this, donors who are taking drugs with a PPP for a condition that would not otherwise prevent donation must be deferred according to the appropriate entry in the WB-DSG. Donors who are taking a drug for which specific guidance is not in the WB-DSG should be assessed according to the entry for the condition for which the drug treatment is being taken. This approach has been reviewed by the UK Teratology Information Service (UKTIS) and will be updated as further evidence becomes available. It is also important to be certain that a particular drug will not stop platelets from working properly. The blood of anyone who has taken drugs in the last 7 days that can interfere with platelet function can be used for red cells but may not be suitable for preparing platelets. If a specific drug is not indexed individually, or as a group (e.g. nonsteroidal anti-inflammatory drugs or steroids), and the reason for treatment is not a cause for deferral, the donor should be accepted. If in doubt, contact a Designated Clinical Support Officer.