

## Latvia - More stringent blood donor testing requirements 2015 Mapping exercise

Colour key	
	Minimum requirements as set out in Directive 2004/23/EC
	More stringent testing - legally binding on national level
	More stringent testing - recommended on national level
	Not legally binding and not recommended on national level

### Non-reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
<b>VIRAL</b>									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all		NO	
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT								
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	HTLV-1 NAT								
	Other technique								
HTLV-2									
Chikungunya virus									
Cytomegalovirus									Application criteria not specified
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									Application criteria not specified
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									

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Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									Application criteria not specified
Toxoplasmosis									Application criteria not specified
Trypanosomiasis									Application criteria not specified
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all		NO	
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT Other technique								
<i>Chlamydia trachomatis</i>									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									
specify pathogen									
<b>Transmissible spongiform</b>									
<b>Other Tests</b>									
ABO blood group testing									
RhD blood group testing									Application criteria not specified
HLA testing									Application criteria not specified
Genetic testing, please specify condition									

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## Reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
<b>VIRAL</b>									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all		NO	
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT								
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	HTLV-1 NAT								
	Other technique								
HTLV-2									
Chikungunya virus									
Cytomegalovirus									Application criteria not specified
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									Application criteria not specified
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									

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					Donor profile	Tissue/cell type	Comments		
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									Application criteria not specified
Toxoplasmosis									Application criteria not specified
Trypanosomiasis									Application criteria not specified
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	non-partner donations	all		NO	
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT								
	Other technique								
<i>Chlamydia trachomatis</i>	Technique not specified	YES	NO	N/A	all	oocytes		NO	
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	non-partner donations	sperm			
	Culture								
Other technique									
<i>Neisseria gonorrhoeae</i>	Technique not specified	YES	NO	N/A	all	all		NO	
	<i>N. gonorrhoeae</i> NAT								
	Culture								
	Other technique								
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									
specify pathogen									
Transmissible spongiform									
<b>Other Tests</b>									
ABO blood group testing									
RhD blood group testing	RhD typing	YES	NO	N/A	all	all	Application criteria not specified	NO	
	Other technique								
HLA testing									

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Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
Genetic testing, Karyotype		YES		N/A	reproductive donors	all			If partners have family genetic disorders, specific genetic tests can be performed, but not mandatory