

The National Blood Service (NBS) is part of the NHS and provides the plasma that patients receive. In order to plan for future plasma demands, it is important to gather information about which patients receive plasma.

The NBS may ask a Trust or GP to provide limited medical information on a sample of patients who have received a plasma transfusion.

Any information that is passed on to the NBS is held securely, with the rights of these individuals protected under the Data Protection Act.

Additional copies of this leaflet can be obtained from the NBS Hospital Liaison team. Call 01865 440042.

#### **Other information**

If you are interested in finding out more about blood transfusion and have access to the Internet, you might find the following web sites useful:

**National Blood Service – [www.blood.co.uk](http://www.blood.co.uk)**

**British Blood Transfusion Society – [www.bbts.org.uk](http://www.bbts.org.uk)**

Alternatively, ask for the NHS patient information leaflet entitled “Receiving a blood transfusion”, or ask your Doctor or Nurse.

## Receiving a plasma transfusion

***IMPORTANT INFORMATION FOR PARENTS  
OF BABIES AND CHILDREN RECEIVING  
FRESH FROZEN PLASMA***

### What is Fresh Frozen Plasma?

Plasma is a part of blood – it is the liquid in which the red cells, white cells and platelets are carried around the body in the arteries and veins. This liquid is separated from donated blood and quickly frozen to make Fresh Frozen Plasma, otherwise known as FFP. In England and North Wales blood is collected and processed by the National Blood Service (NBS). From July 2005, FFP for babies and children up to the age of 16 will be collected from donors in the USA.

### What is FFP used for?

FFP is mostly used to treat patients whose blood clotting is abnormal. It may be needed for premature babies, babies and children having heart surgery or liver transplants and after major accidents and injuries.

### Are there any risks?

The most common side effects are reactions such as a rash or a rise in temperature, which are usually mild and easily treated. The risk which worries people most is the transmission of virus infection. As a result of careful donor selection and testing this risk has almost been eliminated.

As an added precaution, FFP for babies and children is now treated with a chemical called methylene blue which inactivates viruses and reduces the already tiny chance of viral transmission even further. This methylene blue treatment process kills a range of viruses such as HIV and Hepatitis C.

### What about other infections?

New infections that may be able to be passed on by a blood transfusion do appear. At the moment the major concern is variant Creutzfeldt-Jakob Disease (vCJD). vCJD was first identified in 1996 and is a human disease linked with BSE.

A number of sensible precautions have been put in place to reduce the possible risk of vCJD being passed through blood. Importing FFP from countries free of or with only rare cases of BSE and/or vCJD is one of them.

### Why is FFP for babies and children imported from the USA?

A group of medical experts, called the Advisory Committee on Microbiological Safety of Blood and Tissues for Transplantation, advises on blood safety issues. This committee advised that FFP should be imported from the USA for babies and children as an added precaution against the possible risk of vCJD transmission through blood. The USA can provide very high quality plasma that is tested to standards as high as in the UK. This is collected from voluntary, non-paid donors.

### Why import FFP only for babies and children?

This is a first step to protect a most vulnerable group of patients. In addition, children born on or after 1st January 1996 should not have been exposed to BSE through foodstuffs.

### Why doesn't the NBS test blood for vCJD?

There is currently no blood test in the world for vCJD.

### Are there any other risks?

Plasma can occasionally cause a reaction called Transfusion-Related Acute Lung injury (TRALI) which leads to problems with breathing and is sometimes severe. One cause is thought to be certain antibodies present in the plasma when the donor has been pregnant in the past. To minimise the risk of TRALI, the USA supplier has agreed to supply us with plasma from male donors only.