



BLOOD DONOR EDUCATIONAL MATERIAL

READ THIS BEFORE YOU DONATE!

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately. If you don't understand a question, ask the blood center staff. All information you provide is confidential.

To determine if you are eligible to donate we will:

- Ask about your health and travel
- Ask about medicines you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis
- Take your blood pressure, temperature and pulse
- Take a blood sample to be sure your blood count is acceptable

If you are eligible to donate we will:

- Clean your arm with an antiseptic. Tell us if you have any skin allergies
- Use a new, sterile, disposable needle to collect your blood

DONOR ELIGIBILITY – SPECIFIC INFORMATION

Certain diseases, such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

What do we mean by “sexual contact?”

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone's vagina, penis, or anus)
- Anal sex (contact between penis and anus)

HIV/AIDS risk behaviors

HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

Do not donate if you:

- Have AIDS or have ever had a positive HIV test
- Have EVER used needles to take any drugs not prescribed by your doctor
- Are a male who has had sexual contact with another male, IN THE PAST 12 MONTHS

- Have EVER taken money, drugs or other payment for sex
- Have had sexual contact IN THE PAST 12 MONTHS with anyone described above
- Have had syphilis or gonorrhea IN THE PAST 12 MONTHS
- Have been in juvenile detention, lockup, jail or prison for more than 72 consecutive hours IN THE PAST 12 MONTHS

Your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.

DO NOT donate to get a test! If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

The following symptoms can be present before an HIV test turns positive:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

DO NOT donate if you have these symptoms!

Travel to or birth in other countries

Blood donor tests may not be available for some infections that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

WHAT HAPPENS AFTER YOUR DONATION

To protect patients, your blood is tested for several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result which may disqualify you from donating in the future. The blood center will not release your test results without your written permission unless required by law (e.g. to the Health Department).

EBOLA VIRUS DISEASE OR INFECTION

Please **DO NOT DONATE BLOOD** if you:

- Have EVER had Ebola virus disease or infection

THANK YOU FOR DONATING BLOOD TODAY!

Kentucky Blood Center
800-775-2522

PLEASE DO NOT DONATE TO GET TESTED FOR HIV, HEPATITIS, OR ANY OTHER INFECTIONS!



MEDICATION DEFERRAL LIST

SOME MEDICATIONS MAY AFFECT YOUR ELIGIBILITY TO DONATE BLOOD. PLEASE TELL US IF YOU...			
Are being treated with the following types of medications...	or have taken...	which is also called...	anytime in the last...
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	3 days
	Effient	prasugrel	14 days
	Brilinta	ticagrelor	
	Plavix	clopidogrel	
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Xarelto	rivaroxaban	7 days
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Eliquis	apixaban	
	Savaysa	edoxaban	
	Coumadin Warfilone Jantoven	warfarin	
	Heparin, low molecular weight heparin (unless listed separately)	heparin	
Arixtra	fondaparinux		
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 month
Hair loss remedy	Propecia	finasteride	1 month
Prostate symptoms	Proscar	finasteride	1 month
	Avodart Jalyn	dutasteride	6 months
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 months
Relapsing multiple sclerosis	Aubagio	teriflunomide	24 months
Psoriasis	Soriatane	acitretin	36 months
	Tegison	etretinate	Ever
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			12 months, or as indicated by Medical Director
Growth hormone from human pituitary glands*			Ever
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom*			Ever
Memory loss treatment	Aricept	donepezil HCl	Ever
Leg pain/peripheral vascular disease treatment	Pletal	cilostazol	3 days

*No longer available in US

DO NOT discontinue medications prescribed or recommended by your physicians in order to donate blood. See the opposite side for more information about why these medications affect blood donation.



MEDICATION DEFERRAL LIST

Some medications affect your eligibility as a blood donor, for the following reasons:

Anti-platelet agents affect platelet function, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood or red blood cells by apheresis.

Anticoagulants or “blood thinners” are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood’s ability to clot, which might cause excessive bruising or bleeding when you donate; however, you may still be able to donate whole blood or red blood cells by apheresis.

Isotretinoin, finasteride, dutasteride, acitretin and etretinate can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide) can cause birth defects or the death of an unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

Growth hormone from human pituitary glands was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).

Insulin from cows (bovine, or beef, insulin) is an injected medicine used to treat diabetes. If this insulin came to the United States from the United Kingdom (where “mad cow disease” has occurred) it could contain material from cattle that have “mad cow disease.” Although no cases of the human type of “mad cow disease” have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to “mad cow disease” through beef insulin could transmit it to someone who receives their blood.

Hepatitis B Immune Globulin (HBIG) is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore, persons who have received HBIG must wait to donate blood.

Experimental Medication or Unlicensed (Experimental) Vaccine is usually associated with a research study, and the effect on the safety of transfused blood is unknown.

Memory loss medications are usually given to persons experiencing memory loss associated with dementia (i.e. Alzheimer’s disease). As memory is affected by these conditions, we cannot guarantee a complete and accurate health history. Therefore, individuals with these conditions are not eligible to donate. Individuals with a family history of dementia who are taking this medication to prevent dementia are eligible to donate.

Medications for leg pain/peripheral vascular disease treatment may affect platelet function so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood.

Donors SHOULD NOT discontinue medications prescribed or recommended by their physician in order to donate blood.



VARIANT CREUTZFELDT-JAKOB DISEASE (vCJD) COUNTRIES OF RISK

These lists were prepared from the FDA Guidance for Industry “Revised Preventive Measures to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease and Variant Creutzfeldt-Jakob Disease by Blood and Blood Products,” updated January 2016, and further modified to include current geo-political names. The guidance can also be found by date and title on the FDA website as a Blood Guidance.

The lists should be available to the donor when the DHQ is being used and to the donor historian when using the corresponding flowcharts.

vCJD countries of risk – United Kingdom

- Channel Islands
- England
- Falkland Islands
- Gibraltar
- Isle of Man
- Northern Ireland
- Scotland
- Wales

vCJD countries of risk – Europe

- Albania
- Austria
- Belgium
- Bosnia-Herzegovina
- Bulgaria
- Croatia
- Czech Republic
- Denmark
- Finland
- France, including its overseas departments (e.g., Martinique and others)
- Germany
- Greece
- Hungary
- Republic of Ireland
- Italy
- Kosovo
- Liechtenstein
- Luxembourg
- Macedonia
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal, including the Azores
- Romania
- Serbia
- Slovak Republic
- Slovenia
- Spain, including the Canary Islands and Spanish North African territories
- Sweden
- Switzerland
- Yugoslavia (or the former Federal Republic of Yugoslavia)



DEFINITIONS

Understanding the questions on the history questionnaire, and answering them honestly, is vital to the safety of the blood supply. Since some of the diseases and terms on the questionnaire may be unfamiliar, definitions for several are listed below. If you have questions about any of these or about any other words on the questionnaire, please ask a KBC staff member for additional information.

Babesiosis:

A tick-borne malaria-like illness caused by various types of Babesia, a microscopic parasite that infects red blood cells. In the United States, most cases of babesiosis occur during warmer months in the Northeast and upper Midwest regions of the country. While symptoms are typically mild, some patients develop severe or even fatal infection.

Creutzfeldt-Jakob disease:

A rare degenerative brain disorder that leads to dementia and typically causes death within one year of diagnosis.

Malaria:

A parasitic infection that is spread via mosquito bites. Transmission occurs mainly in tropical and subtropical climates. When untreated, malaria can result in severe complications, which can include death.

Xenotransplantation:

The transplantation of live cells, tissues, or organs from one species to another (e.g., from a non-human animal to a human). Transplantation or grafting of animal tissue that is sterilized and processed (e.g., bovine or porcine bone grafts, heart valves, etc.) is not considered a xenotransplant because there are no live cells.

IRON AND BLOOD DONATION

Introduction

Your health is important to us. We check hemoglobin (Hgb) levels of every donor every time they donate. Hgb is a protein found in red blood cells that allows the cells to carry oxygen. Your Hgb level correlates with the number of red blood cells in your body. A low Hgb usually means that your number of red blood cells is low.

Hgb contains iron, and iron is needed to produce more red blood cells. The most common reason for low Hgb levels in blood donors is low iron.

How does blood donation affect your iron?

Since iron is found in red blood cells, it is lost during blood donation. Unless this lost iron is replaced, iron stores may decrease, eventually leading to low Hgb levels. Donors with low iron stores prior to donating may become iron deficient even after one donation. This includes women (regardless of donation frequency) and men who are frequent blood donors (defined as donating two or more times per year).

How do low iron stores affect me?

Many donors with low iron stores do not experience symptoms and have normal hemoglobin levels for some time until iron levels become too low. There are several symptoms associated with low iron stores – fatigue, decreased exercise capacity, and pica (craving to chew things such as ice or chalk). When iron stores get too low, the production of new RBCs is affected resulting in low Hgb levels, which may lead to deferral from donating blood.

Good News! – Iron lost during blood donation can be replaced simply by taking an over-the-counter iron supplement or multi-vitamin with iron.

What can I do to replace and maintain my iron stores?

It is very important to replenish the iron lost through blood donation, especially in donors whose iron stores may be low prior to donation. ***While eating iron rich foods may be helpful, studies have shown that iron supplementation (multivitamin with iron or iron supplements) is the only way to consistently replace the iron lost in frequent blood donors.*** Without iron supplementation, two thirds of donors will not replenish their iron stores by 24 weeks.

What type of iron supplement should I take and how should I take it?

Your physician or pharmacist can help you in deciding what dose, type, and duration of iron supplement to choose. In general, you will likely replace the iron lost through one blood donation by taking a multivitamin with iron (19 mg iron) daily for 3 months or one iron caplet (45 mg iron) daily for 6 weeks.

Why can't I take larger doses to recover iron stores quicker?

Your body can only absorb 2-4 mg of iron per day. Therefore, taking larger doses for a shorter amount of time will likely not lead to better absorption and may result in more side effects.

Summary

Iron is lost through blood donation. When iron stores become too low, Hgb levels will eventually decrease as well. ***Most donors will not replace the iron lost by diet alone –***