Portugal - More stringent blood donor testing requirements 2015 Mapping exercise

Colour key	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		Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
VIRAL									
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	YES	NO	N/A	all	all	no comments		
	Other technique				•				
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	
	Anti-HBc	YES		N/A	all	all			
	Anti - HBs HBV NAT Other technique	NO YES	YES	There is NO national recommendation, however, it is an IPST (Instituto Português do Sangue e da Transplantação) institutional requisite within IPST organic units.	all	Hematopoietic Progenitor Cells. all	Only when Anti-HBc is reactive.		
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	
	HCV NAT	YES		N/A	all	all	no comments	1	
	Other technique			· ·				1	
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	N/A	Donors living in, or originating from, high- incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those areas				

Tested pathogen	Donor test/ technique	Legally binding	Recommended		Circumstances for appli	cation		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
	HTLV-1 NAT	NO	YES	There is NO national recommendation, however, it is an IPST (Instituto Português do Sangue e da Transplantação) institutional requisite within IPST organic units.	all	Hematopoietic Progenitor Cells	no comments		
	Other technique								
HTLV-2	Technique not specified				NO				
	Anti-HTLV-2	YES	NO	N/A	Donors living in, or originating from, high- incidence areas or with sexual partners originating from those areas or where the donor' s parents originate from those areas.	all	no comments		
	HTLV-2 NAT	NO	YES	There is NO national recommendation, however, it is an IPST (Instituto Português do Sangue e da Transplantação) institutional requisite within IPST organic units.	all	Hematopoietic Progenitor Cells.	no comments		
	Other technique							1	
Chikungunya virus									
Cytomegalovirus	Technique not specified	YES	NO	N/A	all	all	no comments	NO	

2015 Mapping exercise

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appli	cation		Regional differences	Further comments
		-0- , 0	on national level	authority/ association	Donor profile	Tissue/cell type	Comments	-0	
	Anti-CMV	NO	YES	There is NO national recommendation, however, it is an IPST (Instituto Português do Sangue e da Transplantação) institutional requisite within IPST organic units.	all	all	CMV positive tissues are not recommended for application into immunodeficient patients, however, in urgent cases, and when in shortage for some type of tissues (for instances when skin is needed in cases of severe burns), this criterion is not applied.		
l	CMV NAT	-							
	Other technique								
Dengue Virus Ebola Virus	Taskaisus ast specified							NO	
EDOIA VITUS	Technique not specified							NO	
Epstein-Barr virus	Technique not specified							NO	
Hepatitis E		-				-	-		
H1N1	Technique not specified	NO	YES	IPST: http://www.ipst.pt/Sit eIPST/files/circular_noi mativa_n_17GDG.pdf	In certain circumstances of outbreaks, when there is suspicion of a possible infection, and only if donation is urgent.	Hematopoietic Progenitor Cells.	no comments	NO	
Leishmaniasis									
Toxoplasmosis	Technique not specified	YES	NO	N/A	In certain circumstances that migth require additional testing depending on the donor's history.	Depending on the characteristics of the tissue or cells donated.	Usually, donors with risk for Toxoplasmosis are not considered	NO	
	Anti- <i>Toxoplasma gondii</i>								
	Microscopy								
	Other technique								
Trypanosomiasis	Technique not specified	YES	NO	N/A	In certain circumstances that migth require additional testing depending on the donor's history.	Depending on the characteristics of the tissue or cells donated.	Usually, donors with risk for Trypanosomiasis are not considered	NO	

3 of 8

Tested pathogen	Donor test/ technique		Recommended	Recommending	Circumstances for	application		Regional differences	Further comments
			on national level			Tissue/cell type	Comments		
	Anti-Trypanosoma cruzi								
		_							
	Microscopy	_							
specify pathogen	Other technique								
BACTERIAL									
		1/50	luc		T.,			110	
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all		NO	
	Anti-T. pallidum	_							
	Microscopy	-							
	T. pallidum NAT	-							
	Other technique								
Chlamydia trachomatis									
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible									
spongiform									
encephalopathies									
Other Tests									
ABO blood group	ABO typing	NO	YES	There is NO national	all	all	no comments	NO	
testing				recommendation,					
				however, it is an IPST					
				(Instituto Português do	D				
				Sangue e da					
				Transplantação)					
				institutional requisite					
				within IPST organic					
				units.					
NhD bland and an	Other technique	NEC.	NEC.	There is NO westinged	T-u	- 0		NO	
RhD blood group	RhD typing	YES	YES	There is NO national	all	all	no comments	NO	
testing				recommendation,					
				however, it is an IPST					
				(Instituto Português do	0				
				Sangue e da					
				Transplantação)					
				institutional requisite					
				within IPST organic units.					
	Other technique								

Tested pathogen	Donor test/ technique	Legally binding			Circumstances for app	lication		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
HLA testing	Technique not specified							NO	
	HLA Ab	1							
	HLA Ag								
	HLA gene	NO	YES	There is NO national recommendation, however, it is an IPST (Instituto Português do Sangue e da Transplantação) institutional requisite within IPST organic units.	all	9	HLA typing is carried out whenever appropriate determine compatibility; for PH, SCU, corneal tissues		
	Other technique								
Genetic testing, please specify condition									

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								

Reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding		Recommending	Circumstances for appl	ication	Regional differences	Further comments	
				authority/association	Donor profile	Tissue/cell type	Comments	-	
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	Testing for HIV 1 and 2 is	All	NAT is not mandatory for	NO	For non-partner donation blood
	Anti-HIV 2	YES	NO	N/A	mandatory for partner and		HIV but it requires a		samples must be obtained in the
	HIV 1p24		•		non partner donation. In		second test on samples		months prior to donation. Non-
	HIV NAT	-			case of partner donation with a positive result for		collected after quarantine period. If the sample is		partner sperm donations must be
	Other technique	-			HIV it is required a system		additionally tested for HIV		quarantined for a minimum of 18
Hepatitis B	HBs Ag	YES	NO	N/A	Testing for HBV is	All reproductive T&C	NAT is not mandatory for	NO	For non-partner donation blood
	Anti-HBc	YES	NO	N/A	mandatory for partner and		HCV but it requires a	-	samples must be obtained in the
	Anti-HBs		•		non partner donation. In		second test on samples		months prior to donation. Non-
	HBV NAT	-			case of partner donation		collected after quarantine		partner sperm donations must be
	Other technique	-			with a positive result for HBV it is required a system		period. If the sample is additionally tested for HCV		guarantined for a minimum of 18
Hepatitis C	Anti-HCV	YES	NO	N/A	In the case of partner		NAT is not mandatory for	NO	For non-partner donation blood
	HCV NAT				donation not for direct		HCV but it requires a		samples must be obtained at the
	Other technique	-			use, the clinician		second test on samples		time of donation. Non-partner
HTLV-1	Technique not specified				HTLV-I antibody testing	All	No comments	NO	Recomendation of the National
	Anti-HTLV-1	YES	NO	N/A	must be performed for				Competent Authority to consider the
	HTLV-1 NAT		1		donors living in or coming				ECDC HTLV prevalence map.
	Other technique	-			from high-incidence areas or with sexual partners				
HTLV-2	Technique not specified			HTLV-II antibody testing	All	No comments	NO	Recomendation of the National	
	Anti-HTLV-2	YES	NO	N/A	must be performed for	7.01	No comments		Competent Authority to consider the
	HTLV-2 NAT	120			donors living in or coming				ECDC HTLV prevalence map.
	Other technique	-			from high-incidence areas				
Chikungunya virus					or with sexual partners				Whenever there is an outbreak with
Cytomegalovirus	Technique not specified	YES	NO	N/A	In certain circumstances	All	No comments	NO	
Cytomegalovirus	Anti-CMV	11.5		,	that migth require		No comments	NO	
	CMV NAT	-			additional testing				
	Other technique	-			depending on the donor's				
Dengue Virus					history and the	1		1	Whenever there is an outbreak with relevance to reproductive T&C donatio there is a national notice defining additional measures or deferral.
Ebola Virus									Whenever there is an outbreak with relevance to reproductive T&C donatio there is a national notice defining additional measures or deferral.
Epstein-Barr virus									There are no binding obligations, but centres can define more stingent testin requirements .

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appl	ication		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
Hepatitis E									There are no binding obligations, but
									centres can define more stingent testing
									requirements for non-partner donation
Human Parvovirus B19									There are no binding obligations, but
									centres can define more stingent testing
									requirements .
Herpes simplex virus									There are no binding obligations, but
									centres can define more stingent testing requirements .
Leishmaniasis									requirements .
Malaria	Technique not specified	YES	NO	N/A	In certain circumstances	All	No comments	NO	
					additional testing is				
	Microscopy				required depending on the				
	Plasmodium sp . Ab	-			donor's history, and the				
	Plasmodium sp . Ag	-			characteristics of the tissue or cells donated. This				
	Plasmodium sp. Ag -				reference applies to				
	rapid test				partner and non-partner				
	Plasmodium sp. NAT	-			donation.				
	Other technique	-							
Toxoplasmosis									
Trypanosomiasis	Technique not specified	YES	NO	N/A	Testing applies for all	All	No comments	NO	
				,	donations and donor				
					profiles (partner and non-				
	A				partner donation).			-	
	Anti-Trypanosoma cruzi								
	N.dianaaaaaa	-							
	Microscopy	-							
	Other technique								
specify pathogen									
BACTERIAL									
Treponema pallidum	Technique not specified	YES	NO	N/A	This reference aplies to	All	The Nationa Law requires	NO	
(Syphilis)					partner and non-partner		testing for non-partner		
					donation.		donation. The National AR CA add the obligation to	I	
							screen also for partner		
							donation.		
	Anti-T. pallidum								
	Microscopy								
	T. pallidum NAT								
	Other technique								
Chlamydia trachomatis	Technique not specified							NO	
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT	YES	NO	N/A	For non-partner	Sperm	No comments		
					donation				
	Culture								
	Other technique								
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									

Tested pathogen	Donor test/ technique	nique Legally binding	Recommended on national level	-	Circumstances for appl	ication		Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
Q-fever									Whenever there is an outbreak with relevance to reproductive T&C donation, there is a national notice defining additional
specify pathogen									• •
FUNGI									
specify pathogen									
Transmissible spongiform									
Other Tests									
ABO blood group testing	ABO typing	NO	YES	National ART CA	For non-partner donation	All	No comments	NO	
	Other technique								
RhD blood group testing	RhD typing	YES	NO	N/A	In certain circumstances that migth require additional testing depending on the donor's history, and the characteristics of the tissue or cells donated. This reference aplies to partner and non-partner donation.		No comments	NO	
	Other technique								
HLA testing	Technique not specified	YES	NO	N/A	For partner donation	Embryos	No comments	NO	When there is a forceful need to obtain compatible HLA group for the purposes
	HLA Ab								of treating a serious illness. Must be
	HLA Ag								authorised by the National CA.
	HLA gene								
	Other technique				•			•	
Genetic testing, please specify condition	Specify technique	YES	ΝΟ	N/A	For non-partner donation	All	No comments	NO	Genetic screening for autosomal recessive genes known to be prevalent, according to international scientific evidence, in the donor's ethnic background and an assessment of the risk of transmission of inherited conditions known to be present in the family must be carried out.