Position Statement on MSM & blood donation

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The European Haemophilia Consortium (EHC) views the issue of blood donation and MSM (men who have sex with men) as a risk management issue, which should be dealt with in the same way as any other existing or proposed donor deferral measure for blood or plasma donors.

There are two broad categories of risk to patients receiving blood transfusions that need to be considered when examining changing donor deferral measures. The first is the possibility of increasing the risk of transmission of known infectious agents such as HIV or Hepatitis B or Hepatitis C, and the second is the risk of transmission of new, as yet unknown and therefore undetectable, infectious agents. New agents with the potential to be transmitted via blood transfusion are not infrequent. In recent years, they have included West Nile Virus, Hepatitis E, Chagas, Leishmania (which have been transmitted by blood), H1N1, H5N1, SARS and MERS (which have not definitely been shown to be transmitted by blood).

Lifetime deferral of MSM donors was introduced in the 1980s as a result of the widespread transmission of HIV through blood transfusion. The lifetime MSM deferrals in the United States and the Netherlands are currently under review with the probability of reduction to a one-year deferral. Canada has a five-year deferral. A one-year deferral of MSM donors is currently in place in the United Kingdom (except Northern Ireland), Finland, Australia and New Zealand. In Spain and Italy, there is no deferral period and donors are individually assessed based on their sexual history. A lifetime deferral remains in place in countries including Germany, Norway, France, Denmark and Ireland.

Opposition to any deferral period has been led by gay advocacy groups who believe this to be an issue of discrimination and lack of equality. They question the correctness of deferring an entire group of people rather than basing any decision on individual risk assessment. However, many individuals are deferred as blood donors and there is also deferral of several broad categories of people based on statistical observations of increased risk of infection. These include MSM, people with haemophilia and their partners, and individuals who were residents in the United Kingdom from 1980 to 1996 due to the risk of vCJD. Similarly to these other groups, UK residents are not individually assessed for dietary exposure to beef but are deferred en masse.

By deferring all persons in a risk category, risk is decreased over thousands of transfusions over many years. The deferral of MSM donors has been legally challenged in Canada, Australia and Finland and the legality of the deferral was upheld in each case. Decisions on deferral of donors should be taken nationally, bearing in mind the incidence and prevalence of both sexually transmitted infections as well as transfusion transmitted infections in each country. Donor deferral should not be regarded as primarily an issue of social policy, fairness or equality.

The EHC position is that decisions on donor deferral, including deferral of MSM donors, should always be based on data and scientific evidence and not on considerations of social policy or politics. The safety of recipients of blood transfusion and blood components is always the primary concern. In considering any change to deferral policy, countries should carry out a risk assessment based on the scientific evidence available. They should examine if any change in policy will result in an increased risk to blood recipients and decide on the degree of risk tolerance, bearing in mind that the risk is borne by recipients and not by donors. The level of compliance with any policy should also be examined insofar as this is possible to estimate.

Transfusion of safe blood and blood components is the objective of blood transfusion services and this should always be the driving force in any decision on donor deferral.