Donor Risk Assessment Interview
Addendum to Assist with Screening for Risk of Ebola Disease

August 24, 2026

Travel history

No changes to the inquiry for travel are necessary if using a Uniform DRAI form. See questions 24 on the Adult Donor form, 18 on the Child Donor form, 18 on the Birth Mother form, and 22 on the Birth Tissue form. If the donor traveled outside the United States or Canada, it should be established whether an Ebola-affected country was visited and when. This website is anticipated to be updated periodically due to changes in affected areas. If an establishment is not asking this question, you are expected to use a similar question to capture travel outside the United States or Canada. Access the CDC website "Ebola Outbreak: Current Situation" for areas affected.

Ebola diagnosis

No changes to the inquiry related to Ebola infection are necessary if using a Uniform DRAI form. See questions 30 on the Adult Donor form, 23 on the Child Donor form, and 22 on the Birth Mother form. If an establishment is not asking this question, you are expected to use a similar question to capture a diagnosis of Ebola disease.

Suspicion of Ebola disease, close/sexual contact, and notification by a public health authority

These questions are new and should be added.

E1. Was she/he* EVER suspected of having Ebola disease?	❑No ❑Yes	E1a. Explain:
E2. In the past 8 weeks, did she/he* have close contact or sexual contact with a person who was confirmed to have or suspected of having Ebola disease?	❑No ❑Yes	E2a. Explain:
E3. In the past 8 weeks, was she/he* notified by a public health authority that she/he* may have been exposed to a person with Ebola disease?	❑No ❑Yes	E3a. Explain:

Note: When administering the addendum to a living donor or to the donor's birth mother, use "you*" instead of "she/he*" and "her/his*."

Additional relevant references

http://www.cdc.gov/vhf/ebola/hcp/case-definition.html
Current Universal and Birth Tissue Donor Risk Assessment Interview Forms (DRAIs)

Maintenance

It is anticipated that the addendum will be in place for a minimum of one year. It will be routinely reviewed no less frequently than annually to determine whether it warrants revision or discontinuation.

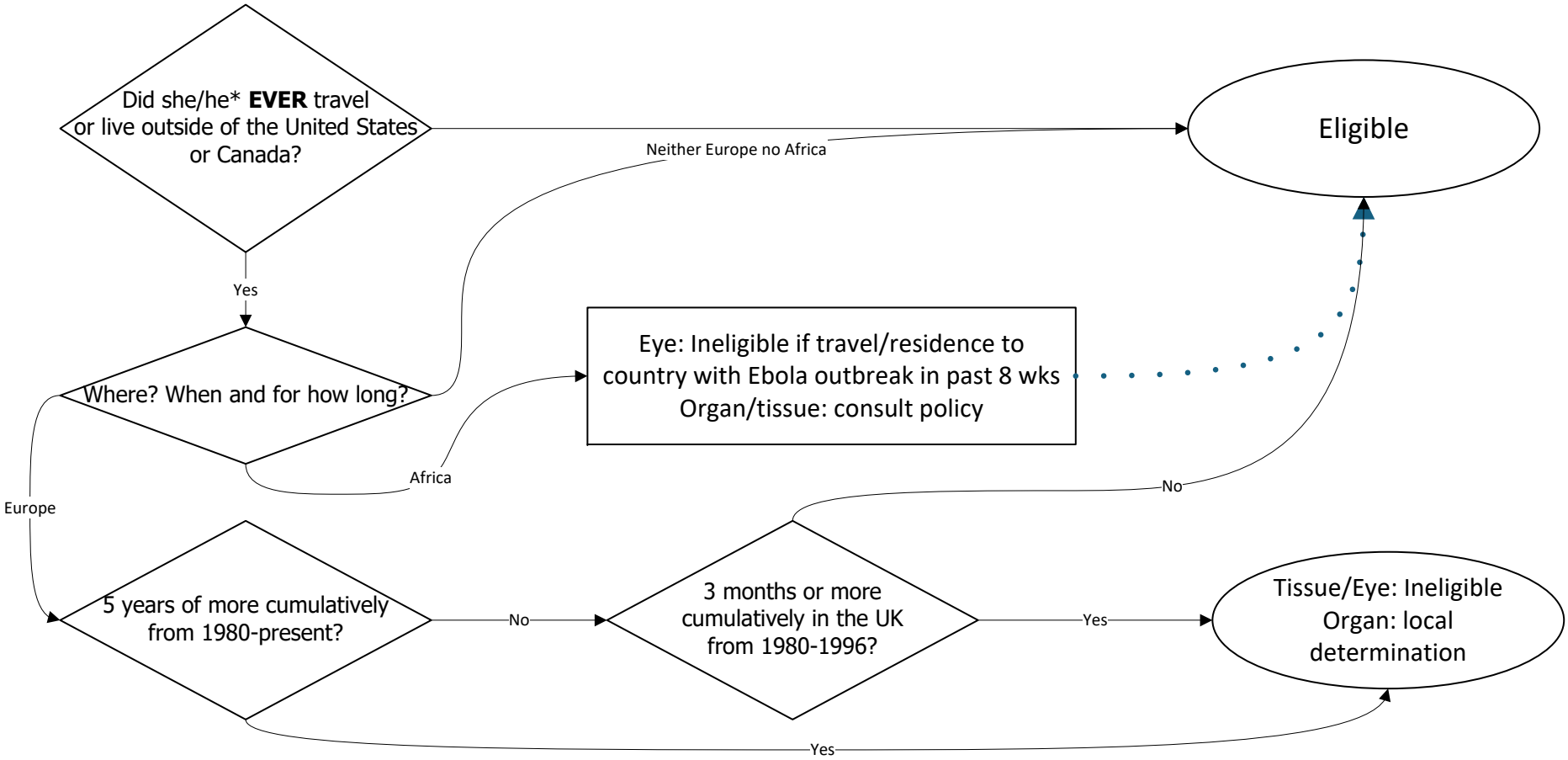
Travel outside the US and Canada

Rationale: International travel or living in certain countries can pose possibilities for exposure to a variety of diseases.

1. Persons are at an increased risk for vCJD who spent three months or more cumulatively in the United Kingdom (U.K.) from the beginning of 1980 through the end of 1996. The U.K.** includes all of the following areas: England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, and the Falkland Islands. Persons are also at increased risk for vCJD who spent 5 years or more cumulatively in Europe*** from 1980 until the present (note this criterion includes time spent in the U.K. from 1980 through 1996). European countries to be used for risk areas include: Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic/Czechoslovakia, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein Luxembourg, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic/Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, former Yugoslavia and Republic of Macedonia/North Macedonia.

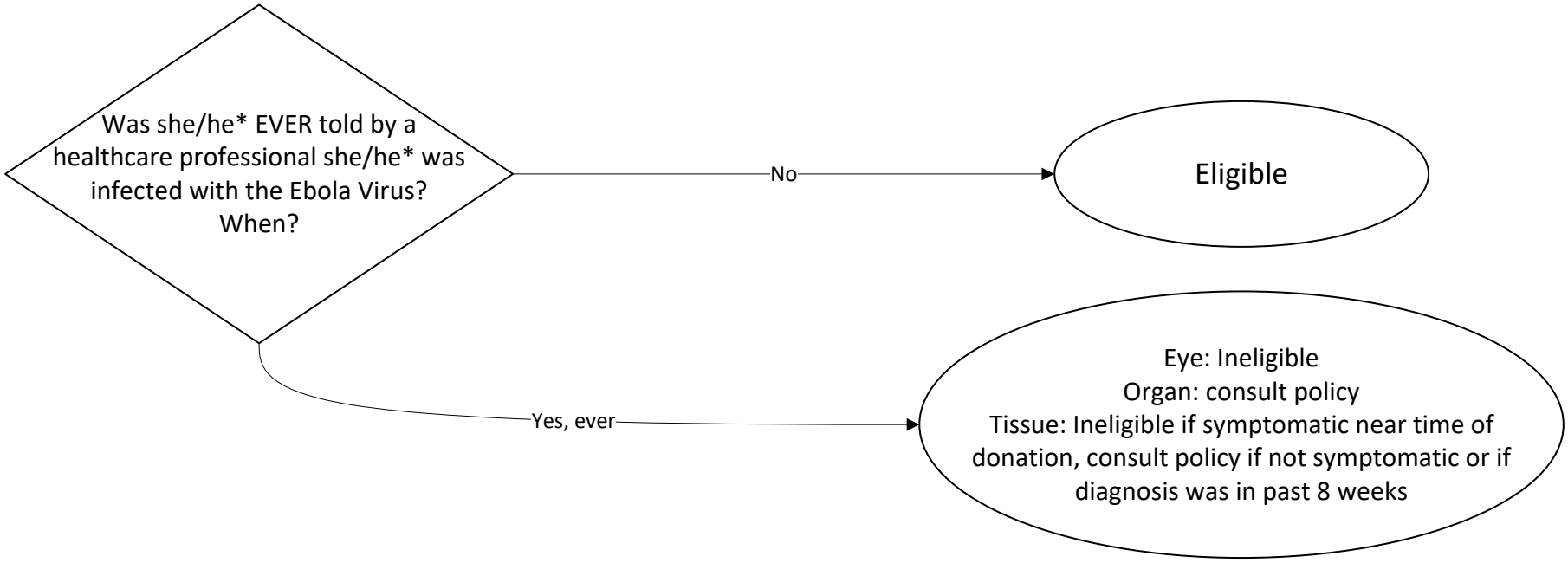
2. Risk associated with endemic diseases in certain countries (e.g. malaria, Chagas disease, Leishmaniasis, dengue, etc.) may need to be considered when applicable. Local policy can be stricter. Persons who received any transfusion of blood or blood components in the U.K. or France between 1980 and the present are at increased risk for vCJD. The U.K. includes all of the following: England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, and the Falkland Islands. If the donor will not be tested utilizing an HIV-1/2 antibody donor screening test that is labeled as sensitive for detection of HIV-1 group 0 antibodies, the donor must be screened in regard to receiving a blood transfusion or any medical treatment after 1977 that involved blood in these African countries: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria.

3. It should be established whether an Ebola-affected country was visited and when. Access the CDC website "Ebola Outbreak: Current Situation." The June 2026 FDA guidance for blood donor eligibility recommends an 8-week deferral from the date of their departure a donor who has been a resident of or has travelled to a country with an Ebola disease outbreak. A July 16, 2026 FDA communication recommends that HCT/P establishments may wish to consider whether, in the 21 days prior to recovery, the donor resided in or travelled to a country with widespread transmission of Ebola disease. Information collected on potential eye, organ, and tissue donors should cover the more conservative 8-week timeframe. For tissue, establishments are strongly encouraged to consider a donor to be ineligible if they were potentially exposed in the prior 8 weeks through travel.



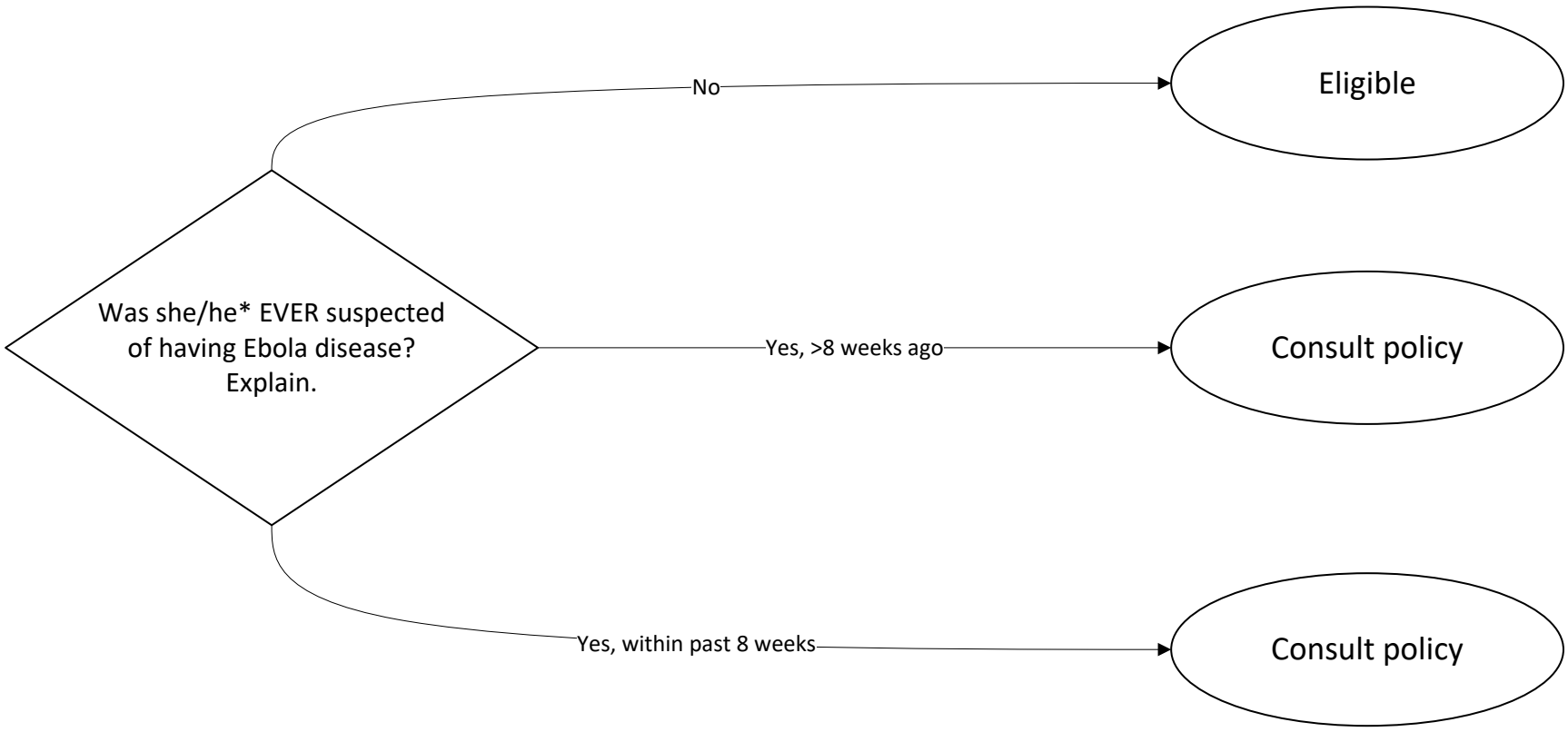
Ebola infection

Rationale: This question pertains to any species of orthoebolavirus (e.g., Bundibugyo, Zaire, Sudan). Any history of Ebola disease EVER is a rule out for ocular donation. Evidence of infection is a rule out, so interviewers may choose to inquire about when the donor was symptomatic or whether symptoms fully resolved. For tissue, establishments are strongly encouraged to consider a donor to be ineligible if they were ever diagnosed with Ebola disease. If a person survived a previous infection, organ donor eligibility should be based on current guidance from the Organ Procurement and Transplantation Network (OPTN), from published advisories from public health authorities, and establishment policies, barring further guidance. Consultation with infectious disease experts is also advised. Knowledge of when the potential donor was diagnosed can be useful. Until more is known about testing capabilities, as well as Ebola infection, recovery, viral clearance, and antibody response, donation of cells/ tissues should not be considered. Information collected via the DRAI could be verified by contacting the healthcare professional(s) involved.



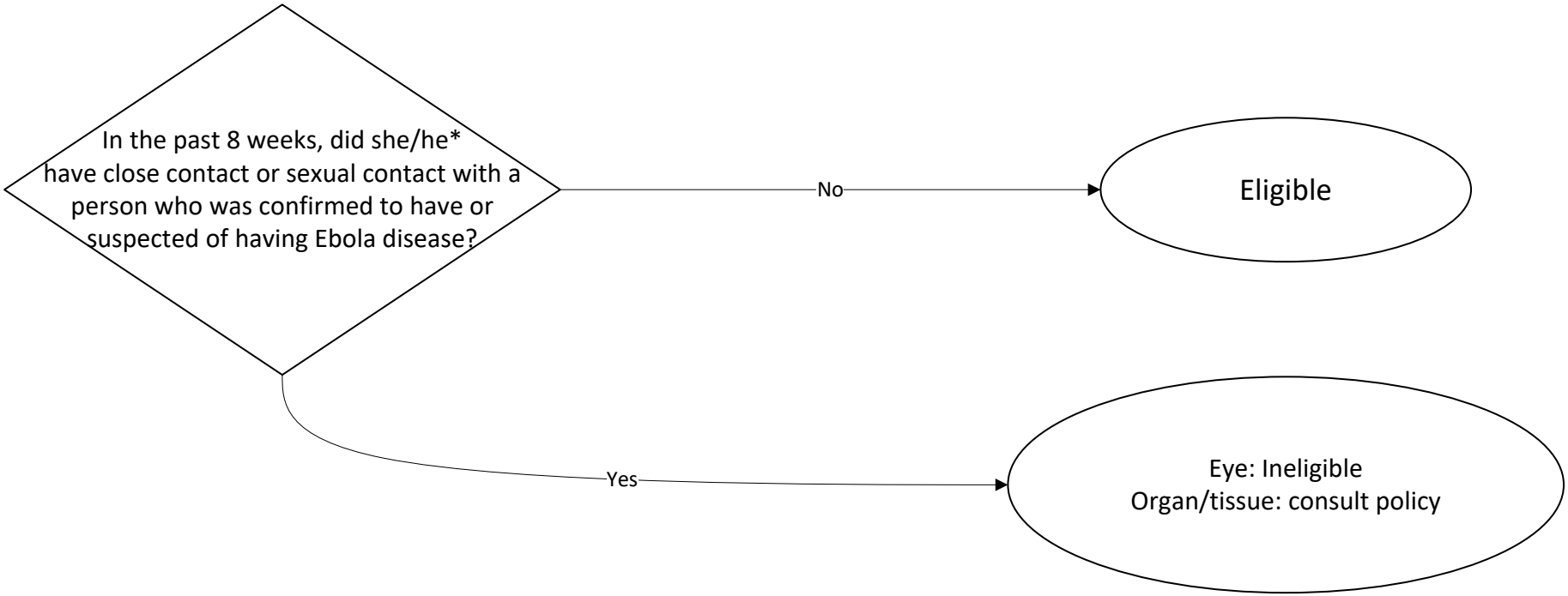
Suspicion of Ebola disease

Rationale: A July 16, 2026 FDA communication regarding HCT/Ps recommends that establishments consider whether, in the 21 days prior to recovery, the donor was suspected of having Ebola disease. Information collected on potential eye, organ, and tissue donors should cover a more conservative 8-week timeframe. Active infection is a rule out. Organ donor eligibility should be based on current guidance from the OPTN and from published advisories from public health authorities. Consultation with infectious disease experts is also advised. Knowledge of when the potential donor was diagnosed or suspected can be useful. For tissue, establishments are strongly encouraged to consider a donor to be ineligible if they were suspected of ever having Ebola disease.



Close or sexual contact

Rationale: A July 16, 2026 FDA communication regarding HCT/Ps recommends that establishments consider whether, in the 21 days prior to recovery, the donor had close contact or sexual contact with a person confirmed to have or suspected of having Ebola disease. The June 2026 FDA guidance for blood donor eligibility recommends an 8-week deferral of a donor who has had close contact with a person confirmed to or under investigation for Ebola disease or who has had sexual contact with a person known to have recovered from Ebola disease regardless of the time since the person's recovery. Information collected on potential eye, organ, and tissue donors should cover the more conservative 8-week timeframe. "Close contact" is defined as contact that could have resulted in direct exposure to body fluids or blood and includes healthcare workers and other persons who care for, or have lived with, or have otherwise been in contact with persons confirmed to have or are under investigation for Ebola disease. For tissue, establishments are strongly encouraged to consider a donor to be ineligible if they were potentially exposed in the prior 8 weeks through close or sexual contact with a person who was confirmed to have or is suspected of having Ebola disease.



Notification of exposure

Rationale: A July 16, 2026 FDA communication regarding HCT/Ps recommends that establishments consider whether, in the 21 days prior to recovery, the donor was notified by a federal, state, or local public health authority that he or she may have been exposed to a person with Ebola disease. The June 2026 FDA guidance for blood donor eligibility recommends an 8-week deferral of a donor similarly notified. Information collected on potential eye, organ, and tissue donors should cover the more conservative 8-week timeframe. For tissue, establishments are strongly encouraged to consider a donor to be ineligible if they were told by a public health authority that they may have been exposed in the prior 8 weeks.