

CRITERIA FOR BLOOD DONATION

Voluntary non-remunerated blood donation (VNRBD) is defined by the World Health Organization (WHO) as the act of giving blood freely, without receiving cash or any payment that could be considered a substitute for money. VNRBD is the "cornerstone" of a safe and sustainable blood supply because voluntary donors from low-risk populations are statistically the safest, showing significantly lower rates of transfusion-transmissible infections (TTIs) like HIV and Hepatitis compared to paid or replacement donors.

Eligibility is designed to protect both the donor and the recipient. Some specific criteria's has been provided by State Blood Transfusion Council of West Bengal.

Sl. No.	Condition	Criteria
1.	Well-being	The donor shall be in good health, mentally alert and physically fit and shall not be inmates of jail or any other confinement. "Differently abled" or donor with communication and sight difficulties can donate blood provided that clear and confidential communication can be established and he/she fully understands the donation process and gives a valid consent.
2.	Age	Minimum age 18 years Maximum age 65 years First time donor shall not be over 60 years of age, for repeat donor upper limit is 65 years. For Apheresis donors 18-60 years
3.	Whole Blood Volume Collected and weight of donor	350ml- 45kg 450ml–more than 55kg Apheresis – 50 kg
4.	Donation Interval	For whole blood donation, once in three months (90 days) for males and four months (120 days) for females. For apheresis, at least 48 hours interval after platelet/ plasma – apheresis shall be kept (not more than 2 times a week, limited to 24 in one year) After whole blood donation a plateletpheresis donor shall not be accepted before 28 days. Apheresis platelet donor shall not be accepted for whole blood donation before 28 days from the last platelet donation provided reinfusion of red cell was complete in the last plateletpheresis donation. If the reinfusion of red cells were not complete then the donor shall not be accepted within 90 days. A donor shall not donate any type of donation within 12 months after a bone marrow harvest, within 6 months after a peripheral stem cell harvest.
5.	Blood Pressure	100-140mm Hg systolic 60-90 mm Hg diastolic with or without medications. There shall be no findings suggestive of end organ damage or secondary complication (cardiac, renal, eye or vascular) or history of feeling giddiness, fainting made out during history and examination. Neither the drug nor its dosage should have been altered in the last 28 days.
6.	Pulse	60-100 Regular
7.	Temperature	Afebrile, 37°C/98.4°F
8.	Respiration	The donor shall be free from acute respiratory disease.
9.	Haemoglobin	>or =12.5g/dL Thalassaemia trait may be accepted provided hemoglobin is acceptable.
10.	Meal	The donor shall not be fasting before the blood donation or observing fast during the period of blood donation and last meal should have been taken at least 4 hours prior to donation. Donor shall not have consumed alcohol and show signs of intoxication before the blood donation. The donor shall not be a person having regular

		heavy alcohol intake.
11.	Occupation	The donor who works as air crew member, long distance vehicle driver, either above sea level or below sea level or in emergency services or where strenuous work is required, shall not donate blood at least 24 hours prior to their next duty shift. The donor shall not be night shift workers without adequate sleep.
12.	Risk behavior	The donor shall be free from any disease transmissible by blood transfusion, as far as can be determined by history and examination. The donor shall not be a person considered — ‘at risk’ for HIV, Hepatitis B or C infections (Transgender, Men who have sex with men, Female sex workers, Injecting drug users, persons with multiple sexual partners or any other high risk as determined by the medical officer deciding fitness to donate blood).
13.	Travel and residence	The donor shall not be a person with history of residence or travel in a geographical area which is endemic for diseases that can be transmitted by blood transfusion and for which screening is not mandated or there is no guidance in India.
14.	Donor Skin	The donor shall be free from any skin diseases at the site of phlebotomy. The arms and forearms of the donor shall be free of skin punctures of scars indicative of professional blood donors or addiction of self- injected narcotics.
Physiological Status for Women		
15.	Pregnancy or recently delivered	Defer for 12Months after delivery
16.	Abortion	Deferfor6monthsafterabortion
17.	Breastfeeding	Defer for total period of lactation
18.	Menstruation	Defer for the period of menstruation
Non-specific illness		
19.	Minor non-specific symptoms including but not limited to general malaise, pain, headache	Defer until all symptoms subside and donor is afebrile
Respiratory(Lung)Diseases		
20.	Cold, flu, cough, sore throat or acute sinusitis	Defer until all symptoms subside and donor is a febrile
21.	Chronic sinusitis	Accept unless on antibiotics
22.	Asthmatic attack	Permanently Defer
23.	Asthmatics on steroids	Permanently Defer
Surgical Procedures		
24.	Major surgery	Deferfor12monthsafterrecovery. (Major surgery being defined as that requiring hospitalization, anesthesia (general/spinal) had Blood Transfusion and/or had significant Blood loss)
25.	Minor surgery	Deferfor6monthsafterrecovery
26.	Received Blood Transfusion	Deferfor12 months
27.	Open heart surgery Including By- pass surgery	Permanently defer
28.	Cancer surgery	Permanently defer
29.	Tooth extraction	Defer for 6 months after tooth extraction
30.	Dental surgery under an aesthesia	Defer for 6 months after recovery
Cardio-Vascular Diseases (Heart Disease)		
31.	Has any active symptom (Chest Pain, Shortness of breath, swelling of feet)	Permanently defer
32.	Myocardial infarction (Heart Attack)	Permanently defer
33.	Cardiac medication (digitalis, nitro-glycerine)	Permanently defer

34.	Hypertensive heart disease	Permanently defer
35.	Coronary artery disease	Permanently defer
36.	Angina pectoris	Permanently defer
37.	Rheumatic heart disease with residual damage	Permanently defer
Central Nervous System/Psychiatric Diseases		
38.	Migraine	Accept if not severe and occurs at a frequency of less than once a week
40.	Convulsions and Epilepsy	Permanently defer
41.	Schizophrenia	Permanently defer
42.	Anxiety and mood disorders	Accept person having anxiety and mood (affective) disorders like depression or bipolar disorder, but is stable and feeling well on the day regardless of medication
Endocrine Disorders		
43.	Diabetes	Accept person with Diabetes Mellitus well controlled by diet or oral hypoglycemic medication, with no history of orthostatic hypotension and no evidence of infection, neuropathy or vascular disease (in particular peripheral ulceration) Permanently defer person requiring insulin and/or complications of Diabetes with multi organ involvement Defer if oral hypoglycemic medication has been altered/dosage adjusted in last 4 weeks
44.	Thyroid disorders	Accept donations from individuals with Benign Thyroid Disorders if euthyroid (Asymptomatic Goitre, History of Viral Thyroiditis, Auto Immune Hypo Thyroidism) Defer if under investigation for Thyroid Disease or thyroid status is not known Permanently defer if: Thyrotoxicosis due to Graves 'Disease Hyper/Hypo Thyroid History of malignant thyroid tumors
45.	Other endocrine disorders	Permanently defer
Liver Diseases and Hepatitis infection		
46.	Hepatitis	Known Hepatitis B, C-Permanently defer Unknown Hepatitis - Permanently defer KnownhepatitisAorE- Deferfor12months
47.	Spouse/partner/close contact of individual suffering with hepatitis,	Deferfor12 months
48.	At risk for hepatitis by tattoos, acupuncture or body piercing, scarification and any other invasive cosmetic procedure by self or spouse/ partner	Deferfor12 months
49.	Spouse/ partner of individual receiving transfusion of blood/ components	Deferfor12 months
50.	Jaundice	Accept donor with history of jaundice that was attributed to gall stones, Rh disease and mononucleosis or in neonatal period.
51.	Chronic Liver disease/Liver Failure	Permanently defer
HIV Infection/AIDS		
52.	At risk for HIV infection (Transgender, Men who have Sex with Men, Female Sex Workers, Injecting drug users, persons with multiple sex partners)	Permanently defer
	Known HIV positive person or	

53.	spouse/ partner of PLHA (person living with HIV AIDS)	Permanently defer
54.	Persons having symptoms suggestive of AIDS	Permanently defer person having lymphadenopathy, prolonged and repeated fever, prolonged & repeated diarrhoea irrespective of HIV risk or status
Sexually Transmitted Infections		
55	Syphilis (Genital sore, or generalized skin rashes)	Permanently defer
56.	Gonorrhoea	Permanently defer
57.	History of Measles, Mumps, Chickenpox	Deferfor2weeksfollowingfullrecovery
58.	Malaria	Deferfor3monthsfollowingfullrecovery.
59.	Typhoid	Deferfor12Monthsfollowingfullrecovery
60.	Dengue/ Chikungunya	In case of history of Dengue/Chikungunya: Defer for 6 Months following full recovery. Following visit to Dengue/Chikungunya endemic area: 4 weeks following return from visit to dengue endemic area if no febrile illness is noted.
61.	ZikaVirus/ WestNileVirus	In case of Zika infection: Defer for 4monthsfollowing recovery. In case of history of travel to West Nile Virus endemic area or Zika virus outbreak zone: Defer for 4 months.
62.	Tuberculosis	Deferfor2yearsfollowingconfirmationofcure
63.	Leishmaniasis	Permanently defer
64.	Leprosy	Permanently defer
Other infections		
65.	Conjunctivitis	Defer fort heperiod of illness and continuation of local medication.
66.	Osteomyelitis	Defer for 2years following completion of treatment and cure.
67.	Acute infection of kidney (pyelonephritis)	Defer for 6 months after complete recovery and last dose of medication
68.	Acute infection of bladder (cystitis) / UTI	Defer for 2 weeks after complete recovery and last dose of medication
69.	Chronic infection of kidney/ kidney disease/ renal failure	Permanently defer
Digestive System		
70.	Diarrhoea	Person having history of diarrhoea in preceding week particularly if associated with fever: Defer for2 weeks after complete recovery and last dose of medication
71.	GI endoscopy	Deferfor12 months.
72.	Acid Peptic disease	Accept person with acid reflux, mild gastro- oesophageal reflux, mild hiatus hernia, gastro- oesophageal reflux disorder (GERD), hiatus hernia: Permanently defer person with stomach ulcer with symptoms or with recurrent bleeding:
Other disease / disorder		
73.	Autoimmune disorders like Systemic lupus erythematosus, scleroderma, dermatomyositis, ankylosing spondylitis or severe rheumatoid arthritis	Permanently defer
74.	PolycythaemiaVera	Permanently defer
75.	Bleeding disorders and unexplained bleeding tendency	Permanently defer
76.	Malignancy	Permanently defer
77.	Severe allergic disorders	Permanently defer

78.	Haemoglobinopathies and red cell enzyme deficiencies with known history of haemolysis	Permanently defer
Vaccination and inoculation		
79.	Non live vaccines and Toxoid: Typhoid, Cholera, Papilloma virus, Influenza, Meningococcal, Pertussis, Pneumococcal, Polio injectable, Diphtheria, Tetanus, Plague	Defer for 14 days
80.	Live attenuated vaccines: Polio oral, Measles(rubella) Mumps, Yellow fever, Japanese encephalitis, influenza, Typhoid, Cholera, Hepatitis A	Defer for 28 days
81.	Anti-tetanus serum, anti-venom serum, anti-diphtheria serum, and anti-gas gangrene serum	Defer for 28 days
82.	Anti-rabies vaccination following animal bite, Hepatitis B, Immunoglobulin, Immunoglobulins	Defer for 1 year
83.	Swine Flu	Defer for 15days
Medications taken by prospective Blood Donor		
84.	Oral contraceptive	Accept
85.	Analgesics	Accept
86.	Vitamins	Accept
87.	Mild sedative and tranquillizers	Accept
88.	Allopurinol	Accept
89.	Cholesterol lowering medication	Accept
90.	Salicylates (aspirin), other NSAIDs	Defer for 3days if blood is to be used for Platelet preparation
91.	Ketoconazole, Anthelmintic drugs including mebendazole,	Deferfor7daysafterlastdoseifdonoriswell
92.	Antibiotics	Deferfor2Weeksafterlastdoseifdonoriswell
93.	Ticlopidine,clopidogrel	Deferfor2Weeksafterlastdose
94.	Piroxicam,dipyridamole	Deferfor2Weeksafterlastdose
95.	Etretinate, Acitretin or Isotretinoin. (Usedfor acne)	Deferfor1monthafterthelast dose
96.	Finasterideusedtotreatbenign prostatic hyperplasia	Deferfor1monthafterthelast dose
97.	Radioactivecontrastmaterial	8 weeks deferral
98.	Dutasterideusedtotreatbenign prostatic hyperplasia	Deferfor6monthsafterthelastdose
99.	Any medication of unknown nature	Defer till details are available
100.	Oralanti-diabeticdrugs	Accept if there is no alteration in dose within last 4 weeks.
101.	Insulin	Permanently defer
102.	Anti-arrhythmic, Anti- convulsions, Anticoagulant, Anti- thyroid drugs, Cytotoxic drugs, Cardiac Failure Drugs (Digitalis)	Permanently defer
Other conditions requiring permanent deferral		
103.	Recipients of organ, stem cell and tissue transplants Donors who have had an	Permanently defer

	unexplained delayed faint or delayed faint with injury or two consecutive faints following a blood donation.	
Residents of other countries		
104	Residents of other countries	Accept only after stay in India for three continuous years

Benefits of Voluntary Donation

Beyond saving up to three lives per unit, donors experience several health and psychological benefits:

- **Health Screening:** Every donation includes a "mini-physical" checking blood pressure, pulse, and infectious disease status.
- **Cardiovascular Health:** Regular donation can reduce iron overload, which is linked to a lower risk of heart attacks and strokes.

Current Global Status & Challenges

- **Global Supply:** Approximately **118.5 million** blood units are collected annually worldwide, yet 40% are collected in high-income countries, which house only 16% of the world's population.
- **The "Replacement" Challenge:** In many developing nations, more than 50% of the blood supply still depends on **family/replacement donors**, who are often under pressure to donate and may conceal health risks, unlike voluntary donors.
- **Barriers to Participation:** Misconceptions, fear of needles, and lack of convenient donation sites remain significant hurdles. Studies show that "**not being asked**" is a primary reason people have never donated.

Conclusion

The WHO's Global Database on Blood Safety emphasizes that 100% voluntary donation is the target for all member states. While 79 countries have achieved over 90% voluntary supply, global efforts continue to focus on converting replacement donors into regular, voluntary ones to ensure equitable access to safe blood.