

Malta - 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		
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								
	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	no comments
	Anti-HTLV-1	YES	NO	N/A	donors from regions of high prevalence rate	all	mandatory for donors live or come from regions of high prevalence rate. As well as donors having sexual partners or parents coming from high prevalence rate regions.		
	HTLV-1 NAT								
Other technique									
HTLV-2									
Chikungunya virus									
Cytomegalovirus									
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									
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		
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
<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									
FUNGI									
specify pathogen									
Transmissible spongiform									
Other Tests									
ABO blood group testing									
RhD blood group testing									
HLA testing									
Genetic testing, please specify condition									

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	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	Recommended on national level	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								
	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	no comments
	Anti-HTLV-1	YES	NO	N/A	donors from regions of high prevalence rate	all	mandatory for donors live or come from regions of high prevalence rate. As well as donors having sexual partners or parents coming from high prevalence rate regions.		
	HTLV-1 NAT								
	Other technique								
HTLV-2									
Chikungunya virus									
Cytomegalovirus									
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									
Hepatitis E									

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					Donor profile	Tissue/cell type	Comments		
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
<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>	Technique not specified								
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	all	all	In non-partner donation sperm donors must be negative for Chlamydia on a urine sample tested by NAT		
	Culture								
Other technique									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform encephalopathies									
Other Tests									
ABO blood group									

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					Donor profile	Tissue/cell type	Comments		
testing									
RhD blood group testing									
HLA testing									
Genetic testing, please specify condition									