Transfusion-Associated Graft vs Host Disease (TA-GvHD) - Previous Recommendations

Year first made	Action	Recommendation
2007	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, PMETB**	The importance of irradiation, and the rationale behind it, should be focused on during teaching of junior haematology and oncology doctors. This education is part of the curriculum for Specialist Trainees, but foundation year doctors in these specialities may remain ignorant despite being frequently called upon to order components.
2007	**Hospital Trusts, Hospital Liaison networks, BBT network, SHOT Transfusion Practitioner network**	Systems should be put in place for pharmacy to inform the hospital transfusion laboratory of prescriptions for purine analogues. Such systems work well in some Trusts and best practice can be shared.
2006	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, BCSH**	Awareness of groups at risk of this condition and knowledge of the risk factors, symptoms and signs must be maintained by all involved in the transfusion process.
2003	**Hospital Trusts, Medical Schools, NBTC, Royal Colleges, Specialty Training Committees, GMC, BCSH**	Gamma or X-ray irradiation to 25 Gy of blood components for those at risk of GvHD remains essential. BCSH Blood Transfusion Task Force Guidelines, 1996, define groups requiring this prophylaxis.
2003	**Hospital Trusts, Hospital Liaison networks, BBT network, SHOT Transfusion Practitioner network**	Good communication is required in all cases but particularly when patient care is shared between different hospitals. Hospitals must have clear protocols to ensure accurate information relating to this risk is communicated in a timely manner. Utilisation of a patient card and leaflet are recommended: an example is the BCSH/NBS leaflet available from NBS Hospital Liaison or via the NBS hospitals website.