

**Exclusion of Men who have Sex with Men from Blood Donation****Position Statement: 12<sup>th</sup> March 2009**

The National Blood Service (NBS) has a public duty to ensure a sufficient supply of safe blood to meet the needs of patients in England and North Wales.

This includes a clear responsibility to minimise the risk of a blood transfusion transmitting an infection to patients. While our stringent procedures make such transmissions extremely rare, we start from the premise that any transmission is one too many. We also need to ensure that all our public health policies are based on the best available scientific evidence, reviewed on a regular basis and explained clearly to the public.

The criteria across all of the UK Blood Services for accepting blood donors on the basis of virus risk are recommended to the Government by the Department of Health's independent Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). In order to assure the continued safety of the blood supply, the current policy is to ask those in groups shown to have a particularly high risk of carrying blood-borne viruses not to give blood. These include men who have ever had sex with men. The reason for this exclusion rests on specific sexual behaviour (such as anal and oral sex between men), rather than the sexuality of the person wishing to donate. There is, therefore, no exclusion of gay men who have never had sex with a man nor of women who have sex with women.

The reasons for the current policy of permanently excluding men who have ever had sex with men from blood donation are as follows:

- ❖ Blood safety starts with the selection of donors before they give blood. By excluding groups known to present a particularly high risk of blood-borne viruses, we are already reducing the risk of infected blood entering the blood supply.
- ❖ Every blood donation is tested for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), syphilis and human T-lymphotropic virus (HTLV). However, despite improvements in blood screening tests, a small number of infected donations may be missed because of the 'window period' between getting the infection and the test showing a positive result.
- ❖ While safer sex, through the use of condoms, does reduce the transmission of infections, it cannot eliminate the risk altogether. Men who have sex with men continue to be disproportionately affected by HIV and account for 63% of HIV diagnoses where the infection was likely to have been acquired in the UK.<sup>1</sup> Epidemiological evidence in the UK also shows that there has been a significant increase in sexually-transmitted infections which can also be blood-borne, such as hepatitis B and syphilis, among men who have sex with men. Between 2002 and 2006, for example, there was a 117% increase in syphilis infections in men who have sex with men.<sup>2</sup>

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<sup>1</sup> Testing Times: HIV and Other Sexually-transmitted Infections in the United Kingdom (Health Protection Agency 2007)

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- ❖ Research shows that completely removing the current exclusion on blood donation from men who have sex with men would result in a fivefold increase in the risk of HIV-infected blood entering the blood supply. While changing deferral to one year from the last sexual contact would have a lesser effect, it would still increase this risk by 60%.<sup>3</sup>

Terrence Higgins Trust (THT) supports the upcoming review and has asked people to abide by the current regulations until any further decision is made on the basis of evidence:

<http://www.tht.org.uk/informationresources/policy/healthpolicy/blooddonations/>

The policy is subject to regular review by the Advisory Committee on the Safety of Blood, Tissues and Organs, the most recent review having taken place in January 2007.

Available new research will be presented to the Advisory Committee on the Safety of Blood, Tissue and Organs (SaBTO) at its meeting in July 2009. Following these initial discussions, a comprehensive policy review will be undertaken.

The following work is currently underway to inform this review of the current policy:

- ❖ Monitoring the frequency of infections which the NBS finds when it tests blood donations and collecting information about how the donors probably became infected. This information is updated and reported on the Health Protection Agency (HPA) website every six months.
- ❖ Using data collected by the UK Blood Services and HPA to estimate the risk of blood infected with HIV being given to patients, and looking at the likely effect of different exclusion criteria on this risk. The next update, the last of which was published in 2003, is due to be completed by June 2009.
- ❖ Trying to determine which groups in the population are most likely to have sexually-transmitted infections that might harm blood recipients. (Due to be completed in June 2009)
- ❖ Studies of the sexual behaviour of people who give blood, how well people (especially men who have sex with men) comply with the current rules about who should not give blood, and what people think about these rules. (Due to be completed in Summer 2010)
- ❖ Reviewing policies in operation by blood services around the world regarding men who have sex with men and blood donation, including an examination of evidence supporting changes to deferral criteria and any subsequent impact.

Following this review, SaBTO will make its recommendations to the Government as to whether any changes to the current policy are warranted. These recommendations will be based on the best and most up-to-date scientific evidence available.

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<sup>3</sup> Soldan K & Sinka K – Vox Sanguinis (2003) 84, p265-273

## **Exclusion of Men who have Sex with Men from Blood Donation**

### **Frequently Asked Questions**

#### **How can the National Blood Service justify a policy which discriminates against gay men?**

The policy is in place for the sole purpose of protecting public health by minimising the risk of transmission of HIV and other blood-borne viruses to patients through the blood which we supply to hospitals. Men who have ever had sex with men are at a higher risk of carrying such viruses. Since it is specific sexual behaviour which places individuals at risk, rather than their sexuality, there is no exclusion of gay men who have never had sex with another man nor of women who have sex with women.

The policy has been adopted by all of the UK Blood Services on the recommendation of the Advisory Committee on the Safety of Blood, Tissues and Organs <http://www.advisorybodies.doh.gov.uk/acsbto/index.htm>. This body provides the Government with independent expert advice on issues of safety relating to blood, tissues, cells and organs.

The criteria for the exclusion of men who have sex with men from giving blood is kept under regular review by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The last review took place in January 2007 and a range of research (as outlined in the position statement) was commissioned. This will be presented to the July 2009 meeting of SaBTO and will act as the basis of a comprehensive review of the current policy.

#### **Why is this policy necessary if all blood donations are tested?**

The National Blood Service has a responsibility to assure the safety of the blood supplied to hospitals for patients. Although all blood donations are tested for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), syphilis and human T-lymphotropic virus (HTLV), there is a period after a person contracts an infection – known as the ‘window period’ - when tests can’t detect these viruses in the blood.

This rigorous approach has resulted in the National Blood Service’s good safety record. Since the introduction of testing for HIV in 1985, there have been three cases of transmission of the virus to patients through blood from donors in the ‘window period’. Although the risk of such transmission is low, we work on the basis that any transmission is one too many.

#### **Isn’t this policy outdated, given the work which has been done to promote safe sex among gay men?**

While campaigns have certainly done a great deal to promote safer sex, there is still no such thing as completely safe sex. Decisions as to who can give blood are made using up-to-date evidence based on patterns of disease in the UK population.

Men who have sex with men are currently at the greatest risk statistically of acquiring most sexually-transmitted infections, such as syphilis.

**Why is this exclusion lifelong? Wouldn't a one-year deferral pick up recently acquired infections?**

Although most new HIV infections would be detected, there is a risk that some would still be undetectable. While changing the policy to a one-year deferral has been considered, the risk of transmission of HIV into the blood supply – based on current evidence – is deemed too high to justify a change in the policy. While the absolute risk is small, any transmission as a result of a change in policy would be one too many.

**How can the National Blood Service continue to justify this policy in the face of the latest statistics suggesting that HIV is now more prevalent in heterosexuals than gay men in this country?**

As a group, gay men have a far higher chance of carrying HIV than the heterosexual population.

Statistics also show that the majority of new cases amongst heterosexuals were acquired in countries outside the UK where HIV is very common, such as those in sub-Saharan Africa. For this reason, people who have been sexually active in such high-risk countries, or who have a partner who has been, are also excluded for one year after the last relevant sexual contact. This exclusion was agreed on the basis of the lower risk that this group presents overall and the need to maintain a sufficient supply of rarer blood types – such as Group B – for the treatment of conditions, such as Sickle Cell Disease, only found in patients from ethnic minority communities. This policy is also kept under regular review.

**Why doesn't the National Blood Service exclude promiscuous heterosexuals?**

Current evidence shows that sex between men still represents the greatest risk factor for the transmission of infections which could be passed on through donated blood.

Heterosexuals who engage in activities, sexual or otherwise, which put them at risk of blood-borne infections are excluded from donating blood. The length of this exclusion depends on the specific activity. For example, anyone who has ever had sex for drugs or money – regardless of their sexuality – is excluded permanently from giving blood, as is anyone who has ever injected drugs.

**How can it be fair to treat all gay men as high risk? What about those in long-term monogamous relationships?**

There are, clearly, a range of lifestyles among gay men, with many practising safer sex and seeking regular HIV testing. However, the National Blood Service collects blood from 7,000 donors every day and it is simply neither feasible, nor appropriate, to take a detailed sexual history from each individual donor.

**Isn't there a risk of those gay men who don't agree with the policy donating anyway?**

The National Blood Service relies entirely on volunteers; and the underlying principle on which people give blood has to be one of mutual trust. Our only aim in applying this policy is to ensure the safety of the blood on which patients depend. We believe that the vast majority of donors understand and respect this.

It is not clear whether a change to the policy would make people more or less likely to comply with it; this is currently being considered. This research is due to be completed by Summer 2010.

**Other EU countries, such as Italy, have lifted this exclusion. Why doesn't the UK follow suit?**

Although donor selection policies in Europe are guided by EU law, each Member State must make decisions within this legislative framework based on evidence regarding patterns of diseases which can be transmitted by blood in their population. Although men who have ever had sex with men are deferred from donating in most European countries, this can account for occasional variations in policy within the EU.

**How can you justify excluding men who have sex with men from donating when they are blood shortages in this country?**

There has been a safe and sufficient blood supply in this country for many years, although the rate of blood donations is subject to fluctuations, which is when we make particular efforts to ask the public – particularly those with rare blood groups – to give blood.

The safety of the blood supply is paramount; the exclusion of men who have sex with men from giving blood is in place to protect patient safety.

**Will the current exclusion of men who have sex with men from giving blood ever be lifted or amended?**

The criteria as to who can give blood are agreed by the Department of Health's Advisory Committee on the Safety of Blood, Tissue and Organs (SaBTO), made up of doctors, scientists, infection specialists and other independent experts. The committee makes recommendations to the Department of Health, with the current criteria being reviewed on a regular basis.

Research is currently underway as to whether this policy could be relaxed to allow men who have sex with men to give blood one year after their last sexual contact. However, the policy would only be changed on the basis of clear evidence that patients would not be put at jeopardy. In addition, scientific advances in virus testing and inactivation are monitored. Any significant new developments in this area could lead to the policy being reviewed.

**Why can't gay men donate blood in the UK when they are able to donate organs?**

As with all clinical decisions about the use of donated blood and organs, the difference in the selection criteria rests on weighing up the potential risks and benefits to patients.

There is a shortage of organs available for transplantation in this country, with more than 8000 people currently on the waiting list, so every potential organ donation must be considered. The decision as to whether organs are suitable for transplantation is always made by a specialist taking into account the potential donor's medical history. The only two instances in which organ donation is currently completely ruled out are where the donor has been diagnosed with HIV or has, or is suspected of having, Creutzfeldt-Jakob Disease (CJD).

Blood is taken from all potential organ donors and tested for transmissible diseases and viruses such as HIV and hepatitis.

While this may appear contradictory, weighing up the clinical benefits and risks to patients of any procedure is common medical practice.

**March 2009**