Appendix 1: Guidelines for the Acceptance and Deferral of Donors

Condition	Acceptance Or Deferral Criteria			
Abortion	Defer for 6 months.			
Acne Medication	Retin A cream Accept Isotretinoin (Roaccutane®) Defer for 28 days after last dose Acitretin (Neotigason®) Defer for 3 years after last dose Etretinate (Tigasone®) Defer permanently			
Acupuncture	Defer for 6 months from date of procedure.			
Age limits for blood donation	17 to 70 years old. Accept up to 60 years old for first time donor. May accept regular donor up to 70 years old with annual medical check-up which includes chest X-ray, ECG, LFT, Renal Profile, Fasting Blood Sugar and Full Blood Profile or letter from physician stating that donor is fit to donate. For donors aged 17 years old, written parental/guardian's consent is compulsory.			
Alcohol intake	Defer 24 hours if intoxicated. Accept if no intoxication.			
Allergy	Accept if mild or symptom free. Defer permanently History of anaphylaxis Severe debilitating autoimmune disorders such as systemic lupus erythematosus, dermatomyositis or severe rheumatoid disease Immunosuppression due to congenital or acquired hypogamma-globulinaemia or immunosuppressive medication (Also see "Immunological diseases")			
Anaemia	Accept if past history of iron deficiency anaemia, with a known cause not a contraindication to donation, when treatment completed and fully recovered. Accept individuals with Thalassaemia traits, provided they are well and meet the minimum haemoglobin level for blood donation. Accept if vitamin B12 or folate deficiency when fully recovered and on maintenance treatment. Defer permanently if chronic anaemia of unknown cause or associated with systemic disease.			

Condition	Acceptance Or Deferral Criteria			
Anaphylaxis	Defer permanently.			
Ankylosing spondylitis	Defer permanently.			
Arthritis	Accept if osteoarthritis and donor able to climb on and off donation couch without assistance. Defer permanently if systemic diseases affecting joints such as Rheumatoid disease Psoriatic arthropathy Ankylosing spondylitis			
Asthma	Accept if asymptomatic, even if on medication other than oral or injected steroid. Defer for 14 days after full recovery from acute exacerbation. Defer for 14 days after completion of a course of oral or injected steroid. Defer permanently if severe asthma requiring regular medication.			
Babesiosis	Defer permanently.			
Biopsy	Defer for 6 months from date of procedure.			
Bleeding disorders	Accept if only family member is affected and donor has no history of prolonged bleeding. (Also see "Coagulation disorders".)			
Blood pressure	Accept if within the following range: • Systolic: 100-150 mmHg • Diastolic: 70-100 mmHg			
Blood transfusion	Defer for 6 months after transfusion with blood or blood component. Defer for 6 months after immunoglobulin (IVIg) therapy. Defer permanently if on regular treatment with plasma-derived coagulation factors. Defer permanently if ever received a transfusion or injection of blood or blood components while in England, Scotland, Wales, Northern Ireland of the Isle of Man from 1st January 1980 onwards.			
Body piercing	Defer for 6 months from date of procedure.			
Bronchitis	Defer for 14 days after full recovery from acute attack and completion of treatment.			
Brucellosis	Defer permanently.			
Burns	Accept if fully healed.			

Condition	Acceptance Or Deferral Criteria		
Campylobacter	Defer for 28 days after full recovery.		
Cancer	See "Malignant diseases".		
Cardiovascular diseases	Accept for surgically corrected simple congenital cardiac malformation with no residual symptoms. Accept for asymptomatic disorder: e.g. functional murmurs, mitral valve prolapsed. Defer permanently all other conditions (e.g. angina pectoris, arrhythmia, coronary artery disease, heart failure).		
Central nervous system diseases	Defer permanently: Epilepsy or history of seizure Dementia or neurodegenerative disease due to any cause Multiple sclerosis or other demyelinating diseases		
Cerebrovascular diseases	Defer permanently.		
Chagas disease (American trypanosomiasis)	Defer permanently.		
Chancroid	Defer permanently.		
Chickenpox	Defer for 14 days after full recovery from infection. Defer for 21 days after last day of close contact with individual with the disease.		
Chikugunya virus	Defer for 6 months after full recovery.		
Childbirth	Defer for 6 months post-delivery. (Also see "Pregnancy")		
Cholecystitis	Accept after fully recovered.		
Coagulation disorders	Defer permanently if coagulation factor deficiencies whether inherited or acquired.		
Coeliac disease	Accept if fully treated .		
Colitis	Accept if irritable bowel syndrome without debility. Defer any active inflammatory bowel disease unless well and in long-term remission.		
Common cold	Defer for 7 days after full recovery.		
Cosmetic treatment (invasive)	Defer for 6 months from date of procedure. (Also see "Injection")		

Condition	Acceptance Or Deferral Criteria			
Creutzfeldt-Jakob disease (CJD)	Defer permanently sporadic and familial CJD and first-degree relatives. Defer permanently if history of treatment with pituitary-derived human growth hormone, human gonadotrophin, dura mater graft, corneal transplantation, neurosurgery. (Also see "Variant CJD")			
Crohn's disease	Defer if active disease. Accept if well and in-long term remission.			
Cupping (Bekam)	Defer for 6 months from date of procedure for wet cupping (bekam darah). Accept if dry cupping or fire cupping.			
Dementia	Defer permanently.			
Dengue fever	Defer for 6 months after full recovery.			
Dental treatment	Defer for 24 hours after simple procedures. Defer for 7 days after extraction or endodontic procedures. Defer for 6 months after dental surgery.			
Depression	Accept if feeling well. (Also see "Psychiatric disorders")			
Dermatitis	See "Skin diseases".			
Dermatomyositis	Defer permanently.			
Diabetes mellitus	Accept diabetes mellitus controlled by diet or oral medication provided no history of orthostatic hypotension and no evidence of infection, neuropathy or vascular disease. Defer permanently if requires insulin treatment or has complications with multi-organ involvement.			
Diagnostic procedures	Defer following minor diagnostic procedure including rigid endoscopy unti- normal activity resumed. Defer for 6 months after invasive diagnostic procedure using flexible endoscopy.			
Diarrhoea	Accept 14 days after full recovery and completion of therapy, including antibiotics. Accept for chronic diarrhoea due to irritable bowel syndrome without debility; otherwise defer. Defer for 28 days if symptoms suggestive of Yersinia enterocolitica.			
Diverticular disease	Accept if well and asymptomatic.			

Condition	Acceptance Or Deferral Criteria			
Drug use	Injecting drug use: • Defer permanently individuals with history of drug use by injection Non-injected drug use: • Defer for 6 months from last in-take of the substance.			
Eczema	Accept if lesions not infected and venepuncture site unaffected.			
Epilepsy	Defer permanently.			
Epstein-Barr virus	Defer for 28 days after full recovery.			
Erythrocytosis	See "Polycythemia".			
Essential thrombocythaemia	Defer permanently.			
Fever (non-specific)	Defer for 14 days after full recovery.			
Foreigner	Defer for 12 months after entry into Malaysia and after re-entry following prolonged (>1 month) travel outside of Malaysia.			
Fracture	Defer until plaster is removed and mobility returns to normal.			
Gastritis	Accept if well and asymptomatic.			
Gallstones	Accept if well and asymptomatic.			
Gastroenteritis	Defer for 28 days after full recovery.			
Gastro- oesophageal reflux	Accept mild cases, if well and asymptomatic.			
Gonorrhoea	Defer permanently.			
Gout	Defer for 7 days after acute attack.			
G6PD deficiency Accept if no history of haemolysis Red cells however are not to be used.				
Haemochromatosis	Defer permanently if there is history of haemolysis. Accept if well and asymptomatic.			
Haemoglobin level	Accept if haemoglobin level is between 13.5 to 18.0 g/dl for male and 12.5 to 18.0 g/dl for female.			
Haemoglobinopathies	Defer permanently if thalassaemia major, thalassaemia intermedia or sickle cell disease, including sickle cell trait.			
Haemophilia	Defer permanently.			

Condition	Acceptance Or Deferral Criteria			
Hepatitis A, hepatitis E and hepatitis of unknown origin	Defer for 12 months after full recovery.			
Hepatitis B	Defer permanently individuals who are Chronic Hepatitis B carrier or has been diagnosed with Occult Hepatitis B Infection (OBI). Recovered from Hepatitis B infection: Accept 12 months after full recovery (i.e. negative for HBsAg) with anti-HBs of >100mlU/ml and blood is screened by NAT. Current sexual partner may also be accepted 12 months after full recovery. Living with person with active Hepatitis B infection: Defer while still living in the same home. Accept if immunised for Hepatitis B with anti-HBs >100mlU/ml and negative for anti-HBc. Former household may be accepted 6 months after last contact. Family history of Hepatitis B (siblings, father, mother): Permanent deferral if new donor. Accept repeat donor if negative for both HbsAg and anti-HBc, or if anti-HBc positive must have anti-HBs >100mlU/ml. Sexual contact: Defer current sexual contact. Current sexual partner may be accepted 12 months after last sexual contact.			
Hepatitis C	Defer permanently. Recovered from Hepatitis C infection: Permanent deferral. Living with person with Hepatitis C: Accept. Family history of Hepatitis C (siblings, father, mother): Accept. Sexual contact: Defer current sexual partner. Defer 12 months since last sexual contact for former sexual partner.			
Herpes viruses	Defer for 28 days after full recovery (except HHV8 infection). Defer for 28 days for contacts of symptomatic individuals (except HHV8 infection). Defer permanently individuals with HHV8 infection, and current or former sexual contacts of individuals with HHV8 infection.			

Condition	Acceptance Or Deferral Criteria			
Hiatus hernia	Accept mild cases, if well and asymptomatic.			
High-risk behaviours	Defer permanently: Men who have sex with men (MSM). Individuals who make or receive payment in exchange for sex, including sex workers and their clients. Drug users by injections (IVDUs), including body building drugs. Live the lifestyle of having casual sex or having multiple sexual partners.			
HIV/AIDS	Defer permanently. <u>Living with person with HIV</u> : • Accept <u>Sexual contact</u> : • Defer permanently current and former sexual partners			
Hπ.v	Defer permanently individuals with evidence of HTLV infection. Living with person with HTLV infection: Accept. Family history of HTLV (mother or maternal grandmother): Defer permanently. Sexual contact: Defer permanently current and former sexual partner.			
Hypertension	Accept if stable and uncomplicated hypertension controlled by medication. Defer if recently started on or changed anti-hypertensive medication until 28 days after blood pressure stabilized. Defer permanently if Complicated with heart or renal disease. On ACE Inhibitor (ACE inhibitor is potentially teratogenic [teratogenic drugs-defer 6 months after last dose]).			
Hypogammaglo- bulinaemia	Defer permanently.			
Immunisation	 Accept Toxoids and non-live vaccines (e.g. Diphtheria, Polio, Pneumococcal, Rabies, Tetanus and Typhoid) – if well and asymptomatic. Defer 48 hours for recombinant virus vaccines (e.g. HBV, HPV, H1N1 vaccines, influenza). 14 days for attenuated virus (live) vaccine such as HBV vaccine. 28 days for Rubella vaccine. 12 months for Rabies vaccine (post-exposure). 			

Condition	Acceptance Or Deferral Criteria
Immunological diseases	Accept individuals with mild conditions, such as vitiligo or mild rheumatoid arthritis without systemic symptoms. Defer permanently individuals with: Severe debilitating autoimmune disorders such as systemic lupus erythematosus, dermatomyositis or severe rheumatoid disease. Immunosuppression due to congenital or acquired hypogammaglobulinaemia or immunosuppressive medication, with the exception of individuals with IgA deficiency. History of anaphylaxis. (Also see "Allergy")
Infections (acute bacterial)	Accept 14 days after full recovery and completion of antibiotic treatment. Defer for 28 days following full recovery and completion of treatment if symptoms suggestive of infection with salmonella, campylobacter, streptococcus or staphylococcus. (Also see "Medical conditions")
Influenza	Accept asymptomatic individuals with no close contact with those having active infection. Defer asymptomatic close contacts for 7 days after last day of contact. Defer for 14 days after full recovery and cessation of any therapy. Defer for 48 hours after influenza vaccination.
Injection	Defer for 6 months after any injection for cosmetic purposes such as Botox, Vitamin C and Collagen injection. Defer for 6 months for case of needle stick injury.
Interval between donations	 Between whole blood donations Minimum 8 weeks from last donation date. Maximum of 6 WB donation per year for male and 4WB donation per year for female. Between apheresis (platelet, plasma) donations Minimum 2 weeks after last donation date. Not exceeding 15 liters/year. Between whole blood to apheresis donation Minimum 8 weeks from last donation date. Between apheresis to whole blood donation Minimum of 2 weeks from last donation date. Following apheresis donation with red cell loss Defer for 8 weeks if more than 100ml loss. Apheresis donor who did not donate for more than 6 months Accept as whole blood donor first before resuming apheresis donation.

Condition	Acceptance Or Deferral Criteria			
Iron deficiency	See "Anaemia".			
Irritable bowel syndrome	Accept, if well and without debility.			
Lactating women	Defer during lactation.			
Leishmaniasis	Defer permanently individuals who have ever been diagnosed with leishmaniasis. Defer for 12 months individuals who have spent extended periods in endemic areas.			
Leukaemia	Defer permanently.			
Lyme disease	Defer for 28 days after full recovery and completion of treatment, whichever is longer.			
Lymphoma	Defer permanently.			
Malaria	Defer for 6 months after completion of treatment and full recovery whenever is longer. Defer for 4 weeks after completion of malarial prophylaxis.			
Malabsorption syndromes	Defer permanently except treated coeliac disease.			
Malignant diseases	Defer permanently.			
Medical conditions	Abscess/ Boils Defer for 28 days after full recovery. Bronchitis Defer for 14 days after full recovery. Chickenpox Defer for 14 days after full recovery. Defer close contacts for 21 days after last day of contact. Cystitis Defer for 14 days after full recovery. Dengue fever Defer for 6 months after full recovery. Diptheria Defer for 3 months after full recovery. Dysentery Defer for 28 days after full recovery. Emphysema Permanent deferral. Encephalitis Defer for 6 months after full recovery.			

Condition	Acceptance Or Deferral Criteria			
Medical conditions	Gastroenteritis			
	Defer for 28 days after full recovery.			
	Hay fever			
	Defer for 28 days after full recovery.			
	H1N1 • Defer for 29 days after full recovery			
	 Defer for 28 days after full recovery. Defer close contacts for 14 days after last day of contact. 			
	Infectious mononucleosis (Glandular fever)			
	Defer for 6 months after full recovery.			
	Measles			
	Defer for 14 days after full recovery.			
	Defer close contacts for 21 days after last day of contact.			
	Meningitis			
	Defer for 6 months after full recovery.			
	Migraine			
	 Defer until fully recovered. Defer permanently if severe or frequent. 			
	Defer permanently if severe or frequent. Mumps			
	Defer for 14 days after full recovery.			
	Defer close contacts for 21 days after last day of contact.			
	Osteomyelitis			
	Defer for 6 months after full recovery.			
	Pancreatitis			
	Defer for 6 months after full recovery.			
	Phlebitis • Defer for 6 months after full recovery			
	Defer for 6 months after full recovery. Pneumonia			
	Defer for6 months after full recovery.			
	Pneumothorax			
	Defer for 6 months after full recovery.			
	Poliomyelitis			
	Defer for 6 months after full recovery.			
	Pyelitis			
	Defer for 3 months after full recovery. Reviewed a discourse.			
	Raynaud's disease Defer permanently.			
	Rubella			
	Defer for 14 days after full recovery.			
	Defer close contacts for 21 days after last day of contact.			
	Scarlet fever			
	Defer for 28 days after full recovery.			
	Schistosomiasis			
	Defer for 6 months after full recovery.			

Condition	Acceptance Or Deferral Criteria			
Medical conditions	Sore throat Defer for 7 days after full recovery. Tetanus Defer for 6 months after full recovery. Thyphus Defer for 6 months after full recovery. Tonsilitis Defer for 14 days after full recovery. Toxoplasmosis Defer for 14 days after full recovery. Trypanosomiasis (African) Defer for 14 days after full recovery. Tryphoid Defer for 6 months after full recovery. Yersinia enterocolitica Defer for 28 days after full recovery.			
Medications	Take account of indication for treatment. Allopurinol Accept. Antibiotics Defer for 2 weeks after last dose. Defer permanently if on prophylactic antibiotics following splenectomy. Anticoagulants (other than warfarin) Defer for 1 week after last dose. Anti-depressants Accept. Anti-histamines Accept. Anti-malarial prophylaxis Defer for 4 weeks after last dose. Anti-platelets (e.g. aspirin, clopidogrel, ticlopidin) Defer for 2 weeks after last dose. May be accepted but not for platelet preparation. Glucosamine Accept. Hormone replacement therapy Accept if taken for menopausal symptoms, osteoporosis prevention or fertility treatment. Defer permenantly if human-derived hormone, for replacement of adrenal steroid hormones or for treatment of malignancy. Hypnotics Accept.			

Condition	Acceptance Or Deferral Criteria
Medications	NSAIDs Defer for 24 hours after last dose. Paracetamol Accept (subject to reason for taking medication). Statins Accept. Steroids Defer for 1 week after last dose of oral or parenteral medication. Accept if inhaled or used topically. Supplements Accept, unless known side-effect. Teratogenic drugs Defer for 6 months after last dose. Tigasone Defer permenantly. Topical/locally applied medication (e.g. eye drops, ear drops, nasal spray) Accept.
Menstruation	Defer for first 3 days. Accept from 4th day onward.
Mucosal splash with blood	Defer for 6 months from the time of exposure.
Multiple sclerosis	Defer permanently.
Musculoskeletal disorders	Accept acute or chronic mild disorders (e.g. mild rheumatoid arthritis, back pain, sciatica, frozen shoulder, osteoarthritis) if the individual's mobility unaffected. Defer permanently if systemic disease affecting joints: e.g. severe rheumatoid arthritis, psoriatic arthropathy, ankylosing spondylitis. (Also see "Arthritis")
Myelodysplastic syndrome	Defer permanently.
Nephritis	Lower urinary tract infections • Defer for 14 days after full recovery and completion of treatment. Acute nephritis • Defer until fully recovered and renal functions returned back to normal. (Also see "Renal disease)
Operation	See "Surgery".
Peptic ulcer	Accept if asymptomatic with or without maintenance therapy. Defer if symptomatic or if still under investigation. Defer permanently if associated with underlying malignancy.

Condition	Acceptance Or Deferral Criteria
Platelet disorders	Defer permanently if cause is unknown or associated with long term haematological or systematic disorders.
Polycythaemia	Secondary polycythaemia Accept if the secondary cause does not lead to deferral. Defer permanently if polycythaemia rubra vera.
Pregnancy	Defer during pregnancy and 6 months following delivery or termination. See also "Childbirth".
Prisons and penal institutions	Defer inmates of prison and penal institutions. Acceptance of individuals with history of imprisonment requires close assessment of risk of transfusion transmitted infection.
Prostate problems	Accept if benign prostate hyperplasia (BPH) not on treatment. Defer if on treatment: Dutasteride: defer for 6 months after stopping. Finasteride: defer for 28 days after stopping. Defer permanently if associated with malignancy.
Psoriasis	Accept individuals with mild psoriasis provided lesions not infected, no systemic symptoms, venepuncture site not affected, or not receiving immunosuppressive or retinoid therapy. Otherwise defer. (See also "Skin disease")
Psoriatic arthropathy	Defer permanently.
Psychiatric disorders	Accept anxiety disorder and mood (affective) disorder such as depression provided in generally good health and able to answer questionnaire and give informed consent. Defer permanently psychotic disorder (e.g. bipolar, schizophrenia) requiring treatment.
Red cell membrane defects	Accept if no history of haemolysis. Defer permanently if history of haemolysis. (Also see "G6PD deficiency")
Renal diseases	Acute self-limiting condition (e.g. acute nephritis) Accept when fully recovered and renal function normal. Chronic renal disease Defer permanently.

Condition	Acceptance Or Deferral Criteria
Respiratory diseases	 Acute respiratory infection Defer for 14 days following full recovery and completion of therapy, including antibiotics. Defer permanently Breathlessness at rest or minimal exertion or if cyanosed. Severe obstructive airways disease (including if on long-term oral steroid therapy). Chronic or recurrent respiratory infection.
Rubella infection	Defer for 14 days after full recovery. Close contacts Defer for 21 days after last day of close contact.
Salmonella infection	Defer for 28 days following full recovery.
Sarcoidosis	Defer permanently.
Scleroderma	Defer permanently.
Seizure	Defer permanently.
Severe Acute Respiratory Syndrome (SARS)	Defer for 28 days after full recovery. Close contacts Defer for 14 days after last day of contact with individual diagnosed with SARS or suspected to have SARS.
Shingles	Defer permanently.
Sexual activity	 Defer permanently sexual partner to: Men who have sex with men (MSM). Individuals who make or receive payment in exchange for sex, including sex workers and their clients. Drug users by injections (IVDUs), including body building drugs. Individuals who live the lifestyle of having multiple sexual partners. Individuals diagnosed with HIV/ AIDS, HTLV, HHV8. Defer Current sexual partner to individuals with HIV, hepatitis B, hepatitis C or syphilis. For 12 months from date of sexual contact following change of sexual partner. For 12 months from date of sexual contact with the new wife in a polygamous marriage. Accept Former sexual partner to individuals with hepatitis B, hepatitis C or syphilis 12 months after last sexual contact.

Condition	Acceptance Or Deferral Criteria
Sickle cell disease	Defer permanently, including sickle cell trait.
Skin diseases	Accept mild common skin disease (e.g. acne, eczema, psoriasis) if lesions not infected and venepuncture site is not affected. Defer if generalized skin disease and on systemic medication. Defer if contagious skin disease. Defer permanently if systemic disease affecting skin (e.g. scleroderma, systemic lupus erythematosus, dermatomyositis, systemic cutaneous amyloidosis).
Snake bite	Accept after fully recovered. Defer for 6 months if given anti-venom.
Streptococcus infection	Defer for 28 days following full recovery. Defer for 14 days following full healing of superficial but significant wounds.
Stroke	Defer permanently.
Surgery	Defer for 6 months following minor or major surgery. Defer permanently following neurosurgical procedure, dura mater graft or corneal transplant.
Syphilis	Defer permanently if ever been diagnosed with syphilis. Sexual contact Defer current sexual partner. Defer 12 months since last sexual contact for former sexual partner.
Systemic lupus erythematosus	Defer permanently.
Tattoos	Defer for 6 months from date of procedure.
Thalassaemia	Accept thalassaemia trait provided well and haemoglobin above required lower limit. Defer permanently for thalassaemia major and thalassaemia intermedia. (Also see "Haemoglobinopathies".)
Thrombocytopenia	Accept past history of acute autoimmune thrombocytopenia (ITP) more than 5 years previously, if well and not on treatment. Defer permanently if thrombocytopenia of unknown cause or associated with long-term haematological or systemic disease.
Thrombophlebitis	Accept if had only a single episode in the last 12 months, otherwise well and off treatment for at least 7 days. Defer permanently • Affects the upper limb. • Two or more episodes in the last 12 months.

Condition	Acceptance Or Deferral Criteria
Thrombosis	Defer permanently.
Thyroid disorders	Accept if benign disorder and euthyroid (with or without treatment). Defer if under investigation for thyroid disease, if hyper- or hypo-thyroid, or with a history of malignant thyroid tumours. Defer permanently if history of thyrotoxicosis due to Graves' disease.
Transient cerebral ischaemic episodes	Defer permanently.
Transplantation	Defer for 12 months after full recovery following transplantation of allogeneic tissues. Defer permanently if transplanted with allogeneic cells or tissue sourced since 1980 from a country at risk of vCJD. Defer permanently following stem cell or organ transplantation, dura mater graft, corneal transplant or xenograft.
Tuberculosis	Defer for 5 years following confirmation of cure.
Ulcerative colitis	Defer if active disease. Accept if well, in long-term remission and meet the minimum haemoglobin level of blood donation.
Urinary tract diseases	Accept lower urinary tract infections 14 days after full recovery and completion of treatment.
Variant Creutzfeldt-Jakob disease (vCJD)	Defer permanently if ever suspected or diagnosed with variant Creutzfeldt-Jakob disease (vCJD). Defer permanently if ever visited or lived in the United Kingdom (England, Northern Ireland, Ireland, Wales, Scotland, the Isle of Man, the Channel Island) or the Republic of Ireland for a cumulative period of 6 months or more between 1st January 1980 to 31st December 1996. Defer permanently if ever visited or lived in the following European countries* for a cumulative period of 5 years or more between 1st January 1980 until now. (*Austria, Belgium, Denmark, Finland, France, Germany, Greece, Holland, Italy, Liechtenstein, Luxembourg, Norway, Portugal, Spain, Sweden and Switzerland.)
Vitiligo	Accept.
Weight	Accept for whole blood donation if weight is 45kg or more. Accept for apheresis donation if weight is 55kg or more.

Condition	Acceptance Or Deferral Criteria
West Nile virus (WNV)	Individuals who have known WNV infection or symptoms suggestive of WNV.
	Defer for 6 months from date of full recovery.
	Defer for 28 days following return from visit to endemic area and asymptomatic.
Yersinia enterocolitica infection	Defer for 28 days following full recovery if recent abdominal symptoms, particularly diarrhoea, suggestive of Y. enterocolitica infection.