Luxembourg - More stringent blood donor testing requirements 2015 Mapping exercise

| Colour key | | | | | | |
|------------|---|--|--|--|--|--|
| | Minimum requirements as set out in the 2004/33/EC Directive | | | | | |
| | More stringent testing - legally binding on national level | | | | | |
| | More stringent testing - recommended on national level | | | | | |
| | Not legally binding and not recommended on national level | | | | | |

| Test | Test/ technique | Legally binding | Recommendation on national level | Recommending authority/ service/ association | Type of blood donation (blood for transfection or plasma for fractionantion) | Circumstances for application/ donor profile | Regional differences | Further comments |
|-----------------------------|--------------------------------------|-----------------|----------------------------------|---|---|--|-------------------------|---|
| Basic testing | | | | | | | | |
| Blood group testing | AB0 typing | YES | YES | National competent authority | both | all donations | NO | Control of bags for ABO after production is added. |
| | RhD typing | YES | YES | National competent authority | both | all donations | NO | Control of bags for D- after production is added. |
| | Irregular antibodies | YES | YES | National competent authority | both | all donations | NO | From 2016, detection will be done once a year. |
| | Other, please specify (Kell etc.) | | | | | | 1 | Many regular donors have a phenotype Kidd, Duffy, MNS, for recipients with allo-Ab or for designated or directed donations. |
| HLA testing Disease testing | | | | | | | | |
| VIRAL | | | | | | | | |
| HIV 1 and HIV 2 | Anti-HIV 1 Anti-HIV 2 | YES YES | YES YES | http://www.legilux.public.lu/leg/a/archive | | all donations | NO | A combinated test for the detection of the Ab and Ag |
| | HIV 1p24 | | | | | | 1 | P24 is used. |
| | HIV NAT pool or ID | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood components | both | all donations | | |
| | Other technique | - | | | | | | |
| Hepatitis B | HBs Ag | YES | YES | http://www.legilux.public.lu/leg/a/archive | | all donations | NO | |
| | Anti-HBc | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood components | whole blood/ blood components for transfusion | New donors | | |
| | Anti - HBs HBV NAT pool or ID | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood components | both | all donations | | |
| | HBV NAT ID | | | | ' | 1 | | |
| Hepatitis C | Other technique Anti-HCV | YES | YES | http://www.legilux.public.lu/leg/a/archive | both | all donations | NO | |
| | HCV NAT pool or ID | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood components | both | all donations | | |
| | HCV NAT ID Other technique | | | | | | | |
| Hepatitis E | HEV/ technique not specified | | | | | | | A toll manufacturing agreement with |
| | Anti-HEV HEV NAT pool or ID | NO | YES | Requirement for FFPsd regarding certification | plasma for fractionation | only for all donations of plasma apheresis | | Octapharma exists for FFPsd (group A and O) and apheresis plasma B |
| | HEV NAT ID | | | OMCL (quality assurance agreement with Octapharma) | | piasma aprieresis | | and AB is saled to Octapharma for FFPsd B and AB. |
| | Other technique | | | | | | | |
| Hepatitis A | HVA NAT pool or ID | NO | YES | Requirement for plasma fractionation with Octapharma (quality assurance | both | all donations | NO | Plasma of WB donations and plasmapheresis is saled to Octapharma for |
| HTLV-1 | HTLV-1/ technique | | | agreement) | | | NO | fractionation. Western blot is used for a positive result (algorithm). |
| | not specified Anti-HTLV-1 | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood | whole blood/ blood components for | New donors | | positive result (algorithm). |
| | HTLV-1 NAT pool or | | | components | transfusion | | | |
| | ID HTLV-1 NAT ID | - | | | | | | |
| HTLV-2 | Other technique HTLV-2/ technique | | | | | | NO | Western blot is used for a |
| | not specified Anti-HTLV-2 | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood | whole blood/ blood components for | New donors | | positive result (algorithm). |
| | HTLV-2 NAT pool or | | | components | transfusion | | 1 | |
| | HTLV-2 NAT ID | - - | | | | | | |
| Ebola Virus | Other technique | | | | | | | Deferral during 6 months after a stay in tropical area. |
| Chikungunya virus | | | | | | | | Deferral during 6 months |
| | | | | | | | | after a stay in tropical area. |
| Cytomegalovirus | CMV/ technique not specified | | | | | | NO | Platelets are treated with mirasol (PI) |
| | Anti-CMV | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood | whole blood/ blood components for | immunodeficient recipient | | and a serology (IgG) for red cells is done. |
| | CMV NAT pool or ID | | | components | transfusion | <u> </u> | 1 | |
| | CMV NAT ID Other technique | | | | | | | |
| West Nile Virus | WNV/ technique not specified | | | | | | NO | |

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| Test | Test/ technique | Legally binding | Recommendation on | Recommending authority/ service/ | Type of blood donation | Circumstances for | Regional | Further comments |
|----------------------------------|--|-----------------|-------------------|--|---|---|-------------|--|
| | ., | | national level | association | (blood for transfection or plasma for fractionantion) | | differences | |
| | | | | | iractionantion) | | | |
| | WNV NAT pool or ID | NO | YES | Final working group document 2012 V.2.1. | both | For donations during 28 days after | | |
| | | | | WNV and blood safety introduction to a preparedness plan in Europe | | return from endemic areas | | |
| | WNV NAT ID* Other technique | | | | | | | |
| Dengue Virus | | | | | | | | Deferral during 6 months after a stay in tropical area. |
| Epstein-Barr virus | | | | | | | | For donors with adenopathies or mononucleosic syndrome. |
| Human Parvovirus | HPVB19/ technique | | | | | | NO | The law indicates that the |
| B19 | not specified | | wee. | | I | 101 0 | | test should be done for |
| | HPVB19 NAT pool or ID | NO | YES | Requirement regarding the quality assurance agreement with Octapharma for the sale of plasma | both | all donations | | different diseases and that more tests can be required. |
| | HPVB19 NAT ID Other technique | | | | | | | |
| Herpes simplex | Other teenings | | | | | | | |
| virus | | | | | | | | |
| | | | | | | | | |
| Nonspecific viral | | | | | | | | |
| infection Other pathogen, | | | | | | | | |
| Malaria | Technique not | | | | | | NO | |
| | specified Microscopy | | | | | | | |
| | Plasmodium sp . Ab | YES | YES | http://www.legilux.public.lu/leg/a/archiv | | Donor history of | | |
| | | | | es/2006/0043/a043.pdf#page=2 | components for transfusion | disease and permanence in endemic regions | | |
| | Plasmodium sp . Ag Plasmodium sp . Ag - rapid test | | | | | | | |
| | Plasmodium sp. NAT pool or ID Plasmodium sp. NAT | | | | | | | |
| | ID | | | | | | | |
| Trypanosomiasis | Other technique Technique not | | | | | | NO | |
| ,, | specified | | | | | | | |
| | Microscopy Anti-Trypanosoma cruzi | NO | YES | CD-P-TS Guide to the preparation, use and quality assurance of blood | whole blood/ blood components for | New donors from endemic areas | | |
| | T. cruzi NAT pool or | | | components | transfusion | endenne di cas | | |
| | ID | | | | | | | |
| | T. cruzi NAT ID Other technique | | | | | | | |
| Babesiosis Leishmaniasis | | | | | | | | Permanent deferral. |
| Toxoplasmosis | | | | | | | | Permanent deferral. For donors with adenopathies or mononucleosic syndrome. |
| Other sette | | | | | | | | |
| Other pathogen, BACTERIAL | | | | | | | | 1 |
| Treponema pallidum (Syphilis) | Technique not specified | | | | | | NO | |
| | Microscopy | | | | | | | |
| | Anti-T. pallidum | YES | YES | http://www.legilux.public.lu/leg/a/archiv | both | all donations | 1 | |
| | T. pallidum NAT pool T. pallidum NAT ID | | | | | | | |
| Neisseria | Culture | | | | | | | |
| gonorrhoeae | | | | | | | | |
| Brucellosis Tuberculosis | | | | | | | | |
| Q-fever | | | | | | | | deferral: 2 years. |
| Other pathogen. | | | | | | | | |
| FUNGI specify pathogen | | | | | | | | |
| specify pathogen | | | | | | | | |

^{*} For West Nile Virus NAT ID, see 2004/33/EC as amended by 2014/110/EU with a deadline for transposition into national law of December 31, 2015