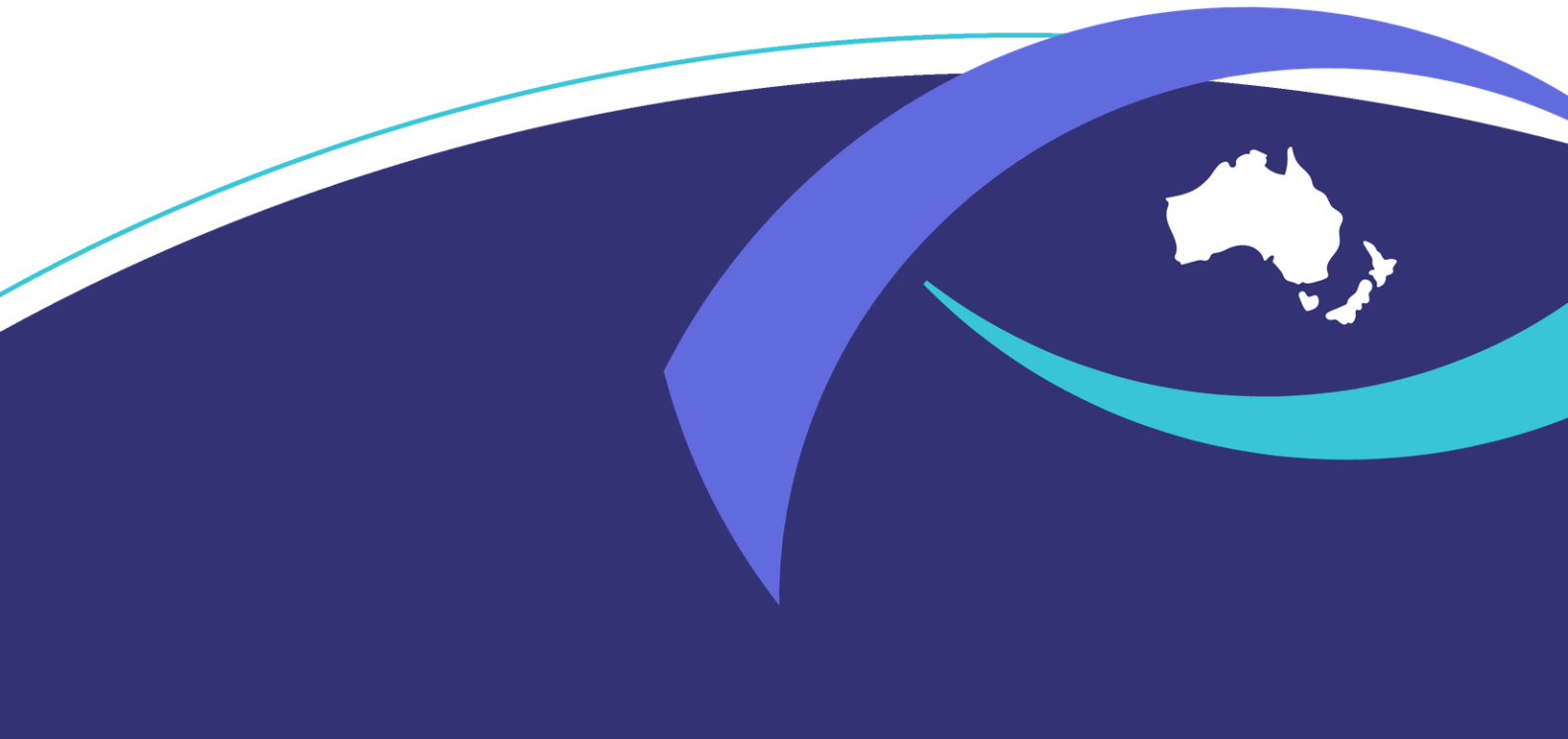
Eye Bank Association of
Australia and New Zealand

GUIDELINES FOR THE

Medical Selection of Ocular Tissue Donors

Version 3.1

11 August 2026



Purpose

These guidelines are intended as a reference document to assist the medical selection of eye donors for transplantation purposes. Although written using definitive terminology, this document is a *guideline* and should not be considered definitive unless the criteria are marked as TGA mandated.

These guidelines are only for eye donor selection and should be read in conjunction with applicable regulatory body and professional associations standards. When it is not clear from these guidelines if an individual donation is acceptable, no tissue should be used without further discussion with the Eye Bank's Medical Director.

Format key

Each condition listed is marked using a traffic light system.

Exclude	Not suitable for donation
Deferral periods apply / conditional accept	Read the entry for the deferral period or conditions that apply
Accept	Donation is acceptable for transplant purposes
TGA mandated	Deferral periods mandated by the TGA are shown in a shaded box within the entry

Within each entry, **Must not donate** is shown in red, **Accept** in green and Medical Director consultation in amber.

Terminology

Accept	Donation is acceptable for transplant purposes.
Advisory	Condition is not excluded by any medical standards but may still carry a risk to the recipient if not followed.
Cornea only	Indicates that corneas are suitable for donation but not the sclera.
Including/includes	Lists any other terms which may be covered by a specific guideline.
Must not donate	Donation is not acceptable if any of the statements apply.
NAT	Nucleic Acid Testing for HIV, HBV, HCV.
Refer to Medical Director	Donation requires further advice from Medical Director.

Updated

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About EBAANZ

The Eye Bank Association of Australia and New Zealand (EBAANZ) is a not-for-profit organisation, and the peak body for eye donation and transplantation services in Australia and New Zealand (ANZ).

EBAANZ is dedicated to helping restore sight, provide national and international leadership, develop standards for eye banking, and advocate for the eye banking sector by promoting the unique requirements of eye banks, and facilitating the sharing of information and expertise amongst EBAANZ members.

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A

Acanthamoeba (Ocular Infection)

Must not donate if ever infected.

Acanthamoeba keratitis is a rare disease in which amoebae invade the cornea of the eye. It may result in permanent visual impairment or blindness. In the developed world it is nearly always associated with contact lens use, as Acanthamoeba can survive in the space between the lens and the eye.

Accident/Trauma

Accept if no eye involvement.

If there is significant trauma, in particular penetrating trauma – an open wound or other source of infection is a risk for tissues becoming contaminated.

NOTE: If trauma has resulted in severe blood loss, the validity of any blood sample must be checked due to the possibility of plasma dilution of the donor.

See if relevant: Transfusion and Plasma Dilution.

Achondroplasia

Accept for DMEK only.

Achondroplasia is a common cause of dwarfism. Bilateral keratoconus is seen in these individuals.

Acne (Including acne treatment)

Accept if no ocular surface disease.

Secondary infection of the lid margin (blepharitis) on its own should not preclude eye donation, but donations must not be taken if there is also ocular surface disease.

Acne – treatment

Accept for corneas even if treated with Etretinate (Tigason), Acitretin (Neotigason), Isotretinoin (Roaccutane) or Alitretinoin (Toctino).

These drugs are not considered to accumulate in corneas, nor present a risk to a corneal recipient. Etretinate has an extremely long half-life and all tissues (other than corneas) must not be donated.

Acitretin and Isotretinoin have a lower half-life than Etretinate. Tissues other than corneas should not be donated if less than 24 months from last dose of Acitretin and 4 weeks from last dose of Isotretinoin.

Acupuncture

Must not donate if less than four months when single-use sterile needles cannot be confirmed.

Accept if performed with sterile single use needles.

Non-sterile needles have passed infection from person to person. Waiting four months ensures that the infections tested for will be picked up in the mandatory NAT screening.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

Addiction and Drug Use/Abuse (IVDU)

Must not donate if intravenous drugs have been used within 5 years prior to death.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 6).

This includes body-building drugs, injection of any substance in connection with a non-therapeutic use, recreational drug use, and any procedure that is not undertaken by a registered medical or dental practitioner in Australia. Intravenous drug use has been linked with the passing on of many infections, including hepatitis and HIV.

African Trypanosomiasis (Sleeping Sickness)

Accept for corneas but not sclera.

Corneas are avascular and therefore there is considered to be no risk of transmitting a protozoal infection. Human African trypanosomiasis, sleeping sickness, African lethargy, or Congo trypanosomiasis is a parasitic disease of humans and other animals, caused by protozoa of the species Trypanosoma brucei and transmitted by the tsetse fly.

Age

Lower age limit for donation of eye tissue for transplantation is two years. The upper age limit is left to the discretion of the Medical Director, since no definite relationship has been established between the quality of donor tissue and advanced age.

Low age problems relate to both the technical difficulties in using infant tissue and the complication of post-operative myopia. The extreme thinness of the infant cornea means that it is likely to fold upon itself during handling. This, combined with the small diameter of the cornea, creates problems during the donation surgery, trephining, and during placement and suturing in the host bed. The myopic shift after keratoplasty with infant donor corneas has been related to the steep curvature of these corneas.

Alcoholism

Accept.

Alcoholism is the dependency on the consumption of alcohol. It is an addictive disorder which impacts the physical, social, and mental wellbeing of the affected individual.

See if relevant: Hepatitis.

Allergy

Accept.

Allergies are an immune response to an environmental factor/substance. This can include pollen, insect stings, or certain medications.

Alternative Therapies

Must not donate if less than four months when single-use sterile needles cannot be confirmed.

Accept if:

a) Alternative therapy did not involve the use of needles; or

b) Therapies involved penetration by needles were performed with sterile single use needles.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

Non-sterile needles have passed infection from person to person. Waiting four months ensures that the infections tested for will be picked up in the mandatory NAT screening.

Amyloidosis

Accept for DMEK only.

Amyloidosis refers to disorders characterised by amyloid deposits throughout the body. These deposits can occur in the cornea stroma.

Anaemia

Accept if underlying cause of anaemia is not a reason to exclude.

Anaemia is a condition that results in a decreased concentration of red blood cells. It is more commonly seen in women and can causes weakness and tiredness.

Please check for specific anaemia or haemoglobin disorder entries.

Angelman Syndrome

Consult with Medical Director on risk of pathology to the cornea. Recommended for DMEK only or possible tectonic.

Keratoconus can occur in some individuals with Angelman Syndrome.

Ankylosing Spondylitis

Accept if no ocular involvement.

Ankylosing spondylitis, previously known as Bechterew's disease (or syndrome) and Marie-Strümpell disease, is a chronic inflammatory disease of the axial skeleton.

NOTE: Condition may be associated with higher risk of uveitis or iritis.

Anthrax

Must not donate if:

a) Less than six months from full recovery if infected; or

b) Less than six months from last exposure.

Anthrax is an acute disease caused by the bacterium Bacillus anthracis. Most forms of the disease can be lethal. Some forms of the disease respond well to antibiotic treatment.

Antibiotic Therapy

Accept if disorder being treated is not a reason to exclude.

Treatment with antibiotics is not of itself a reason for deferral but the reason for the treatment may be.

NOTE: Long term antibiotic use can cause disruption of the natural flora and may lead to fungal overgrowth.

Antifungal Therapy

Must not donate if treatment is for an unresolved systemic fungal infection.

Accept if on local therapy only for chronic superficial fungal infections.

Fungaemia is the presence of fungi or yeasts in the blood. Organ culture of corneas will not necessarily eliminate the risk of transmission of a fungal infection to the recipient's eye causing a fungal endophthalmitis.

Arnold-Chiari Syndrome

Accept.

Arnold-Chiari Syndrome, also known as Chiari formation, is a deformation of posterior fossa which results in hindbrain tissue extending into the spinal cord.

Arthropod Borne Encephalitis (Arbovirus infection)

Must not donate if less than 12 months from full recovery.

Please check for specific disease entry first.

Blood transfusions, organ transplantation and the use of blood products can transmit arboviruses if the virus is present in the donor's blood or organs. Corneas are avascular and therefore there is considered to be low or no risk of transmitting an infection.

Common arboviruses include:

a) Murray Valley encephalitis virus*
b) Ross River virus*
c) Barmah Forest virus*
d) Tick-borne encephalitis virus
e) Japanese encephalitis virus
f) Yellow fever virus
g) West Nile virus.

(*of immediate relevance to Australia).

Australian Bat Lyssavirus

Must not donate.

Australian bat lyssavirus (ABLV) is a zoonotic virus closely related to rabies virus. There have been three confirmed cases of ABLV in humans, all of them fatal.

Rabies vaccine and immunoglobulin are effective in prophylactic and therapeutic protection from ABLV infection. Since the emergence of the virus, rabies vaccine is administered to individuals with a heightened risk of exposure and vaccine and immunoglobulin are provided for post exposure treatment.

Autoimmune Disorders

Accept if no ocular involvement.

Autoimmune disorders are conditions in which a persons immune system attacks their own healthy cells. There are many autoimmune disorders, some of which can affect the eyes in ways that deem them unsuitable for transplant e.g. severe keratoconjunctivitis sicca.

Please check for specific autoimmune disease entry.

B

Babesiosis

Accept for corneas but not sclera.

Corneas are avascular and therefore there is considered to be no risk of transmitting a protozoal infection. Babesiosis is a malaria-like parasitic disease caused by infection with Babesia, a genus of protozoal piroplasms.

Bacteraemia

Accept if corneas are preserved by organ culture media.

Must not donate if corneas are stored in optisol.

Septicaemia (and thus bacteraemia) is a contraindication in a prospective corneal donor because of the risk of pathogenic organisms being harboured in the conjunctiva, surviving the antibiotics used throughout the retrieval and buttoning process, and eventually leading to an endophthalmitis in the recipient's eye. The only exception to this is if the corneas are to be placed in organ culture for preservation. The microbiological surveillance during organ culture allows the exclusion prior to transplantation of those corneas that may be harbouring organisms.

Barmah Forest Virus

Must not donate if less than 12 months from full recovery.

Barmah Forest virus is a virus currently found only in Australia. Although there is no specific treatment for infection with the Barmah Forest virus, the disease is non-fatal and most infected people recover. The virus can only be transmitted to humans by bites from infected mosquitos.

Basal Cell Carcinoma

Accept if no ocular involvement.

Although basal cell carcinoma (BCC) is a form of cancer it only spreads locally. As it does not spread by the bloodstream it is not generally considered a risk to people receiving donated material.

Binswanger's Disease

Accept with caution if a slowly progressive dementia as it can be hard to differentiate from non-vascular dementia. Refer to MD.

Binswanger's disease is a subcortical vascular dementia. It is caused by obstruction of small blood vessels in the brain due to conditions such as arteriosclerosis and thromboembolism subsequently leading subcortical ischaemia. Patients with Binswanger's will develop cognitive impairment, unsteady gait, poor upper motor signs and mild parkinsonism.

Please see Dementia for more information.

Bites/Scratches/Stings

Human bites

Must not donate if less than four months since bite.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

Human bites are considered to have the same risk as exposure to the following risks of acquiring a blood borne transmissible infection: mucosal splash with blood, needle stick injury, tattoo, body piercing.

Bat bites and scratches

Must not donate if less than 12 months since the bat bite or scratch - in any country (including Australia and New Zealand).

This deferral period is due to risk of rabies, lyssavirus and Hendra Virus.

Please check for specific bat virus entries.

Non-human, non-bat mammal bites and scratches

Must not donate if potential donor was bitten or scratched in a rabies endemic area in the past 12 months (if the donor was NOT pre-immunised against rabies).

Accept if:

a) The donor was bitten or scratched in a rabies endemic area and had been pre-immunised against rabies; or
b) The donor was bitten or scratched in Australia or New Zealand.

Rabies is considered endemic in any area outside of Australia, New Zealand and the British Isles.

See rabies listing for more information.

Envenomation bites and stings

Must not donate if:

a) The donor died as a result of the envenomation; or
b) Venom has directly contacted the eyes or peri-orbital area.

Relatively little is known about the protein structure of the venom of Australian creatures, the distribution of toxins throughout the body, and the accumulation and retention of toxins. Therefore, the risk to the recipient of receiving a dose of venom toxin from their transplant, or receiving tissue damaged by the venom, is largely unknown.

Blind Donor

Accept if no corneal disorder.

If necessary, discuss with Medical Director.

All other tissues should be suitable unless there is a contraindication to the disease causing the blindness (e.g. River Blindness).

Body Piercing

Must not donate if less four months since last piercing.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

Piercings have passed infection from person to person. Waiting four months ensures that the infections tested for will be picked up in the mandatory NAT screening.

Bronchitis

Acute infection

Accept if:

a) Corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic infection

Accept if corneas are to be stored by organ culture.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Please see infection – acute and infection - chronic for additional information.

Brucellosis (Undulant Fever)

Must not donate if less than 12 months from full recovery.

Brucellosis, also called Bang's disease, Crimean fever, Gibraltar fever, Malta fever, Maltese fever, Mediterranean fever, rock fever, or undulant fever is a highly contagious zoonosis caused by ingestion of unsterilized milk or meat from Brucella infected animals or close contact with their secretions. It is uncommon in Australia and New Zealand. Untreated the infection may progress and increase in severity and also affect new tissues.

C

Cardiomyopathy

Must not donate if:

a) Associated with extra-ocular muscle paresis e.g. Kearns-Sayre Syndrome; or
b) Not recovered from a possible viral cause of the cardiomyopathy.

Accept all other cases.

Kearns–Sayre syndrome (abbreviated KSS) also known as oculocraniosomatic disease is a more severe syndromic variant of chronic progressive external ophthalmoplegia, a syndrome that is characterised by isolated involvement of the muscles controlling eyelid movement (levator palpebrae, orbicularis oculi), and those controlling eye movement (extra-ocular muscles).

If a bacterial infective process is thought to be involved it may be preferable to preserve the corneas by organ culture.

Cardiovascular Disease

Accept.

Cardiovascular disease encompasses a group of conditions that affect the heart and/or blood vessels. This can include but is not limited to:

a) Hypertension
b) Coronary artery atherosclerosis
c) Arrythmia
d) Cardiac arrest

Please check for specific cardiac disease entries.

Cataract/IOLs

Accept.

Cataract by itself will not affect the cornea. Surgical removal of the lens (cataract) and its replacement with an intraocular lens (IOL) has the potential to affect the cornea, however, eye bank assessment will determine if there has been any significant effect on the cornea. Consider the duration between last IOL implant and donation in term so incision healing and the possibility of acute cell loss due to damage from the IOL insertion.

Central Nervous System (CNS) Disease

Must not donate if:

a) Dementia
b) History of CNS disease of possible infective origin (e.g. multiple sclerosis and Creutzfeldt-Jakob disease)
c) Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease)

Accept if:

a) Individuals who have had Bell's palsy more than four weeks ago and have discontinued any treatment for the condition for at least seven days, even if they have residual paralysis.
b) If a definite diagnosis of transient global amnesia has been made.

Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation. It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion. Transient global amnesia is a temporary and isolated disorder of memory. Affected individuals are usually over 50 years of age and there is an association with migraine. There is no association with cerebrovascular disease.

If relevant, please see Dementia entry for more information.

Please check for specific disease entries.

Chagas' Disease (South American Trypanosomiasis)

Accept for corneas but not sclera.

Includes Trypanosoma Cruzi infections.

As corneas are avascular there is not considered to be a risk of transmitting protozoal infections. Chagas disease, also called South American trypanosomiasis, is a tropical parasitic disease.

Chicken Pox - Herpes Zoster (Varicella Zoster)

Must not donate unless infection has completely resolved.

Chickenpox, also known as varicella, is a highly contagious disease caused by the initial infection with varicella zoster virus (VZV).

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Chikungunya Virus

Must not donate if less than 12 months from full recovery.

Chikungunya virus (CHIKV) is an arthropod-borne virus, of the genus Alphavirus that is transmitted to humans by virus-carrying Aedes mosquitoes. It is known to be spread by blood in symptomatic cases and on theoretical grounds could be spread by transfusion and transplantation of organs and tissues from people with pre-symptomatic or asymptomatic disease. It is spread by the same mosquitos as dengue fever.

Chlamydia

Must not donate unless infection has completely resolved.

Chlamydia infection is a common sexually transmitted infection (STI) in humans caused by the bacterium Chlamydia trachomatis. Chlamydia is a major infectious cause of human genital and eye disease. The infection can be spread from eye to eye by fingers, shared towels or cloths, coughing and sneezing and eye-seeking flies.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Chronic Fatigue Syndrome

Accept if underlying cause has been established and is not a contraindication.

Chronic fatigue syndrome (CFS) is the common name for a group of debilitating medical conditions characterised by persistent fatigue and other specific symptoms that last for a minimum of six months. The fatigue is not due to exertion, not significantly relieved by rest, and is not caused by other medical conditions. CFS may also be referred to as myalgic encephalomyelitis (ME), post-viral fatigue syndrome (PVFS), chronic fatigue immune dysfunction syndrome (CFIDS), or by several other terms. Biological, genetic, infectious and psychological mechanisms have been proposed, but the aetiology of CFS is not understood and it may have multiple causes.

Cirrhosis

Accept if underlying cause is not a contraindication.

Cirrhosis is characterised by liver scarring due to chronic liver disease. This can lead to liver failure and can be due to multiple causes such as excessive alcohol consumption or viral hepatitis.

Please see Hepatitis entries if relevant.

Coeliac Disease

Accept.

Coeliac disease is an autoimmune disorder of the small intestine that occurs in genetically predisposed people of all ages. Symptoms include pain and discomfort in the digestive tract, chronic constipation and diarrhoea, failure to thrive (in children), anaemia and fatigue.

Cohens Syndrome

Must not donate.

Cohens Syndrome is a genetic disorder which causes developmental delay, microcephaly, and hypotonia. Although they occur less often, people with Cohens Syndrome can have ocular abnormalities including but not limited to abnormal curvature of the cornea, microcornea, and microphthalmia.

Congenital Disorders

Must not donate if the congenital disorder is high-risk for ocular disease, dysplasia, dystrophy, malformation or a metabolic disorder that may affect normal ocular function. Consultation with Medical Director is recommended.

Accept if it can be firmly established (through ophthalmic examination during the person's lifetime)

that there is no ocular dysplasia or malformation.

Please check for specific disease entry.

Subtle changes in the cornea may be difficult to detect after death and donation (e.g. keratoconus) and therefore exclusion should be on the basis of the risk of the congenital disorder being associated with ocular manifestations.

Colitis

Acute infection

Accept if:

a) Bacterial and corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic infection

Accept if corneas are to be stored by organ culture.

In all other cases

Accept if no ocular involvement.

Colitis is the inflammation of the colon. This can be due to infection or autoimmunity. Some autoimmune conditions can lead to inflammatory eye involvement due to the underlying inflammation from the disease.

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Congo Fever (Crimean Fever)

Must not donate.

Crimean–Congo haemorrhagic fever (CCHF) is a widespread tick-borne viral disease. Clinical disease is rare in infected mammals, but commonly severe in infected humans, with a 30% mortality rate. Outbreaks of illness are usually attributable to handling infected animals or people.

Contact Lenses

Accept if no underlying disease process, infection or corneal scarring.

Contact lenses increase the risk of corneal abrasions and infections, most commonly keratitis. This risk of possible complications increases with prolonged wear and not taking them out to sleep.

Contagious Pustular Dermatitis (Orf Virus)

Accept if therapy has been given and infection has been successfully cleared.

Orf is an exanthematous disease caused by a parapox virus. It is also known as contagious pustular dermatitis, infectious labial dermatitis, ecthyma contagiosum, thistle disease and scabby mouth. The papule may persist for 7 to 10 weeks and spontaneously resolves. It is an uncommon condition and may be difficult to diagnose.

Crohn's Disease

Accept if eyes are unaffected.

Crohn's disease, also known as Crohn syndrome and regional enteritis, is a type of inflammatory bowel disease. Lesions caused by the disease can increase the risk of bacteria entering the blood stream. Therefore, it may be relevant to only accept eyes if the corneas are to be preserved by organ culture. There is a chance that other organs and tissues may not be accepted for donation.

Please see Inflammatory Bowel Disease for more information.

Creutzfeldt Jakob Disease

Must not donate if:

a) Suspected infection; or

b) They have lived in or visited England, Scotland, Wales, Northern Ireland, or the Isle of Man for a cumulative period of 6 months or more between 1st January 1980 and 31st December 1996; or

c) They received a transfusion or injection of blood or blood components while in England, Scotland, Wales, Northen Ireland or the Isle of Man at any time since 1st January 1980 onwards; or

d) There is a family history of CJD (have two or more blood relatives develop a prion-associated disease or been informed they are at risk following genetic counselling).

> These deferral periods are mandated by the TGA (ARGB Appendix 12, Item 8). Eye banks that have been granted an S14 exemption by the TGA are exempt from item B.

Also known as spongiform encephalopathy, CJD is a rare brain disorder that causes rapid brain deterioration leading to dementia and death. This is due abnormal proteins call prions that can be transmitted through transplant, contaminated meat, or inherited genetically. This disease can lay dormant for decades before infection is known and it is fatal.

See Prion diseases for more information.

Cytomegalovirus

Accept.

Human cytomegalovirus is a species of virus that belongs to the viral family known as Herpesviridae or herpesviruses. It is typically abbreviated as HCMV and is alternatively known as Human herpesvirus 5 (HHV-5) and can remain latent for long periods of time. HCMV infection is typically unnoticed in healthy people but can be life threatening for the immune compromised. Its presence is not considered relevant for eye donation as corneal recipients are not immune compromised like organ recipients.

D

Death from Unknown Cause

Ineligible until such a time as a postmortem examination of the person provides sufficient information to conclude that the death of the person was not caused by a transmissible disease. Therefore:

Accept if there is nothing to suggest that a possible cause of death or any other comorbidities are contraindications to donation.

Must not donate in all other circumstances.

Dementia

Must not donate if:

a) Rapidly progressive dementia (e.g. CJD); or
b) Slowly progressive dementia that is not vascular dementia e.g. Alzheimer's disease, Frontotemporal lobar degeneration, Dementia with Lewy bodies.

Accept with Medical Director consult, slowly progressive dementia due to vascular disease e.g. multi-infarct dementia, Binswanger disease.

Accept fixed cognitive impairment due to traumatic brain injury, stroke, past infections, alcohol dementia.

Medical director consult recommended for slowly progressive dementia due to vascular disease and slowly progressive dementia due to Alzheimer's disease, can be almost impossible to tell apart clinically and are often misdiagnosed. Indeed, they often occur together.

A definitive diagnosis and how that diagnosis was arrived at should be required. For example, Binswanger disease, whilst a vascular dementia, mimics Alzheimer's disease and is difficult to definitively diagnose (even with MRI) until brain histology is done after death.

Dengue Fever

Must not donate if less than 12 months from full recovery.

Dengue fever is an infectious tropical disease caused by the dengue virus (Arbovirus). In a small proportion of cases the disease develops into the life-threatening dengue haemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs. Most people with dengue recover without any ongoing problems.

Dermatitis

Accept.

Dermatitis is a term that encompasses multiple subtypes of skin inflammation. Common causes include exposure to irritants (such as certain soaps), infection, and genetics.

Diabetes Insipidus

Accept if underlying cause does not exclude.

Diabetes insipidus is either a problem with the production of antidiuretic hormone (central diabetes insipidus) or kidney's response to antidiuretic hormone (nephrogenic diabetes insipidus).

Please see Neurosurgery if relevant.

Diabetes Mellitus

Accept.

Includes Type 1 and Type 2 diabetes. There is a suggestion that long-term diabetes may affect the cornea's suitability for transplantation but generally this is not significant.

Diabetic Retinopathy

Accept.

Diabetic retinopathy is damage to the retina caused by complications of diabetes, which can eventually lead to blindness. The retinopathy itself will not affect the cornea or suitability for transplant.

Diphtheria

Accept if therapy has been given for the infection and it has been successfully cleared.

Diphtheria is an upper respiratory tract illness caused by Corynebacterium diphtheriae, an anaerobic, Gram-positive bacterium. It is characterized by sore throat, low fever, and an adherent membrane on the tonsils, pharynx, and/or nasal cavity. It is considered a highly infectious disease spread by direct physical contact or breathing the aerosolized secretions of infected individuals.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Disease of Unknown Aetiology

Must not donate.

When the cause of an illness is not clear, there is an unknown risk to the recipient.

Diverticulosis

Accept.

Diverticulosis digestive tract disorder characterised by pouches the protrude from the tract. The cause of this condition is still unclear though it is likely genetic. It is usually symptomless and does not require treatment unless infection of the diverticula occurs.

Down Syndrome (Trisomy 21)

Accept for DMEK only.

Eye disorders are common in people with Down Syndrome. Almost half have strabismus. Cataracts, keratoconus, and glaucoma are common. Due to the risk of keratoconus, potential donors with Down Syndrome are suitable for DMEK only.

Note: Age will need to be considered for DMEK suitability. Over 55yo is recommended for DMEK preparation.

Drowning

Accept.

Body of water and length of submersion do not impact donor suitability.

Dutasteride (Avodart Therapy)

Accept for corneas only not for sclera.

Dutasteride is used for the symptoms of benign prostatic hyperplasia (BPH); colloquially known as an "enlarged prostate". Precaution for organ and tissue is warranted as residual amounts (especially in the blood) can cause birth defects.

E

Ebola Fever

Must not donate.

EVD is a viral haemorrhagic fever (VHF) and is clinically nearly indistinguishable from Marburg virus disease (MVD). Ocular manifestations, such as photophobia, hyperlacrimation, iritis, iridocyclitis, choroiditis and blindness have been described. A person can remain infectious for up to 7 weeks.

Ehlers-Danlos Syndrome

Accept:

a) For all transplant types if past medical records show donor had ophthalmic exams with no ocular manifestations; or

b) For DMEK only where donor has no recorded ophthalmic exams.

Ehlers–Danlos syndrome (EDS) is an inherited connective tissue disorder with different presentations. It is caused by a defect in the synthesis of collagen. One concern with any form of donation is that the structural integrity of the tissue is likely to be compromised.

Electrolysis

Accept.

Electrolysis is a type of hair removal that destroys the hair root using an electrical current.

Emphysema

Accept.

Emphysema is a lung disease that is most commonly caused by smoking. It is indicated by damaged alveoli that cause shortness of breath, fatigue, and cough. People with emphysema are more prone to chest infections.

Encephalitis

Accept if caused by bacterial infection and the corneas are to be stored by organ culture.

Encephalitis is the inflammation of the brain tissue. This is often caused by infection but can also be due to an autoimmune response/disorder.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Endocarditis

Accept if:

a) Bacterial and corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared.

Endocarditis is the inflammation of the endocardium. It occurs when infection spreads to the endocardium through the blood stream. This causes damage to the heart valves and manifests as symptoms of infection (fevers, fatigue, sweating etc.). Whilst infection due to bacteria is the most common cause, it can also be fungal.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Eye Disease

Must not donate if:

a) Active ocular inflammation or infection; or
b) Congenital or acquired ocular disorders that may prevent a successful transplant outcome; or
c) History of malignant tumours of the anterior segment or retinoblastoma.

Accept if:

a) Glaucoma

b) Refractive error

c) Retinal disease

Please check for specific disease entries.

Eye Drops

Determine what the drops are being used to treat and then see if there is any relevant entry.

F

Fabry Disease

Accept for EK only depending on endothelial assessment.

Fabry disease is a rare lysosomal storage disease. People with Fabry disease are unable to break down globotriaosylceramide. The most common manifestation of corneal disease in people with Fabry's is corneal verticillate. Hyperreflective intracellular inclusions are also seen at the level of the basement membrane. Pigment disposition is in epithelium and maybe Bowman's layer.

Fatal Familial Insomnia

Must not donate.

Fatal Familial Insomnia (FFI) is a rare genetic prion disease. It causes patients to develop muscle twitching, memory loss, and insomnia as the proteins accumulate in the brain and central nervous system. As this condition is progressive, the symptoms worsen over time and can even cause hallucinations. The average life expectancy for someone with FFI after symptom onset is 7 months to 3 years.

See Prion Disease for more information.

Fever (Including Febrile Episodes)

Must not donate if less than 2 weeks from the date of full recovery of the person who has a symptomatic infection, fever, or infectious illness.

Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the donor's suitability. Refer to MD.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 14).

Filariasis (Elephantiasis)

Must not donate.

Filariasis is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes. Subconjunctival and intraocular filariasis can occur.

Finasteride (Proscar)

Recommendation is not to accept if less than 4 weeks from completion of therapy.

Discretionary accept for corneas only not for sclera.

Finasteride (brand names Proscar and Propecia by Merck, among other generic names) is a synthetic drug for the treatment of benign prostatic hyperplasia (BPH) and male pattern baldness (MPB). Precaution for organ and tissue is warranted as residual amounts (especially in the blood) can cause birth defects.

Fungal Infection

Accept if:

a) Previous infection that has been successfully cleared; or
b) Infection is localized and not considered systemic.

Must not donate if:

a) Infection is systemic; or
b) There is ocular involvement.

Fungal infections are difficult to treat and are also slow growing. Systemic fungal infections are excluded even if corneas are to be stored by organ culture media as fungal growth may not be picked up in microbiology testing prior to transplant.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

G

G6PD Deficiency (Glucose-6-phosphate dehydrogenase deficiency)

Accept.

G6PD deficiency is the most common human enzyme defect. Individuals with the disease may exhibit non-immune haemolytic anaemia in response to a number of causes, most commonly infection or exposure to certain medications or fava beans.

Gall Bladder Disease

Accept.

Gall bladder disease encompasses any conditions that affect the gall bladder. This includes but is not limited to:

a) Gall stones
b) Infection
c) Inflammation
d) Blockages

Gastrointestinal Disease

Accept.

Diseases that affect the digestive tract (from mouth to anus) are considered gastrointestinal diseases. These can include GERD, irritable bowel, haemorrhoids etc.

Please check for specific disease entry.

Gastric Ulcer

Accept.

Gastric ulcers most commonly form due to infection such as Helicobacter Pylori or the use of anti-inflammatory medications.

This includes but is not limited to:

a) Duodenal ulcers
b) Peptic ulcers
c) Gastric erosions

Please see Malignancy if relevant.

Gerstmann-Straussler-Schneiker

Must not donate.

Gerstman Straussler Schneiker is a prion disease with causes deterioration of mental function. This disease is fatal and life expectancy following diagnosis is around 5 years.

See Prior Diseases for more information.

Giardiasis

Accept.

This is a local parasitic intestinal infection that does not affect donation.

Gilbert Syndrome

Accept.

Gilbert Syndrome is a genetic condition that causes mild jaundice due to the body's inability to process bilirubin properly. The condition is otherwise usually asymptomatic and has no serious consequences.

Glandular Fever

Accept.

Infectious mononucleosis (IM; also known as mono, glandular fever, Pfeiffer's disease, Filatov's disease, and sometimes colloquially as the kissing disease from its oral transmission) is an infectious, widespread viral disease caused by the Epstein–Barr virus (EBV). It is generally a self-limiting disease, and little treatment is normally required.

Glasses (Spectacles)

Accept.

Glasses are used to improve poor vision mostly due to refractive error. This does not impact corneal sutiability.

Glaucoma

Must not donate if:

a) Received a transplant of sclera during glaucoma surgery within the past four months if outside of Australia; or

b) Received a transplant of sclera in England, Scotland, Wales, Northern Ireland, or Isle of Man on or after 1st January 1980

Accept if the above criteria do not apply.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 8 and 22).

Glaucoma is a term describing a group of ocular disorders with multi-factorial aetiology united by a clinically characteristic intraocular pressure-associated optic neuropathy.

Gonorrhoea

Must not donate if less than 12 months from full recovery.

Please see Sexually Transmitted Diseases for more information.

Gonorrhoea is a common human sexually transmitted infection caused by the bacterium Neisseria gonorrhoeae. In both men and women if gonorrhoea is left untreated, it may spread locally causing epididymitis or pelvic inflammatory disease or throughout the body, affecting joints and heart valves.

Gout

Accept.

Gout is a form of arthritis that is characterised by pain, redness, and swelling in the joints due to a build-up of crystallised uric acid. Medication, trauma, medical conditions, and certain foods can all trigger gout attacks.

Granuloma Inguinale

Must not donate.

Granuloma inguinale is a bacterial disease characterized by ulcerative genital lesions. It is endemic in many less developed regions. The microorganism spreads from one host to another through contact with the open sores.

Growth Hormone

Must not donate if they have ever received human pituitary growth hormone.

Accept if treated exclusively with recombinant-derived growth hormone. In Australia and New Zealand this will be since 1987.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 9).

Recipients of human pituitary growth hormone are considered to be a high-risk for CJD transmission. Worldwide (and 5 cases within Australia) human pituitary-derived hormones have transmitted classical CJD. From 1963 to 1986 such hormones were administered in Australia and New Zealand until the practice was ceased in 1987. Since 1987 all growth and fertility hormones administered in Australia (but not necessarily overseas) have been exclusively recombinant-derived and are acceptable for donation.

Guillain-Barre Syndrome

Must not donate if:

a) Less than 24 months from full recovery; or
b) There has been any recurrence of symptoms; or
c) The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barre syndrome that recovered completely within 12 months.

Guillain–Barré syndrome, sometimes Landry's paralysis or Guillain–Barré–Strohl syndrome, is an acute polyneuropathy, a disorder affecting the peripheral nervous system.

H

Haematological Disease

Must not donate if:

a) Malignant; or
b) Clonal disorder such as primary polycythaemia vera, essential thrombocythaemia and monoclonal gammopathy of unknown significance (MGUS).

Including but not limited to:

a) Leukaemias, lymphomas, myeloma
b) Myeloproliferative neoplasms (e.g. PRV, ET)
c) Monoclonal abnormalities (e.g. MGUS)
d) Myelodysplastic syndrome (MDS)

Clonal disorders result from the proliferation of a single cell. Because they have the potential to become malignant, they are treated in the same way as malignancy.

NOTE: Secondary polycythaemia is not a contraindication.

Please check for specific disease entries.

Haemochromatosis

Accept.

Haemochromatosis type 1 is a hereditary disease characterized by excessive intestinal absorption of dietary iron resulting in a pathological increase in total body iron stores.

Haemoglobinopathies

Accept.

This includes but is not limited to:

a) Hereditary Elliptocytosis
b) Hereditary Spherocytosis
c) Thalassemia
d) Sickle Cell

Haemoglobinopathy is a term that encompasses inherited blood disorders. Genetic mutations alter the haemoglobin structure or production which impacts on oxygen transport around the body. People with these disorders often have shortness of breath, fatigue, and weakness.

Haemolytic Anaemia

Please check for a specific disease entry. If not listed, consult the Medical Director.

Hand, Foot and Mouth Disease

Accept.

Hand, foot and mouth disease (HFMD) is a human syndrome caused by intestinal viruses. It usually affects infants and children and is quite common. It is moderately contagious but self-limiting. There is no specific treatment and only the symptoms are treated.

Hemophagocytic Lymphohistiocytosis (HLH)

Must not donate.

HLH is characterized by an excessive immune activation that is triggered by a variety of events. The excessive activation of the immune system causes inflammation and tissue destruction. Ocular manifestations include but are not limited to conjunctivitis, keratitis, conjunctival chemosis, and uveitis.

Hendra Virus (Henipavirus)

Must not donate.

Henipavirus includes three established species: Hendra virus, Nipah virus and Cedar Virus. Case fatality rate in humans is 60% and in horses 75%. There is no evidence of transmission to humans directly from bats, and, as such it appears that human infection only occurs via an intermediate host, a horse.

Hepatitis (Non-Viral)

Accept.

Non-viral hepatitis can fall into three categories: autoimmune, alcoholic, or toxic hepatitis (drugs and supplements).

Hepatitis A (Infection, Sexual Partner, Shared Home)

Infection:

Must not donate if less than 6 months from full recovery.

HAV infection produces a self-limited disease that does not result in chronic infection or chronic liver disease.

Sexual partner of confirmed case:

Must not donate if less than 6 months from full recovery of partner.

Accept if donor is shown to be immune to Hepatitis A (immunised).

There is a risk of transmitting the disease through sexual activity. The 6-month exclusion allows any infection to run its course and for any risk of passing the illness on through donation to have passed.

Person sharing home:

Must not donate if less than 6 months from recovery of last affected person in the home.

Accept if donor is shown to be immune to Hepatitis A (immunised).

HAV is highly contagious and spread through contaminated food, water, or contact with an infected individual. This puts people in a shared home at risk.

Hepatitis B (Infection, Sexual Partner, Shared Home)

Infection:

Must not donate if active infection. Hepatitis carriers and people with a chronic infection are also excluded from donation even if viral load is low.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 5).

History of infection or suspected infection:

Obtain history and analyse blood samples.

HBsAg	Anti-HBc	HBsAb	NAT	Outcome
Positive				**Must not donate** Ineligible due to active infection
Negative	Negative	Positive	Negative	**Accept** Immune due to vaccination
Negative	Positive	Positive	Negative	**Accept** Immune due to previous infection
Negative	Positive	>10mIU/mL	Negative	

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 5).

Current or former sexual partners of infected or recovered individuals:

Obtain history including time since last sexual contact, date that the partner was diagnosed with HBV and the dates that HBV immunisation of the donor was given.

Must not donate until it has been demonstrated that the person is:

a) Immune from HBV infection; or
b) Not infected with HBV, as confirmed by NAT.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 5).

Person sharing home with a person with hepatitis B infection:

Obtain history to determine if they are still sharing a home, and if not, the time sharing ceased.

Must not donate until it has been demonstrated that the person is:

a) Immune from HBV infection; or
b) Not infected with HBV, as confirmed by NAT.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 5).

The hepatitis B virus is highly infectious (50 to 100 times more infectious than HIV) and there is evidence (2 reports) of transmission by corneal transplantation. The virus is transmitted by exposure to infectious blood or body fluids. Viral DNA has also been detected in saliva, tears, and urine of chronic carriers.

Hepatitis C (Infection, Sexual Partner, Shared Home)

Infection

Must not donate if infected.

Accept if an uninfected state can be established by:

a) Evidence of antiviral treatment being undertaken and

b) Individual has been shown to be HCV negative by PCR over a period

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 1).

Current and former sexual partners of HCV positive individuals:

Must not donate until such time as the person is demonstrated not to be infected as confirmed by NAT.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 3).

Persons currently or formerly sharing a home with a confirmed case:

Accept.

Hepatitis C is neither contagious nor spread by faecal-oral route. It is usually only spread through a direct blood to blood route. For these reasons household contacts do not need to be deferred.

Hepatitis C is an infectious disease affecting primarily the liver, caused by the hepatitis C virus (HCV). It has also been linked with malignant lymphomas and autoimmune disease.

Hepatitis E

Must not donate if less than 6 months from full recovery.

Hepatitis E is an infectious hepatitis that is usually spread through contaminated food or water. There have been reports of transmission by transfusion and transplant.

Herpes

Genital:

Accept if lesions are healing and there is no history of other sexually transmitted diseases.

Ocular:

Must not donate if active or past infection of eyes.

Includes Simplex and Zoster Infection

Oral:

Accept.

Oral herpes is commonly referred to as “cold sores” and “fever blisters” and is typically caused by herpes simplex virus type 1 (HSV-1; oral HSV-2 is rare and is more commonly associated with genital herpes.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

HIV/AIDS (Infection, Sexual Partner)

Infection:

Must not donate.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 1).

Current or former sexual partners of confirmed case:

Must not donate until person is demonstrated not to be infected.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 3).

Human Immunodeficiency Virus (HIV) is a viral infection that attacks the body's immune system. It can be spread through sexual activity, including oral and anal sex.

Hodgkin Lymphoma (Disease)

Must not donate.

Hodgkin's lymphoma is characterized by the orderly spread of disease from one lymph node group to another and by the development of systemic symptoms with advanced disease.

Please see lymphoma for more information.

Hormone Replacement Therapy

Must not donate if:

a) A recipient of human pituitary derived hormone.

Accept if:

a) Treated with gonadotrophins that were exclusively non-pituitary derived (post 1987); or
b) Treated with growth hormone that was exclusively recombinant (post 1987).

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 9).

HTLV (Infection, Sexual Partner, Shared home)

Infection:

Must not donate.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 2).

Former and current sexual partners of confirmed case:

Must not donate until person is demonstrated to not be infected.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 4).

HTLV-I and HTLV-II are sexually transmitted.

Persons currently or formerly sharing a home with a confirmed case:

Accept.

The Human T-lymphotropic virus Type I (HTLV-1) is a human RNA retrovirus that is known to cause adult T-cell leukemia and lymphoma. The transmission of HTLV by lymphocyte cells is valid for blood donations, but uncertain for tissues and cells and the prevalence outside of Japanese populations is insignificant.

Human Papilloma Virus (HPV)

Accept.

Includes genital warts.

Huntington Disease

Accept if the diagnosis can be confirmed.

Huntington's disease (HD) is a neurodegenerative genetic disorder that affects muscle coordination and leads to cognitive decline and psychiatric problems. It typically becomes noticeable in mid-adult life. HD is the most common genetic cause of abnormal involuntary writhing movements called chorea.

Immune Thrombocytopenia Purpura (Idiopathic Thrombocytopenia Purpura (ITP))

Must not donate if:

a) Symptomatic; or
b) Chronic; or
c) Recovered but less the 5 years from recovery.

Accept in other cases with Medical Director consultation due to diagnosis being dependent on the exclusion of other causes of a low platelet count – including leukaemia, myelodysplastic syndromes and pre-neoplastic states i.e. there is a high potential for misdiagnosis. The cause of ITP is unknown, but viral infections might make the immune system malfunction and start producing the 'rogue' antibodies.

If treated with immunoglobulin or plasma exchange, please see Transfusion.

Immunisation – Live

Must not donate if less than four weeks from vaccination.

By four weeks, any infection caused by the immunisation should have been controlled and so should not be passed on through donated material.

For **Smallpox** vaccines there is additional criteria. **Must not donate if:**

a) The inoculation site has not fully healed; or
b) Any secondary infected site has not healed; or
c) It is less than 8 weeks from inoculation or from the appearance of any secondary infected site.

By eight weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed, it is possible that there still may be infection present. Close contacts of vaccines (household or direct bodily contact) may become secondarily infected from direct skin contact with an infected inoculation site or from virus on clothing, bedding, dressings etc.

The following live vaccines are currently in use in Australia and New Zealand:

Live attenuated parenteral vaccines		Live attenuated oral vaccines	
Viral	Bacterial	Viral	Bacterial
Japanese encephalitis (Imojev)	BCG	Oral rotavirus vaccine:	Oral typhoid vaccine

Measles		Poliomyelitis oral vaccine	
Measles, mumps, rubella (MMR)			
Measles, mumps, rubella, varicella (MMRV)			
Rubella			
Varicella			
Variola (Smallpox) – ***8-week exclusion***			
Yellow fever			

This deferral period is mandated by the TGA (ARGB Appendix 12, Items 23-26).

Immunisation – Non-Live

Accept.

"Non-live" immunisations do not use material that can cause infection. This means there is no risk to people receiving blood or tissues from a recently immunised donor.

Non-live immunisations include:

ADT Booster (Diphtheria, Tetanus)	Human Papilloma Virus
Cholera	Influenza immunization
COVID (Comirnaty Omicron/Original (Pfizer), Spikevax Omicron (Moderna))	Meningococcal Meningitis
DTP (Triple Antigen: Diphtheria, Tetanus, Whooping Cough)	Pneumococcal (Includes Prevenar 13, Pneumovax 23)
Haemophilus Influenzae Type B	Poliomyelitis (Injected vaccine)
Hepatitis A (Twinrix)	Rabies
Hepatitis B (Twinrix)	Typhoid (Injected vaccine)
Shingrix	Shingles

NOTE: Assays for HBsAg may be positive following recent immunisation. Full screening for Hepatitis

B may be required.

Immunisation – (Animal Origin, Unknown)

Must not donate if:

a) Less than 12 weeks if the immunization contains sera of animal origin; or

b) Less than 12 months following any unknown vaccines.

This deferral period is mandated by the TGA (ARGB Appendix 12, Items 23-26).

Immunosuppression

Accept if indication for steroid treatment isn't an exclusion.

Infection (Acute, Chronic)

Acute infection

Accept if:

a) Caused by bacterial infection and the corneas are to be stored by organ culture; or
b) Clinician caring for the potential donor thinks that therapy given for an infection has successfully cleared it; or
c) Infection was not considered systemic (e.g. not septicaemia, not viraemia), but localised and not likely to affect the eyes.

Chronic infection

Accept if:

a) Chronic superficial fungal infections; or
b) Caused by bacterial infection and the corneas are to be stored by organ culture

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

See if there is a specific entry for the disease you are concerned about. Consider if the infection was systemic, or localised and unlikely to have affected the cornea or eyes.

NOTE: Potential donors who have been cared for in an ICU may have a local chest infection as a result of ventilation – acceptable.

Infectious Diseases – Contact with

Must not donate if within the incubation period for the condition or, if this is not known, less than 4 weeks from last contact.

Please check for specific disease entry with which there has been contact.

Inflammatory Bowel Disease

Accept if no ocular involvement.

Check for specific disease entry.

The cause of these conditions is not fully understood and may include infection. Lesions caused by the disease can increase the risk of bacteria entering the blood stream. Therefore, it may be relevant to only accept eyes if the corneas are to be preserved by organ culture. There is a chance that other organs and tissues may not be accepted for donation.

Inflammatory Eye Disease

Must not donate if active inflammation due to infective cause.

Accept with Medical Director consult in cases with unclear cause.

Accept if due to autoimmunity.

This includes but is not limited to:

a) Scleritis
b) Episcleritis
c) Iritis
d) Uveitis

Inherited Diseases

Check for specific entry for the condition. Refer to Medical Director if condition is not covered by the guidelines.

Inoculation Injury

Must not donate if less than four months from receiving injury.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

Human bites, mucosal splash with blood, needle stick injury, tattoo, and body piercing are all considered to have similar risk of acquiring a blood borne transmissible infection.

Irritable Bowel Syndrome

Accept.

Irritable bowel syndrome (IBS, or spastic colon) is a symptom-based diagnosis characterized by chronic abdominal pain, discomfort, bloating, and alteration of bowel habits. As a functional gastrointestinal disorder, IBS has no known organic cause.

J

Japanese Encephalitis

Must not donate if less than 12 months from full recovery.

Japanese encephalitis is a disease caused by the mosquito-borne Japanese encephalitis virus from the family Flaviviridae. The disease is most prevalent in Southeast Asia and the Far East. Signs which develop during the acute encephalitic stage include neck rigidity, cachexia, hemiparesis, convulsions and a raised body temperature between 38–41 °C and eventually coma.

Jaundice

Accept if:

a) The cause of the jaundice was non-viral (this includes but is not limited to gall stones, alcoholic hepatitis, and drug reactions); or
b) Due to Gilbert's Syndrome.

Must not donate if:

a) History of jaundice (and reason unknown); or

b) The cause of the jaundice was viral (see the specific entry for that condition).

Many things can cause jaundice. The concern is with infectious causes.

Please check for any relevant disease entries.

K

Keratoconjunctivitis Sicca (Dry Eye Syndrome)

Must not donate in severe cases.

Accept in less severe cases, or those where the history is not clear.

Keratoconjunctivitis sicca (KCS), also called keratitis sicca, xerophthalmia or dry eye syndrome is an eye disease caused by eye dryness.

Need to determine the severity of the condition to arrive at an estimation of how much the sicca may have affected the cornea. Pathologies, if present, will be detected post-donation by the eye bank.

Kidney Disease

Accept.

Also referred to as renal disease or nephropathy, kidney disease encompasses any conditions that cause damage or impair function of the kidneys.

This includes but is not limited to:

a) Acute Nephritis

b) Chronic Nephritis

c) Chronic Renal Failure

Klinefelter's Syndrome

Accept.

Klinefelter syndrome or Klinefelter's syndrome, is the set of symptoms resulting from additional X genetic material in males. Also known as 47,XXY or XXY, is a genetic disorder in which there is at least one extra X chromosome to a standard human male karyotype, for a total of 47 chromosomes.

Kuru Syndrome

Must not donate.

Kuru is a rare neurodegenerative disease which is caused by an infectious prion. This disease is fatal with death occurring within 1-2 years from the onset of symptoms. The word Kuru means to tremble or shiver, which is consistent with the symptoms of muscle twitching and loss of coordination that is seen in patients. Those affected by Kuru also have difficulty eating, mood changes, and develop dementia.

For more information, see Prion Associated Diseases.

L

Laser Treatment (Surgery)

Accept if:

a) applied to other parts of the body (e.g. For skin lesions, cosmetic purposes); or
b) for retinal surgery; or
c) for cataract surgery or related; or
d) laser treatment was refractive surgery to the cornea (and now healed) – suitable for posterior keratoplasty transplant only.

Laser treatment (other than refractive laser surgery to the cornea) does not affect the cornea. Corneas that have undergone refractive surgery should not be used for penetrating keratoplasty or anterior keratoplasty due to concerns about structural integrity of the cornea. However, these corneas may be suitable for posterior keratoplasty although there needs to be an awareness of the refractive procedure to avoid any concerns or complications during the donor cornea cutting process.

Please see Refractive Surgery entry if relevant.

Lassa Fever

Must not donate.

Lassa fever or Lassa haemorrhagic fever (LHF) is an acute viral haemorrhagic fever caused by the Lassa virus and is similar to Ebola. The virus is probably transmitted by contact with the faeces or urine of animals accessing grain stores in residences (particularly rodents). Further human-to-human transmission is thought to be via infected faeces or urine. Virus is usually cleared from blood about 3 weeks after symptoms first appear.

Legionnaire's Disease

Accept if:

a) Corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared.

Legionnaires disease is a potentially fatal pneumonia caused most commonly by Legionella pneumophila, a gram negative, aerobic bacterium that is carried by amoeba that thrives in stagnant water.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Leishmaniasis

Accept for corneas not for sclera.

Also known as Kala-Azar, Leishmaniasis is a disease caused by protozoan parasites that belong to the genus Leishmania and is transmitted by the bite of certain species of sand fly. As corneas are avascular there is not considered to be a risk of transmitting protozoal infections of this type.

Leptospirosis

Accept if:

a) Corneas are to be stored by organ culture; or

b) Therapy has been given and infection has been successfully cleared.

Leptospirosis (also known as Weil's syndrome, canicola fever, canefield fever, nanukayami fever, 7day fever, Rat Catcher's Yellows, Fort Bragg fever, black jaundice, and Pretibial fever), is caused by infection with bacteria and affects humans as well as other animals.

Occupations at risk include veterinarians, slaughterhouse workers, farmers, sewer maintenance workers, waste disposal facility workers, land surveyors and people working on derelict buildings. Slaughterhouse workers may contract the disease through contact with infected blood or body fluids. Rowers, kayakers and canoeists are also sometimes known to contract the disease.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Leukaemia

Must not donate.

Includes (but not limited to):

a) Acute lymphoblastic leukaemia (ALL).

b) Chronic lymphocytic leukaemia (CLL).

c) Acute myeloid leukaemia (AML).

d) Chronic myeloid leukaemia (CML).

e) Hairy cell leukaemia (HCL).

f) T-cell prolymphocytic leukaemia

g) Large granular lymphocytic leukaemia

h) Adult T-cell leukemia is caused by human T-lymphotropic virus (HTLV).

The eye/corneal donation contraindication appears to be for two reasons:

a) Wide dissemination of the malignancy throughout the body, spread through the blood and lymphatic system

b) Viruses have also been linked to some forms of leukaemia. Experiments on mice and other mammals have demonstrated the relevance of retroviruses in leukaemia, and human retroviruses have also been identified.

Listeriosis (Listeria infection)

Accept if:

a) Corneas are to be stored by organ culture; or

b) Therapy has been given and infection has been successfully cleared.

Listeriosis is a bacterial infection most commonly caused by Listeria monocytogenes. It primarily causes infections of the central nervous system (meningitis, meningoencephalitis, brain abscess, cerebritis) and bacteraemia in those who are immunocompromised, pregnant women, and those at the extremes of age (newborns and the elderly).

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Lyme Disease (Borreliosis)

Accept if:

a) Corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Lyme disease (Lyme borreliosis) is an infectious disease caused by at least three species of bacteria transmitted to humans by the bite of infected ticks. Identified in Europe and North America its presence in Australia or New Zealand is largely unknown.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Lymphogranuloma Venereum

Accept if more than 6 weeks after completion of antibiotics.

Lymphogranuloma venereum (also known as Climatic bubo, Durand–Nicolas–Favre disease, Poradenitis inguinale, and Strumous bubo) is a sexually transmitted disease caused by Chlamydia trachomatis.

Lymphoma

Must not donate.

Lymphoma is a type of haematological neoplasm that occurs when B or T lymphocytes, divide faster than normal cells or live longer than they are supposed to. Lymphoma may develop in the lymph nodes, spleen, bone marrow, blood or other organs which eventually presents as a solid tumour. Lymphomas are closely related to lymphoid leukaemias.

M

Macular Degeneration

Accept.

Age-related macular degeneration (AMD) is a medical condition which usually affects older adults and results in a loss of vision in the centre of the visual field (the macula) because of damage to the retina. It occurs in "dry" and "wet" forms. It is a major cause of blindness and visual impairment in older adults (>50 years). It does not affect the cornea or suitability for transplant.

Includes age-related macular degeneration.

Malaria

Accept.

As corneas are avascular there is not considered to be a risk of transmitting protozoal infections. If malaria is confirmed in the donor, (as distinct risk) caution should perhaps be exercised for cornea donation.

As per subsection 10(6), deferral items 16-19 for risk of malaria do not apply to ocular tissue.

Malignancy

Must not donate if:

a) Haematological malignancy.
b) Malignant tumour of anterior segment.
c) Disseminated melanoma.
d) Retinoblastoma.

Accept in all other cases.

Many malignancies spread by invading surrounding tissues – thus the exclusion for malignancies of the eye. Tissue from donors with any malignancy (disseminated or not) is not suitable for kerato-limbal procedures. This is based on the kerato-limbal region being considered vascularised. Viruses that can be spread by blood and tissues can also cause some malignancies – thus the exclusion of haematological malignancies. Cornea and sclera are suitable for use from donors with non-melanoma malignancies as long as they are not local to the anterior segment.

NOTE: Any malignancy is an exclusion for kerato-limbal allograft use. The UK and EEBA also exclude the use of sclera when any malignancy is present.

Melanoma (Disseminated)

Must not donate.

Ocular Tissue from donors with any history of disseminated melanoma may not be released for any surgical use. Transmission of malignant melanoma from a donor with disseminated melanoma has been reported following a kerato-limbal allograft procedure. Risk assessment following this transmission resulted in disseminated melanoma being an exclusion criterion for any form of transplantation. This does not exclude donors with diagnosed localised (non-disseminated) malignant melanomas that have been resected.

Marburg Fever

Must not donate if ever infected.

Please see Viral Haemorrhagic Fever for additional information.

Marburg virus disease (MVD) is the name for the human disease caused by any of the two Marburg viruses Marburg virus (MARV) and Ravn virus (RAVV). MVD is a viral haemorrhagic fever (VHF), and the clinical symptoms are indistinguishable from Ebola virus disease (EVD). The natural maintenance hosts of Marburg viruses remain to be identified unequivocally.

Marfan's Syndrome

Must not donate.

Marfan's syndrome is a genetic disorder of the connective tissue and can also seriously affect the eyes and vision. The cornea can take on an abnormal shape due to thinning. People with Marfan's can also have near-sightedness and astigmatism, dislocation of the crystalline lens, detachment of the retina, and early onset glaucoma.

NOTE: A marfanoid phenotype without a Marfan's Syndrome diagnosis is not necessarily an exclusion. In these cases, review medical history to determine if Marfan's syndrome was being investigated and if other treatments/symptoms/tests suggest Marfan Syndrome.

Measles (Infection, Contact with infected)

Infection

Accept if therapy has been given and infection has been successfully cleared.

Contact with infected persons

Must not donate if within the incubation period or, if this is not known, less than 4 weeks from last contact.

Measles is an infection of the respiratory system caused. It is spread through respiration (contact with fluids from an infected person's nose and mouth, either directly or through aerosol transmission), and is highly contagious. Complications with measles are relatively common, ranging from mild to more serious ones such corneal ulceration (leading to corneal scarring).

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

See Infectious Diseases – Contact with for more information.

Meniere's Disease

Accept.

Meniere's disease is a disorder of the inner ear that can affect hearing and balance to a varying degree. It is characterised by episodes of vertigo, low-pitched tinnitus, and hearing loss. Meniere's disease is idiopathic, but it is believed to be linked to endolymphatic hydrops, an excess of fluid in the inner ear.

Meningitis

Accept if:

a) Caused by bacterial infection and the corneas are to be preserved by organ culture; or

b) Caused by non-infectious disorders.

Consultation with Medical Director for bacterial meningitis cases is recommended due to possible risk to retrieval team. Bacterial meningitis is highly contagious and can be life threatening. An article on *Neisseria meningitidis*, a common cause of bacterial meningitis, found that could survive in a deceased person for 11 days (PMID 27468408).

Meningitis is inflammation of the protective membranes covering the brain and spinal cord, known collectively as the meninges. The inflammation may be caused by infection with viruses, bacteria, or other microorganisms.

Non-infectious

Meningitis may occur as the result of several non-infectious causes: spread of cancer to the meninges (malignant or neoplastic meningitis) and certain drugs (mainly non-steroidal anti-inflammatory drugs, antibiotics and intravenous immunoglobulins). It may also be caused by several inflammatory conditions, such as sarcoidosis (which is then called neurosarcoidosis), connective tissue disorders such as systemic lupus erythematosus, and certain forms of vasculitis.

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Mental Health Disorders

Accept if being treated for or has been diagnosed with a mental health disorder.

This includes but is not limited to:

a) Antidepressant therapy
b) Bipolar disorder
c) Depression
d) Schizophrenia
e) Anxiety

If the donor has had a new mental health problem within the last 12 months, or their condition has rapidly deteriorated in the last 12 months, further investigation of possible underlying causes and differential diagnoses are appropriate. It is important to exclude other central nervous system disease including prion disease and rabies which could present as new or deteriorating mental health problems.

Middle East Respiratory Syndrome coronavirus (MERS-CoV)

Must not donate if:

a) Less than 21 days from leaving Saudi Arabia, the United Arab Emirates (UAE), Qatar, Oman, Jordan, Kuwait, Lebanon or Yemen; or
b) Less than 21 days from last contact with a person with MERS; or
c) Less than 3 months since recovery form MERS or possible MERS.

Accept if more than 21 days has passed since return from a MERS endemic area, or from last contact with a person affected by MERS and the donor has remained well.

Authorities currently recommend infection control for managing suspected, probable and confirmed cases to be consistent with those recommended for SARS-CoV and pandemic influenza. In the absence of recognised donation advice (as of February 2015) to deferral periods above are the same as those for SARS.

Moebius Syndrome

Accept for EK only if no corneal involvement.

Moebius syndrome is a birth defect that affects facial muscles responsible for eye movements and facial expressions – cranial nerve dysfunction. Lagophthalmos (incomplete or abnormal closure of eyelids) occurs in people with Moebius which results in corneal erosion or exposure keratitis.

Morbihan's Syndrome

Accept if no history of keratitis.

People with Morbihan's suffer from chronic facial oedema. It is often associated with rosacea so ocular involvement and history of keratitis should be assessed.

Motor Neuron(e) Disease

Must not donate.

Includes but is not limited to:

a) Amyotrophic lateral sclerosis / Lou Gehrig's disease
b) Progressive muscular atrophy
c) Primary lateral sclerosis
d) Progressive bulbar palsy

The motor neuron diseases (MND) are a group of neurological disorders that selectively affect motor neurons, the cells that control voluntary muscle activity including speaking, walking, swallowing, and general movement of the body. They are generally progressive in nature, and cause increasingly debilitating disability and, eventually, death. The cause of non-familial forms is unknown.

Moyamoya

Accept.

Moyamoya in Japanese translates to “puff of smoke”. This describes the appearance of small blood vessels in the brain that compensate for block arteries in the base of the brain seen in people with Moyamoya. The cause of this condition is currently unknown, but the blockage or narrowing of these arteries may be due to injury or abnormalities in one’s genetics.

Mpox

Accept if more than 8 week after diagnosis and lesions healed.

Formerly known as Monkey Pox, Mpox is a viral infection that anyone is susceptible to. The predominant mode of transmission is sexual transmission. However, infection is also possible through vertical transmission, contact with infected animals/meat (e.g. hunting), or from contact with contaminated materials (e.g. needles, clothing, etc.).

Multiple Resistant Organisms (MRO), Multiple Drug Resistance (MDR)

Acute Infection

Accept if:

a) Bacterial and corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic Infection

Accept if bacterial and corneas are to be stored by organ culture.

Includes but is not limited to the most common types:

a) Vancomycin-Resistant Enterococci (VRE)
b) Methicillin-Resistant Staphylococcus aureus (MRSA)
c) Extended-spectrum β-lactamase (ESBLs) producing Gram-negative bacteria.
d) Klebsiella pneumoniae carbapenemase (KPC) producing Gram-negatives.
e) Multidrug-Resistant gram-negative rods (MDR GNR) bacteria such as:

- Enterobacter species,
- E. coli
- Klebsiella pneumoniae
- Acinetobacter baumannii
- Pseudomonas aeruginosa

Multiple resistant organisms (MRO) , Multiple drug resistance (MDR), multi-drug resistance or multi-resistance is a condition enabling disease-causing microorganisms (bacteria, viruses, fungi or parasites) to resist distinct antimicrobials.

Generally antibiotic resistance does not cause the organism to be more intrinsically virulent, but resistance does make infection more difficult to treat with standard types of antibiotics and thus more dangerous.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Multiple Sclerosis

Must not donate.

Multiple sclerosis (MS), also known as disseminated sclerosis or encephalomyelitis disseminata, is an inflammatory disease in which the insulating covers of nerve cells in the brain and spinal cord are damaged. This damage disrupts the ability of parts of the nervous system to communicate, resulting in a wide range of signs and symptoms, including physical, mental, and sometimes psychiatric problems. While the cause is not clear, the underlying mechanism is thought to be either destruction by the immune system or failure of the myelin-producing cells. Proposed causes for this include genetics and environmental factors such as infections. Thus, the contraindication to donation.

Mumps (Infection, contact with infected)

Infection

Accept if infection and symptoms have resolved.

See Infection – Acute for additional information.

Contact with infected persons

Must not donate if within the incubation period or, if this is not known, less than 4 weeks from last contact.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

See Infectious Diseases – Contact with for more information.

Murray Valley encephalitis virus

Must not donate if less than 12 months from full recovery.

Murray Valley encephalitis virus (MVEV) is a zoonotic flavivirus endemic to northern Australia and Papua New Guinea. It is the causal agent of Murray Valley encephalitis (previously known as Australian encephalitis) and in humans can cause permanent neurological disease or death. MVEV is a mosquito-borne virus that is maintained in a bird-mosquito-bird cycle.

See Arthropod Borne Encephalitis (Arbovirus infection) for additional information.

Muscular Dystrophy

Accept if the eyes are unaffected.

Muscular Dystrophy (MD) is a group of muscle diseases that weaken the musculoskeletal system and hamper locomotion. They include Duchenne, Becker, limb-girdle, congenital, facioscapulohumeral, myotonic, oculopharyngeal, distal, and Emery-Dreifuss muscular dystrophies. Any concern regarding eyes relates to pathology to the eye (or cornea) itself rather than any transmissible disease process. For example, droopy eyelids, possible ptosis, or poor eyelid movement could create corneal problems.

Myasthenia Gravis

Accept if the eyes are unaffected.

Myasthenia gravis is an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigue. It is associated with various autoimmune diseases. The hallmark of myasthenia gravis is fatigability. Muscles that control eye and eyelid movement, facial expressions, chewing, talking, and swallowing are especially susceptible to this. Indeed, in most cases, the first noticeable symptom is weakness of the eye muscles with possible ptosis. Droopy eyelids, possible ptosis, or poor eyelid movement could create corneal problems.

Myelodysplastic Syndrome

Must not donate.

The myelodysplastic syndromes (MDS, formerly known as pre-leukaemia) are a diverse collection of haematological medical conditions that involve dysplasia of the myeloid class of blood cells. There is some risk for developing acute myelogenous leukaemia that is notoriously resistant to treatment. There is currently no definitive cause.

Myeloproliferative Disease (Syndrome)

Must not donate.

Including but not limited to:

a) Chronic myelogenous leukemia
b) Essential thrombocythemia
c) Polycythaemia vera
d) Primary myelofibrosis

The myeloproliferative diseases (MPDs) or myeloproliferative neoplasms (MPNs) are a group of diseases of the bone marrow in which excess cells are produced. They are related to, and may evolve into, myelodysplastic syndrome and acute myeloid leukaemia.

Myocarditis

Accept if:

a) Bacterial and the corneas are to be stored by organ culture; or
b) Therapy has been given and the infection has been successfully cleared.

Myocarditis or inflammatory cardiomyopathy is inflammation of myocardium. In developed countries, viruses are common culprits. Worldwide, however, the most common cause is Chagas' disease, endemic to Central and South America. Medications, radiation, and some health conditions can also cause myocarditis.

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

N

Neurofibromatosis

Accept if no ocular involvement.

Neurofibromatosis refers to a number of inherited conditions that are clinically and genetically distinct. They are characterized by mostly benign tumours on nervous tissue. Although these tumours are usually benign, they can sometime become cancerous. People with NF carry a high risk of tumour formation, particularly in the brain. There are three types of neurofibromatosis:

1. Neurofibromatosis 1 (NF1 or Von Recklinghausen's Disease)
2. Neurofibromatosis 2 (NF2 or NF2-related schwannomatosis)
3. Schwannomatosis

NF1 growths can also occur on the iris (lisch nodules) and on the optic nerve (optic glioma). NF2 individuals experience dizziness, hearing loss, tinnitus, balance issues, limb numbness, facial drop, headache, and seizures as these benign growths develop. Schwannomatosis is a rare type of neurofibromatosis. The most common symptoms of schwannomatosis are chronic pain, so it can be harder to diagnose. Individual may also experience a loss of muscle mass, as well as numbness or weakness.

Neurosurgery

Must not donate if human derived Dura mater was used during surgery.

Accept if the reason for surgery itself is not an exclusion.

O

Ocular Surgery

Must not donate if recipient of a corneal transplant.

Accept in other cases if the procedure is unlikely to prejudice quality and outcome of transplant.

Please also check for specific disease/condition entry.

Onchocerciasis (River Blindness)

Must not donate.

Onchocerciasis (River Blindness) is second in the world only to trachoma as an infectious cause of blindness. It is a form of subcutaneous filariasis caused by Loa Loa (the eye worm). It is not the nematode, but its endosymbiotic bacteria, Wolbachia pipientis, that causes the severe inflammatory response that leaves many

blind. The larval nematodes spread throughout the body. When the worms die, their Wolbachia symbionts are released, triggering a host immune system response that can cause severe itching, and can destroy optical tissue in the eye.

Osteoarthritis

Accept.

Osteoarthritis is a condition in which degeneration of the joints occurs. The joint tissues break down progressively causing pain, stiffness, and swelling. This is a very common type of arthritis.

Osteogenesis Imperfecta

Must not donate.

Osteogenesis Imperfecta (OI), also known as brittle bone disease or Lobstein syndrome is a congenital bone disorder characterised by brittle bones that are prone to fracture. It is as a result of defective connective tissue due to defects in the genes relating to production of Collagen I or other connective tissue proteins. Pathology includes bones that fracture easily, loose joints, poor muscle tone and thin, discoloured sclera. Corneas may be compromised.

Osteomalacia

Accept.

Osteomalacia is the softening of the bones caused by defective bone mineralization secondary to inadequate amounts of available phosphorus and calcium, or because of overactive resorption of calcium from the bone as a result of hyperparathyroidism - Such a donor would not be acceptable for bone donation.

Osteomyelitis

Accept.

Osteomyelitis is infection and inflammation of the bone or bone marrow. Sometimes it is difficult to be certain that all infection has been eliminated. For eye donation one needs to consider the potential for systemic infection effecting the eyes – and if concerned then the corneas should be stored by organ culture.

Osteoporosis

Accept.

Osteoporosis often goes undiagnosed until a bone fracture occurs. This is because the bone becomes brittle due to decreased bone mass and mineral density.

Ovarian Cyst

Accept.

Cysts can occur in or on the ovaries, most commonly due to hormone problems. These cysts are usually asymptomatic and resolve on their own.

P

Paget's Disease of Bone

Accept.

Also referred to as Osteitis Deformans, Paget's disease of bone is characterised by abnormal bone growth. This leads to bone deformities, fractures, pain, and stiffness.

Paratyphoid

Accept if:

a) Corneas are to be stored by organ culture; or

b) More than seven days from full recovery.

Paratyphoid fevers are a group of enteric illnesses caused by serotypic strains of the Salmonella genus of bacteria, S. Paratyphi. It is transmitted by the faecal-oral route (usually contaminated water or food) and do not have a chronic carrier state The paratyphoid bears similarities with typhoid fever, and the two are referred to by the common name enteric fever. The course of paratyphoid is more benign.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Parkinson's Disease

Must not donate.

Parkinson's disease is a degenerative disorder of the central nervous system. It is a contraindication because of its unknown cause, association with Lewy bodies as in forms of Alzheimer's disease and CJD, and its potential for co-existence with, but disguising, more insidious progressive neurological disorders.

Please see Prion Disease for more information.

Pericarditis

Accept if:

a) Caused by bacterial infection and the corneas are to be preserved by organ culture; or

b) Caused by a non-infectious cause.

Pericarditis is an inflammation of the pericardium. Infective causes include viral, bacterial, or fungal infection. Recent data suggest that the common viral forms are cytomegalovirus, herpesvirus, and HIV. Pneumococcus or tuberculous pericarditis are the most common bacterial forms. Fungal pericarditis is usually due to histoplasmosis, or in immunocompromised hosts Aspergillus, Candida, and Coccidioides. The most common worldwide cause of pericarditis is infectious pericarditis with Tuberculosis.

Non-infectious causes include Idiopathic, immunologic conditions including systemic lupus erythematosus or rheumatic fever, myocardial infarction (Dressler's syndrome), trauma, uremic pericarditis, malignancy, side effect of some medications, e.g. isoniazid, cyclosporine, hydralazine, warfarin, heparin, tetracyclines. It can also follow after CABG surgery.

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Peritonitis

Acute infection

Accept if:

a) Corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic infection

Accept if corneas are to be stored by organ culture.

Peritonitis is an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs. Peritonitis may be localised or generalised and may result from infection or from a non-infectious process. As a complication sepsis may develop, so blood cultures are often performed to monitor for this complication.

For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Permanent Makeup

Must not donate if less than four months after last permanent makeup.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

The following are all considered to have similar risk of acquiring a blood borne transmissible infection: Human bites, mucosal splash with blood, needle stick injury, tattoo, body piercing.

Pituitary Extract – Human

Must not donate if has ever received human pituitary extract.

Includes:

a) Adrenocorticotrophic hormone
b) Follicle Stimulating Hormone
c) Gonadotrophin
d) Growth Hormone
e) Luteinising Hormone
f) Thyroid Stimulating Hormone

Donors that have been given only synthetic pituitary hormones are acceptable.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 9).

Human Pituitary Extracts have been contaminated with abnormal prions and have caused the transmission of CJD. Between 1967 and 1985 cadaver derived pituitary hormones were officially supplied to 1,976 Australians as treatment for infertility and short stature. A number of people also received treatment outside these programs, as early as 1963. A total of 2,163 people were treated with human pituitary derived

hormones in Australia during this time. Their use in Australia ceased in May 1985 after overseas reports of deaths from CJD in people who received treatment with human growth hormone.

In Australia the first case of CJD in a pituitary hormone recipient was reported in 1988, a second case in 1990, a third and fourth cases in 1993 and a fifth case in 1995. All five individuals died between 1988 and 1991. Three of the five cases had confirmed CJD. There have been no further cases reported to date. New Zealanders received hormone made in the United States from 1963 to 1985. Six people possibly contracted CJD out of 159 people treated.

Please see Prion Disease for more information.

Plague (Yersinia Pestis)

Infection:

Must not donate if less than 3 months from full recovery.

Contact with infected:

Must not donate if less than 2 weeks after last contact with an infected individual.

Plague is a deadly infectious disease that is caused by the enterobacteria Yersinia pestis. Depending on lung infection, or sanitary conditions, plague also can be spread in the air, by direct contact, or by contaminated undercooked food or materials. It is treatable if detected early and incubation is typically 1-6 days.

Plasma Dilution

Must not donate if:

a) There is significant blood loss together with intra-venous infusions within 48 of death that it is estimated have resulted in more than 50% plasma dilution; AND
b) Pre-transfusion/infusion sample is not available for testing

> This general requirements for plasma dilution are outlined by the TGA (ARGB Appendix 12, Subsections 9(7) and 9(8)).

Use the FULL available algorithms.

FDA Appendices 1-4 for procedure:

http://www.fda.gov/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm073964.htm#APPENDIX1

UK Appendix 4 for procedure:

http://www.transfusionguidelines.org.uk/Index.aspx?Publication=CTD&Section=17&pageid=256

Please note that both FDA and UK standards define the criteria for plasma dilution to be following significant blood loss. Plasma dilution is not possible in the absence of significant blood loss.

Platelet Disorder

Consult with Medical Director.

Platelet disorders are conditions where the platelet count in the blood is abnormal. Platelet disorders can be due to autoimmune disease, blood and bone marrow disease, infections, genetic mutations, and lifestyle factors.

Please check for specific disease entries.

Pleurisy

Acute infection

Accept if:

a) Bacterial and corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic infection

Accept if bacterial and corneas are to be stored by organ culture.

If due to a malignancy

Must not donate if:

a) Haematological malignancy.
b) Malignant tumour of anterior segment.
c) Disseminated melanoma.
d) Retinoblastoma.

Accept in all other cases.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Please see malignancy for more information.

Pneumonia

Accept if:

a) Bacterial and corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

See infection – acute for more information.

Poisoning

Must not donate if there is evidence that the individual has ingested or been otherwise exposed to toxic substances that could be transmitted in donated material in dosages that could endanger the health of recipients.

Accept if the individual is being monitored following exposure and the levels of the agent in question are within safe limits.

Poliomyelitis (Infection, Contact with infected)

Infection

Must not donate if less than 2 weeks from full recovery.

Contact with infected

Must not donate if less than 6 weeks after last contact with an infected individual.

Poliomyelitis, often called polio or infantile paralysis, is an acute, viral, highly contagious infectious disease spread from person to person, primarily via the faecal-oral and oral-oral (oropharyngeal) routes. Although approximately 90% of polio infections cause no symptoms at all, affected individuals can exhibit a range of symptoms if the virus enters the blood stream. In about 1% of cases, the virus enters the central nervous system, preferentially infecting and destroying motor neurons, leading to muscle weakness and acute flaccid paralysis.

Please see Immunisations – Live if relevant.

Polycythaemia

Must not donate if primary polycythaemia vera.

Accept if secondary polycythaemia (but only secondary to a non-malignant condition)

Polycythaemia (rubra) vera is classified as a myeloproliferative disease.

Secondary Polycythaemia:

Secondary polycythaemia is caused by either natural or artificial increases in the production of erythropoietin, hence an increased production of erythrocytes. Conditions which may result in a physiologically appropriate polycythaemia include:

a) Altitude related.
b) Hypoxic disease-associated - for example in cyanotic heart disease where blood oxygen levels are reduced significantly.
c) Iatrogenic - Secondary polycythaemia can be induced directly by phlebotomy (bloodletting) to withdraw some blood, concentrate the erythrocytes, and return them to the body.
d) Genetic - Heritable causes of secondary polycythaemia also exist but are uncommon.

Conditions where the secondary polycythaemia is not as a result of physiologic adaptation and occurs irrespective of body needs include:

a) Neoplasms - Renal-cell carcinoma or liver tumours, von Hippel-Lindau disease, and endocrine abnormalities including pheochromocytoma and adrenal adenoma with Cushing's syndrome.
b) People whose testosterone levels are high because of the use of anabolic steroids, including athletes who abuse steroids.

Porphyria

Consult with Medical Director.

Porphyria is a group of rare blood disorders caused by a build-up of porphyrin. Porphyrins assist in the formation of haemoglobin, someone with porphyria is unable to convert porphyrins to heme. A porphyria diagnosis alone in not sufficient to accept or exclude. More information is required for the Medical Director to determine suitability of the tissue.

Prion Associated Diseases

Must not donate if:

a) Suspected infection; or

b) They have lived in or visited England, Scotland, Wales, Northern Ireland, or the Isle of Man for a cumulative period of 6 months or more between 1st January 1980 and 31st December 1996; or

c) They received a transfusion or injection of blood or blood components while in England, Scotland, Wales, Northen Ireland or the Isle of Man at any time since 1st January 1980 onwards; or

d) There is a family history of CJD (have two or more blood relatives develop a prion-associated disease or been informed they are at risk following genetic counselling).

> These deferral periods are mandated by the TGA (ARGB Appendix 12, Item 8). Eye banks that have been granted an S14 exemption by the TGA are exempt from item B.

This includes but is not limited to:

a) Sporadic, Familial and Variant Creutzfeldt-Jakob Disease (CJD)

b) Gerstmann-Straussler-Scheinker

c) Fatal Familial Insomnia

d) Individuals at familial risk of prion-associated diseases (have had two or more blood relatives develop a prion-associated disease or had been informed they are at risk following genetic counselling)

e) Recipients of dura mater grafts

f) Recipients of human pituitary derived extracts

Prions are disordered proteins that accumulate in the brain. Once infected with a prion, it causes normal proteins to misfold and become disordered causing progressive brain damage. They affect the brain and the nervous system. Although they are known to be transmitted through consuming or handling meat that is contaminated with prions, proteins normally found in the body can also spontaneously misfold.

Prisons & Psychiatric Institutions

Must not donate if incarcerated for more than 72 hours and it is within 12 months from release from institution.

Accept if held in custody for a period of 72 hours or less. Similarly for short-term psychiatric episodes

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 13).

Incarceration increases the likelihood of “at risk behaviours” for acquiring infectious diseases that can be transmitted by blood, cells or tissues. Risk behaviour is unlikely to have occurred while held in police custody under police powers of arrest.

Proctitis

Must not donate if due to sexually transmitted disease.

Accept if:

a) Related to inflammatory bowel disease and there is no evidence of ocular involvement, and the corneas are to be preserved by organ culture; or

b) Due to other causes.

Proctitis is an inflammation of the anus and the lining of the rectum, affecting only the last 6 inches of the rectum. Proctitis has many possible causes. It often occurs idiopathically. Other causes include:

a) Damage by irradiation (for example in radiation therapy for cervical cancer and prostate cancer).
b) A sexually transmitted infection (usually through anal intercourse), as in lymphogranuloma venereum, herpes proctitis, gonorrhoea, syphilis and chlamydia.
c) Due to ulcerative colitis and Crohn's disease (inflammatory bowel disease).

Progressive Multifocal Leukoencephalopathy

Must not donate.

Progressive multifocal leukoencephalopathy (PML), also known as progressive multifocal leukoencephalitis, is a rare and usually fatal viral disease characterized by progressive damage or inflammation of the white matter of the brain at multiple locations. The reason for the exclusion is the differential diagnosis of a prion disease and also the populations in which it most frequently occurs.

PURA Syndrome

Accept.

PURA syndrome is a disorder that affects the nervous system. It is a rare genetic disorder that is characterised by learning disabilities, developmental delays, seizures (epilepsy), hypotonia, and breathing problems. Ocular manifestations of this condition are strabismus, Brown Syndrome (superior oblique muscle tendon attaches to outside of the eye preventing it from moving freely), and exophoria.

Pyelonephritis

Accept if:

a) There are concerns about a developing systemic infection and the corneas are to be preserved by organ culture; or
b) The infection was not considered systemic.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Pyelonephritis is an ascending urinary tract infection that has reached the pyelum or pelvis of the kidney. Severe cases of pyelonephritis can lead to pyonephrosis (pus accumulation around the kidney), urosepsis (a systemic inflammatory response of the body to infection), kidney failure and even death.

Pyruvate Kinase Deficiency

Accept.

Pyruvate kinase deficiency, also called erythrocyte pyruvate kinase deficiency, is an inherited metabolic disorder of the enzyme pyruvate kinase which affects the survival of red blood cells and causes them to deform into echinocytes on peripheral blood smears. It is the second most common cause of enzyme-deficient haemolytic anaemia, following G6PD deficiency. Most affected individuals do not require treatment.

Q

Q Fever

Must not donate.

Q fever is a disease caused by a bacterium that affects humans and other animals. This organism is uncommon, but may be found in cattle, sheep, goats and other domestic mammals, including cats and dogs. The infection results from inhalation of a spore-like small cell variant, and from contact with the milk, urine, faeces, vaginal mucus, or semen of infected animals.

Treatment of the acute Q fever with antibiotics is very effective but the chronic form is more difficult to treat and can require up to four years of treatment.

R

Rabies

Infection/exposure:

Must not donate if infected or if exposed without prior immunization.

Accept if exposed with prior immunization.

Immunisation post-exposure:

Must not donate if less than 12 months post exposure. Must also be fully cleared by treating physician.

Rabies is a viral disease that causes acute encephalitis in warm-blooded animals. It is the most common form of disease transmission by organ, tissue or eye donors. Early-stage symptoms of malaise, headache and fever can be confused with the flu (and therefore often overlooked). The incubation period of the disease is usually a few months in humans, depending on the distance the virus must travel to reach the central nervous system - It is extremely important to consider foreign travel and any history of bites or scratches from animals so as to identify a risk of rabies as distinct from flu-like symptoms. Failure to do this in the past has been the key factor in the transmission of the disease from donor to recipient.

Radiation Therapy

Accept.

Note that irradiation to eye area can impact the quality of the endothelium.

Raynaud’s Syndrome

Consider if part of a multisystem disorder and see if there is a specific entry.

Raynaud's syndrome (secondary Raynaud's) is caused by a known instigating factor, most commonly connective tissue disorders such as systemic lupus erythematosus.

Raynaud's phenomenon is excessively reduced blood flow in response to cold or emotional stress, causing discoloration of the fingers, toes, and occasionally other areas. Raynaud's phenomenon includes Raynaud's

disease (also known as primary Raynaud's phenomenon) where the cause is unknown, and Raynaud's syndrome (secondary Raynaud's) discussed above.

Refractive Error (Vision)

Accept.

If the donor received any surgeries for their refractive error, please check for entry.

A refractive error, or refraction error, is an error in the focusing of light by the eye and a frequent reason for reduced visual acuity. Including:

a) Myopia
b) Hyperopia
c) Astigmatism
d) Presbyopia

Refractive Surgery

Must not donate if:

a) Radial keratotomy (Russian operation).
b) Intra-stromal rings (Intac surgery, CAIRS).

Accept for only endothelial keratoplasty (posterior corneal transplantation) laser eye surgery for refractive error:

a) Photorefractive keratectomy (PRK).
b) Laser-Assisted Sub-Epithelial Keratectomy (or Laser Epithelial Keratomileusis) (LASEK or LASIK).

In Radial Keratotomy, incisions are made with a diamond knife. Incisions are made quite deep (up to 90% of corneal thickness). Thus, these corneas are not even suitable for endothelial keratoplasty.

Intra-stromal rings are small crescent or semi-circular shaped ring segments between the layers of the corneal stroma to correct vision. Considering their placement in the cornea they make the cornea unsuitable for transplant purposes.

Laser surgery involves only the anterior segment of the cornea and will not affect the posterior segment. Corneas that have undergone refractive surgery should not be used for penetrating keratoplasty or anterior keratoplasty due to concerns about structural integrity of the cornea.

Respiratory Disease

Accept.

Includes:

a) Asthma
b) Chronic Obstructive Airways Disease
c) Cystic Fibrosis

Note: Respiratory disease is not a contraindication however if a potential donor has a respiratory infection, please see infection – acute or infection – chronic.

Retinitis Pigmentosa

Accept.

Retinitis pigmentosa (RP) is an inherited, degenerative eye disease that causes severe vision impairment and often blindness. RP is caused by abnormalities of the photoreceptors (rods and cones) or the retinal pigment epithelium (RPE) of the retina leading to progressive sight loss. It does not affect the cornea or sclera of the eye and thus donation is acceptable.

Reyes Syndrome

Must not donate if less than 3 months from full recovery.

Reye's syndrome is a potentially fatal disease that has numerous detrimental effects to many organs, especially the brain and liver, as well as causing hypoglycaemia. The classic features are a rash, vomiting, and liver damage. The disease causes fatty liver with minimal inflammation and severe encephalopathy. The exact cause is unknown and, while it has been associated with aspirin consumption by children with viral illness, it also occurs in the absence of aspirin use.

Rheumatic Fever

Accept.

Rheumatic fever is an inflammatory disease that occurs following a Streptococcus pyogenes infection, such as streptococcal pharyngitis. Believed to be caused by antibody cross-reactivity that can involve the heart, joints, skin, and brain, the illness typically develops two to three weeks after a streptococcal infection. The illness is so named because of its similarity in presentation to rheumatism.

Rheumatoid Arthritis

Accept if no ocular involvement.

Rheumatoid arthritis (RA) is an autoimmune disease that results in a chronic, systemic inflammatory disorder that may affect many tissues and organs, but principally attacks flexible (synovial) joints. The eye can be affected in the form of episcleritis which when severe can very rarely progress to perforating scleromalacia. Rather more common is the indirect effect of keratoconjunctivitis sicca. When severe, dryness of the cornea can lead to keratitis or ulceration of the cornea.

Rift Valley Fever

Must not donate if less than 12 months from full recovery.

Rift Valley fever is an arbovirus that is transmitted via infected mosquitos. Vitreous reactions, anterior uveitis, and posterior uveitis can occur as a result of infection.

River Blindness

Must not donate.

See Onchocerciasis for more information.

Ross River Fever

Must not donate less than 12 months from full recovery.

Ross River Fever is a mosquito-borne infectious disease caused by infection with the Ross River virus. The illness is typically characterised by an influenza-like illness and polyarthritis. The virus is endemic to Australia, Papua New Guinea, Fiji, Samoa, the Cook Islands, New Caledonia and several other islands in the South

Pacific. The virus is not contagious and is spread only by mosquitoes. Symptoms of the disease may vary widely in severity, but major indicators are arthralgia, arthritis, fever, and rash. The incubation period is 7–9 days.

Rubella (Infection, Contact with, Congenital)

Infection

Must not donate until the infection is considered to have completely resolved.

Rubella, also known as German measles, is a disease caused by the rubella virus. Acquired (i.e. not congenital) rubella is transmitted via airborne droplet emission from the upper respiratory tract of active cases. The virus may also be present in the urine, faeces and on the skin. There is no carrier state: the reservoir exists entirely in active human cases. The disease has an incubation period of 2 to 3 weeks.

Contact with infected:

Must not donate if within the incubation period for the condition.

The incubation period for Rubella averages 14 days, with a range of 12 to 23 days as per the CDC.

Congenital:

Must not donate.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Infection of the mother by Rubella virus during pregnancy can be serious; if the mother is infected within the first 20 weeks of pregnancy, the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. Spontaneous abortion occurs in up to 20% of cases.

The classic triad for congenital rubella syndrome is:

- Sensorineural deafness (58% of patients)
- Eye abnormalities—especially retinopathy, cataract and microphthalmia (43% of patients)
- Congenital heart disease—especially patent ductus arteriosus (50% of patients)

S

Salpingitis

If due to sexually transmitted disease/infection:

Must not donate if less than 12 months from full recovery.

Please check for specific STD/STI.

Acute infection:

Accept if:

a) Corneas are to be stored by organ culture; or
b) Therapy has been given and infection has been successfully cleared; or
c) Infection was not considered systemic but localized and not likely to affect the eyes.

Chronic infection:

Accept if corneas are to be stored by organ culture.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Please see infection – acute and infection - chronic for additional information

Salpingitis is an infection and inflammation in the fallopian tubes caused by bacteria. It is often used synonymously with pelvic inflammatory disease (PID), although PID lacks an accurate definition and can refer to several diseases of the female upper genital tract, such as endometritis, oophoritis, myometritis, parametritis and infection in the pelvic peritoneum.

Sanfilippo Syndrome

Must not donate.

Sanfilippo syndrome, or Mucopolysaccharidosis III (MPS-III) is a rare autosomal recessive lysosomal storage disease. It is caused by a deficiency in one of the enzymes needed to break down the glycosaminoglycan heparan sulfate (which is found in the extra-cellular matrix and on cell surface glycoproteins).

Sanfilippo syndrome does not demonstrate corneal clouding grossly but may have slit lamp evidence of clouding (which would be difficult to discern in a donated cornea). Hunter syndrome (another mucopolysaccharidoses) is similar in this respect. Other mucopolysaccharidoses (Hurler, Scheiee, Morquio and Maroteaux-Lamy Syndromes) all demonstrate progressive corneal clouding.

Sarcoidosis

Accept if no ocular involvement.

Sarcoidosis, also called sarcoid, Besnier-Boeck disease or Besnier-Boeck-Schaumann disease, is a syndrome involving abnormal collections of chronic inflammatory cells (granulomas) that can form as nodules in multiple organs.

Manifestations in the eye include uveitis, uveoparotitis, and retinal inflammation, which may result in loss of visual acuity or blindness. The combination of anterior uveitis, parotitis, VII cranial nerve paralysis and fever is called uveoparotid fever and is associated with Heerfordt-Waldenstrom syndrome. Scleral nodule development associated with sarcoidosis has been observed.

SARS (Severe Acute Respiratory Syndrome)

Accept if clinician caring for the potential donor thinks that therapy given for an infection has successfully cleared it

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

This includes COVID-19 variants.

Severe acute respiratory syndrome (SARS) is a viral respiratory disease caused by the SARS coronavirus (SARS-CoV). Antibiotics are ineffective, as SARS is a viral disease. Treatment of SARS is largely supportive with antipyretics, supplemental oxygen and mechanical ventilation as needed.

Schistosomiasis (Bilharzia)

Accept if:

a) Therapy has been given and infection has been successfully cleared.
b) Infection was not considered systemic but localized and not likely to affect the eyes.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Schistosomiasis (also known as bilharzia, bilharziasis or snail fever) is a collective name of parasitic diseases caused by several species of trematodes. Snails serve as the intermediary agent between mammalian hosts.

Although it has a low mortality rate, schistosomiasis often is a chronic illness that can damage internal organs and, in children, impair growth and cognitive development. Schistosomiasis is readily treated using a single oral dose of the drug praziquantel annually.

Seizures (Including Tonic-Clonic)

Must not donate if:

a) Recent onset and not fully investigated; or
b) Secondary to degenerative neurological disease.

Accept all other cases.

Including but not limited to:

a) Epilepsy
b) Brain tumours
c) Substance withdrawal
d) Traumatic brain injuries
e) Stroke
f) Aneurysm

Exclusion for recent onset seizures that have not been fully investigated as degenerative brain diseases also manifest seizures.

Sexually Transmitted Diseases (Infection, Sexual Partners)

Infection

Must not donate if less than 12 months from completing treatment.

Please check for specific STI entries.

Sexual Partner:

Must not donate if:

a) Donor required treatment and is less than 12 months since completing that treatment.
b) Donor did not require treatment and it is less than 12 months from the last sexual contact with the infected partner.

Accept if the donor did not require treatment and it is more than 12 months since the infected partner has completed treatment.

Please check for specific STI entries.

Sexual Practices (High Risk)

Must not donate if less than 3 months of last high risk sexual contact.

This includes:

a) Sexual activity with a sex worker.
b) Sexual activity with someone who uses intravenous drugs.
c) Having a partner who lives or lived in a high HIV-risk country.
d) For male donors, sexual activity with another male.
e) For female donors, sexual activity with a male partner who also has sex with men.
f) Sex workers.
g) Having a partner who uses intravenous drugs.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 12).

People who fall into the above criteria have a higher chance of having an undiagnosed communicable disease infection.

Shingles

Must not donate if active infection or past infection of eyes.

See Herpes for additional information on exclusion criteria.

Sideroblastic Anaemia

Must not donate.

See Myelodysplastic Syndrome if relevant for more information.

Sideroblastic anaemia is a disease in which the bone marrow produces ringed sideroblasts rather than healthy erythrocytes. It may be caused either by a genetic disorder or indirectly as part of myelodysplastic syndrome, which can evolve into haematological malignancies (especially acute myelogenous leukaemia).

Skin Disorders

Accept if no ocular involvement.

Including but not limited to:

a) Acne
b) Psoriasis
c) Rosacea
d) Eczema

Sjögren's syndrome

Must not donate if extent of sicca symptoms were severe.

Accept for EK only if:

a) Donor did not have keratoconjunctivitis sicca; or
b) Donor did have keratoconjunctivitis sicca but it was not severe.

Sjögren's syndrome is a systemic autoimmune disease in which immune cells attack and destroy the exocrine glands that produce tears and saliva. The hallmark symptom of Sjögren's syndrome is a generalized dryness.

Some people may experience only the mild symptoms of dry eyes and mouth, while others have symptoms of severe disease.

Steroid Therapy

Accept if the underlying condition being treated is acceptable.

Includes cortisone tablets.

Assessment of the indication for steroid treatment itself should take priority. As long as indication is not a contraindication then steroid therapy is okay.

Subacute sclerosing panencephalitis (SSPE)

Must not donate.

Also known as Dawson Disease, Dawson encephalitis, and measles encephalitis is a rare and chronic form of progressive brain inflammation caused by a persistent infection with measles virus (which can be a result of a mutation of the virus itself. No cure for SSPE exists and the condition is often fatal.

SSPE is a rare condition, although there is still relatively high incidence in Asia and the Middle East. However, the number of reported cases is declining since the introduction of the measles vaccine.

Syphilis (Infection, Sexual Partners)

Infection

Must not donate.

TGA accredited syphilis tests cannot distinguish between past and current infections. Therefore, active and past infections are excluded.

The primary route of transmission is through sexual contact. It is transmissible by kissing near a lesion, as well as oral, vaginal, and anal sex. It is highly infectious with approximately 30 to 60% of those exposed to primary or secondary syphilis contracting the disease.

Sexual partners:

Must not donate if:

a) Donor required treatment and it is less than 12 months since completing treatment.
b) Donor did not require treatment and it is less than 12 months from last sexual contact with infected partner.

Accept if donor did not require treatment and it is more than 12 months since infected partner completed treatment.

Systemic Lupus Erythematosus

Accept.

Systemic lupus erythematosus often abbreviated to SLE or lupus, is a systemic autoimmune disease (or autoimmune connective tissue disease) that can affect any part of the body. Whilst SLE has widespread systemic manifestations and pathologies it does it does not affect the cornea.

T

Tattoo

Must not donate if less than four months from last tattoo.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 10).

The following are all considered to have similar risk of acquiring a blood borne transmissible infection: Human bites, mucosal splash with blood, needle stick injury, tattoo, body piercing.

Temporal Arteritis

Accept if no ocular involvement.

Temporal arteritis is inflammation and damage to blood vessels that supply the head area, particularly the large or medium arteries that branch from the neck and supply the temporal area. The cause is unknown but is believed to be partly due to a faulty immune response. The disorder has been associated with severe infections and the use of high doses of antibiotics.

Thrombocytosis

Accept if reactionary/secondary thrombocytosis.

Must not donate if essential/primary thrombocytosis (considered a myeloproliferative disorder)

Thrombocytosis (or thrombocythaemia) is the presence of high platelet counts in the blood and can be either primary or reactive. Essential (primary) thrombocytosis is a form of myeloproliferative disorder such as chronic myelogenous leukemia, polycythaemia vera, myelofibrosis. Reactive (secondary) thrombocytosis is usually due to an inflammation such as a reaction to surgery or some other inflammatory disorders including autoimmune disorders.

Thyroid Disease

Accept.

This includes but is not limited to:

a) Hyperthyroidism
b) Hypothyroidism
c) Hashimoto's Disease
d) Myxoedema
e) Goitre
f) Grave's Disease

Thyroid disease encompasses any condition that causes dysfunction of the thyroid gland.

NOTE: Caution for donation if it is less than six months from treatment with radioactive iodine as it has a long half-life and is not readily cleared from the tissues.

Tick-Borne Encephalitis

Must not donate if less than 12 months from full recovery.

Tick-borne encephalitis (TBE) is a viral infectious disease involving the central nervous system caused by tick-borne encephalitis virus. Long-lasting or permanent neuropsychiatric sequelae are observed in 10-20% of infected patients.

Tissue and Organ Recipients

Must not donate if:

a) a solid organ recipient in the last 12 months outside of Australia and New Zealand unless the international standard with which the product was compliant is a confirmed equivalent of TGO 108; or
b) a solid organ recipient in England, Scotland, Wales, Northern Island or the Isle of Man; or
c) ever a recipient of human dura mater; or
d) ever a recipient of viable xenotransplant (cells or tissue); or
e) ever a recipient of human pituitary derived hormone.

Accept if:

a) a recipient of solid human organs more than 12 months ago in Australia and New Zealand; or
b) a recipient of solid human organs in the last 12 months in Australia and New Zealand where the organ donor did not have a contraindication for eye donation; or
c) a recipient of tissue in Australia and New Zealand that conformed with TGO 108.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 7, 9, & 22).

The TGA exclusions for England, Scotland, Wales, Northern Ireland and Isle of Man are related to the risk of vCJD. There is evidence that human pituitary hormones and human dura mater have transmitted vCJD.

NB: Immunosuppression at the levels encountered with organ recipients is theoretically capable of suppressing antibody responses to the extent that serological antibody tests would be invalidated. In these cases, NAT testing may be indicated to overcome this restriction.

Tissue Products / Tissue grafts (Animal derived)

Must not donate if the product was a viable non-human animal cells or tissues. Recipients of such products are permanently ineligible.

Accept if the product has been approved by the regulator for human use (TGA in Australia, MedSafe in NZ).

“Viable” in this sense means any non-human animal cell or tissue that is still considered in its natural living state and has not been treated in any way to inactivate its normal living functions. This would include the administration of animal blood or blood components and living organ, cell or tissue xenografts. The exclusionary purpose is to prevent the possible transmission of pathogenic zoonoses.

Animal derived products or non-viable derived products are specifically not excluded. This includes animal derived insulin and, for example, non-viable animal heart valves. This also includes products such as Duragen, FloSeal, and Spongostan as they are TGA-approved products.

This deferral period is mandated by the TGA (ARGB Appendix 12, Item 7).

Toxoplasmosis

Accept.

Toxoplasmosis is a parasitic disease. The parasite can cause encephalitis (inflammation of the brain) and neurologic diseases, and can affect the heart, liver, inner ears, and eyes (chorioretinitis). Corneas are avascular and therefore there is considered to be no risk of transmitting a protozoal infection.

Transfusion

Must not donate if a recipient of allogeneic blood, blood components or human derived clotting factors outside of Australia or New Zealand within the or 4 months.

In practice all transfusions conducted within Australia will now be in accordance with ARGB Appendix 12, and therefore acceptable.

This deferral period is mandated by the TGA (ARGB Appendix 12, Subsection 9(7) and 9(8)).

This deferral period is to mitigate the risk of transmissible diseases.

For New Zealand, the blood supply (and blood products) of both New Zealand and Australia are considered "safe" and therefore acceptable. The TGA however only considers Australian transfusion to be "safe".

NOTE: Consider the rules for plasma dilution before testing of donor samples.

Transgender Individuals

Assessment of donor suitability should be according to the gender assigned at birth. It must also be considered if the donor had any gender reassignment surgery and what their sexual relationship was to determine social risk of sexually transmitted infections.

A careful and sympathetic consideration of sexual risk factors needs to be undertaken. Men who have sex with other men have a higher chance of having an undiagnosed infection which could be passed to anyone receiving their blood, tissues, or cells.

Please see Sexual Practices – High Risk.

Travel

Must not donate for a period of time based on a risk assessment using up-to-date epidemiological data, if donor has travelled to a high-risk area.

This deferral criteria is mandated by the TGA (ARGB Appendix 12, item 15).

This deferral is intentionally broad to encompass unforeseen infectious disease risks.

Resources for epidemiological data and countries/diseases of concern:

a) http://www.cdc.gov/
b) http://www.smartraveller.gov.au/zw-cgi/view/Advice/
c) https://www.who.int

Tuberculosis

Must not donate if;

a) Infected; or
b) Less than 24 months from confirmation of cure; or

c) Under follow up.

Tuberculosis, MTB, or TB is a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis. Tuberculosis typically attacks the lungs but can also affect other parts of the body. Most infections are asymptomatic and latent, but about one in ten latent infections eventually progresses to active disease which, if left untreated, kills more than 50% of those so infected.

Turner's Syndrome

Must not donate.

Turner syndrome or Ullrich–Turner syndrome (also known as "Gonadal dysgenesis") encompasses several conditions in human females, of which monosomy X (absence of an entire sex chromosome, the Barr body) is most common. Refractive errors, strabismus, and glaucoma are the most common manifestations, but keratoconus, uveitis, and other disorders of the posterior segment have been noted with this syndrome.

Typhoid

Must not donate if current infection.

Accept if past infection that has completely resolved.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Typhoid is a common worldwide bacterial disease transmitted by the ingestion of food or water contaminated with the faeces of an infected person. It is primarily a gastrointestinal infection that has early manifestations of high fever and bradycardia, frequently progressing to delirium and diarrhoea. Late and often fatal manifestations include dehydration, intestinal haemorrhage or perforation, encephalitis, metastatic abscesses, cholecystitis, endocarditis and osteitis.

U

Ulcerative Colitis

Accept if no ocular involvement.

Ulcerative colitis is a form of colitis, a disease of the colon that includes characteristic ulcers or open sores. The main symptom of active disease is usually constant diarrhoea mixed with blood, of gradual onset. Patients may present with ophthalmic comorbidities such as iritis, uveitis and episcleritis.

V

Vasculitis

Accept for corneas only not sclera if underlying cause is not contraindicated.

Consider what the underlying cause may be:

a) Infectious

b) Autoimmune

Vasculitis is a group of disorders that destroy blood vessels by inflammation. The underlying cause may be infectious. For example, the cause of syphilitic aortitis is infectious. However, the causes of many forms of vasculitis are poorly understood. There is usually an immune component, but the trigger is often not identified.

Viral Haemorrhagic Fever

Must not donate if ever infected.

Contact or travel to endemic region

Must not donate if:

a) Was present in an area during an active outbreak; or

b) Under investigation for viral haemorrhagic fever; or

c) Has been in contact with an individual who was present in an area during an active outbreak; or

d) Was in contact with an individual infected with or was under investigation for viral haemorrhagic fever; or

e) less than six months after return to ANZ from an endemic area when there was no active outbreak.

See The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk.

These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. Protection of eye bank personnel is also considered for this exclusion criteria.

Vitiligo

Accept.

Vitiligo is a condition that causes depigmentation of parts of the skin. It occurs when melanocytes, the cells responsible for skin pigmentation, die or are unable to function. The cause of vitiligo is unknown, but research suggests that it may arise from autoimmune or genetic causes.

W

West Nile Virus

Must not donate if less than 12 months of full recovery.

Definition West Nile Virus Outbreak Areas are shown and updated in the United Kingdom's Geographical Disease Risk Index:

http://www.transfusionguidelines.org.uk/Index.aspx?Publication=GDRI&Section=66&pageid=7631

The Centers for Disease Control and Prevention (CDC) also have valuable current information on disease outbreaks by geography:

http://www.cdc.gov/

West Nile virus (WNV) is a mosquito-borne arbovirus. Symptoms may include fever, headaches, fatigue, muscle pain or aches, malaise, nausea, anorexia, vomiting, myalgias and rash. People of advanced age, the very young, or those with immunosuppression are most susceptible to developing West Nile meningitis, West Nile meningoencephalitis and West Nile poliomyelitis.

The problem can vary both in relation to geography and the time of the year, so it is not possible to state areas from which donors need to be deferred.

Whooping Cough

Infection

Accept if therapy has been given and infection has been successfully cleared.

Contact with infected persons

Must not donate if within the incubation period or, if this is not known, less than 4 weeks from last contact.

> For a person who has a symptomatic infection, fever, or infectious illness – ineligible for a period of 2 weeks from the date of full recovery. Clinical judgement should be used to determine the relevance of the infection, fever, or illness to the suitability of the donor (ARGB Appendix 12, Item 14). Refer to MD.

Pertussis — commonly called whooping cough is a highly contagious bacterial disease caused by Bordetella pertussis. Common complications of the disease include pneumonia, encephalopathy, earache, or seizures. Most healthy older children and adults will have a full recovery from pertussis, however those with comorbid conditions can have a higher risk of morbidity and mortality. Infection in newborns is particularly severe.

Wilson's Disease

Accept.

Wilson's disease or hepatolenticular degeneration is an autosomal recessive genetic disorder in which copper accumulates in tissues; this manifests as neurological or psychiatric symptoms and liver disease. It is treated with medication that reduces copper absorption or removes the excess copper from the body, but occasionally a liver transplant is required.

X

Xenotransplantation

Must not donate if the donor has ever been a recipient of viable non-human animal cells or tissue.

> This deferral period is mandated by the TGA (ARGB Appendix 12, Item 7).

Advisory:

Sexual partners of xenotransplant recipients, current and former, should not donate.

Particularly when the recipient is immunosuppressed there is a risk of passing on infections that would not normally affect humans.

See Tissue Products / Tissue grafts (Animal derived) for more information.

Any procedure that involves the transplantation, implantation or infusion into a human recipient of either

a) live cells, tissues, or organs from a non-human animal.

b) Human body fluids, cells, tissues or organs that have had ex vivo contact with live, nonhuman animal's cells, tissues and organs.

Biological products, drugs, or medical devices sourced from non-living cells, tissues or organs from non-human animals (including but not limited to porcine heart valves and porcine insulin) are not considered xenotransplantation products.

Y

Yaws

Must not donate.

Yaws (also frambesia tropica, thymosis, polypapilloma tropicum, pian or parangi, "Bouba", "Frambösie", and "Pian") is a tropical infection of the skin, bones and joints.

The disease is transmitted by skin-to-skin contact with an infective lesion, with the bacterium entering through a pre-existing cut, bite or scratch. The primary stage resolves completely within six months. The secondary stage occurs months to years later and is characterised by widespread skin lesions of varying appearance which frequently ulcerate (and are then highly infectious) but heal after six months or more. About ten percent of people then go on to develop tertiary disease within five to ten years (during which further secondary lesions may come and go), characterised by widespread bone, joint and soft tissue destruction, which may include extensive destruction of the bone and cartilage of the nose.

Yellow Fever

Must not donate within 12 months of full recovery**.**

Yellow fever, known historically as Yellow Jack, is an acute viral haemorrhagic disease. The yellow fever virus is transmitted by the bite of female mosquitoes. Yellow fever presents in most cases in humans with fever, chills, anorexia, nausea, muscle pain (with prominent backache) and headache, which generally subsides after several days. In some patients, a toxic phase follows, in which liver damage with jaundice (inspiring the name of the disease) can occur and lead to death. Because of the increased bleeding tendency (bleeding diathesis), yellow fever belongs to the group of haemorrhagic fevers.

Z

Zieve's syndrome

Accept.

Zieve's syndrome is an acute metabolic condition that can occur during withdrawal from prolonged alcohol abuse. It is defined by haemolytic anaemia, hyperlipoproteinaemia (excessive blood lipoprotein), jaundice, and abdominal pain.

Zika Fever (Virus)

Must not donate if donor if within 12 months from full recovery.

Zika virus is related to dengue, yellow fever, West Nile and Japanese encephalitis and it transmitted by mosquitoes. Importantly most of the morbidity caused by this virus is the spread from a pregnant woman to her foetus. This can result in microcephaly, severe brain malformations, and other birth defects (see below the connection in Brazil). It can be sexually transmitted and can persist for some time after acute infection. Common symptoms of infection with the virus include mild headaches, maculopapular rash, fever, malaise, conjunctivitis, and arthralgia. Eye banks should be screening for symptomatic infection in their donors.

Zollinger–Ellison syndrome

Accept.

Zollinger–Ellison Syndrome (ZES) is caused by a non–beta islet cell, gastrin-secreting tumour of the pancreas that stimulates the acid-secreting cells of the stomach to maximal activity, with consequent gastrointestinal mucosal ulceration.



Eye Bank Association of Australia and New Zealand

www.ebaanz.org

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