Transfusion-Associated Graft vs Host Disease (TA-GvHD) - Previous Recommendations

Year first made	Action	Recommendation
2012	**British Maternal and Fetal Medicine Society, Hospital Transfusion Teams with their local Blood Centres and Consultant Haematologists**	Maternal blood should not be used for intrauterine transfusion (IUT) due to the risk of transfusion-associated graft vs host disease (TA-GvHD). Fetal medicine units in conjunction with Hospital Transfusion Teams should develop local written protocols with education regarding the appropriate blood for emergency fetal transfusion. Whenever possible, irradiated red cells specific for IUT should be used In situations of immediate life-threatening emergency where there is not time to obtain specific IUT blood, alternatives include neonatal exchange units or paedipacks (likely to be non-irradiated in an emergency). The risk of TA-GvHD using these alternatives will be significantly lower, although not eliminated, than using maternal blood because these components have been leucodepleted and in most cases there will be no shared haplotype between donor and recipient
2012	**UK Blood Services**	The Blood Services should review their protocols for production of units for intrauterine transfusion (IUT), and establish the minimum time required to issue such units, even in an emergency. This should be communicated to hospitals Requests for units for urgent intrauterine transfusion (IUT) should involve early direct discussion between a hospital clinician and a Blood Service consultant
2012	**BCSH Transfusion Task Force**	Update National irradiation guidelines via the British Committee for Standards in Haematology (BCSH)
2007	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, PMETB**	The importance of irradiation, and the rationale behind it, should be focused on during teaching of junior haematology and oncology doctors. This education is part of the curriculum for Specialist Trainees, but foundation year doctors in these specialities may remain ignorant despite being frequently called upon to order components.
2007	**Hospital Trusts, Hospital Liaison networks, BBT network, SHOT Transfusion**	Systems should be put in place for pharmacy to inform the hospital transfusion laboratory of prescriptions for purine analogues. Such systems work well in some Trusts and best practice can be shared.

	Practitioner network	
2006	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, BCSH**	Awareness of groups at risk of this condition and knowledge of the risk factors, symptoms and signs must be maintained by all involved in the transfusion process.
2003	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, BCSH**	Gamma or X-ray irradiation to 25 Gy of blood components for those at risk of GvHD remains essential. BCSH Blood Transfusion Task Force Guidelines, 1996, define groups requiring this prophylaxis.
2003	**Hospital Trusts, Hospital Liaison networks, BBT network, SHOT Transfusion Practitioner network**	Good communication is required in all cases but particularly when patient care is shared between different hospitals. Hospitals must have clear protocols to ensure accurate information relating to this risk is communicated in a timely manner. Utilisation of a patient card and leaflet are recommended: an example is the BCSH/NBS leaflet available from NBS Hospital Liaison or via the NBS hospitals website.