

**Minnispunktur dags. 18. mars 2011.**  
**Listi fylgiskjala með minnispunktum yfirlæknis Blóðbankans.**

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## **Fylgiskjal 1.**

**Þrjár mikilvægar greinar/skýrslur hvað þetta málefni varðar**



MSM.2007.pdf



franklin.2007.right to donate blood.pdf



NZ. 2008. Behavioural\_Donor\_Deferral\_Criteria\_Review\_Final\_Report.pdf

## **Fylgiskjal 2.**

**Úrskurður í Evrópu**



EN vertaling Opinion Equal Treatment Commission 2007-85 16 aug 2007.docx

## **Fylgiskjal 3.**

**Samantekt um praxis annarra landa hvað þetta varðar.**

- 1. Tafla úr grein kanadískra aðila í Transfusion Medicine Reviews**
- 2. Tafla úr skýrslu frá Nýja Sjálandi 2008**
- 3. Samantekt úr könnun EBA, European Blood Alliance um praxis ýmissa landa hvað varðar blóðgjafir MSM. (2009/2010)**

# Men Having Sex With Men Donor Deferral Risk Assessment: An Analysis Using Risk Management Principles

William Leiss, Michael Tyshenko, and Daniel Krewski

*Transfusion Medicine Reviews*, Vol 22, No 1 (January), 2008: pp 35-57

**Table 1. International Deferral Criteria, MSM, 2005**

Criteria	Countries
Deferral based on specific activities	Italy ("risky activities")
1-y deferral since last exposure	Argentina Australia Japan Hungary
5-y deferral since last exposure	South Africa
10-y deferral since last exposure	New Zealand
Indefinite deferral, exposure since 1977 or lifetime exposure	Canada United States UK France Switzerland Holland Norway Denmark Sweden Germany Finland Iceland Hong Kong

**Table 1 Current deferral periods for men who have sex with men**

Country	Current Deferral	Comment
<b>ASIA PACIFIC</b>		
Australia	Deferred for 12 months	Complaint being considered by the Human Rights Commission
Hong Kong	Deferred for an indefinite period	
Japan	Deferred for 12 months	
Singapore	Permanently deferred	
<b>NORTH AMERICA</b>		
United States	MSM since 1977 permanently deferred	The USFDA has recently reaffirmed its position. In doing so it indicated 'a willingness to consider new approaches to donor screening and testing, provided those approaches assure that blood recipients are not placed at increased risk of HIV or other transfusion transmitted disease.'
Canada	MSM since 1977 permanently deferred	Canadian Blood Services recently reviewed their exclusion and remained with the permanent deferral of MSM from 1977.
<b>EUROPE</b>		
Austria	Permanently deferred	The ABC newsletter published 8 September 2006 indicated that the French Minister of Health announced that 'the blanket prohibition on blood donation by gay men will end soon.' However, there is no evidence on either the EFS or AFSSAPS websites of any change in policy.
Belgium	Permanently deferred	
Denmark	Permanently deferred	
Finland	Permanently deferred	
France	Permanently deferred	
Germany	Permanently deferred	
Ireland	MSM ever having oral or anal sex (even with a condom) permanently deferred	
Italy	National policy is to exclude on basis of 'risky behaviour'	
Netherlands	Permanently deferred	
Norway	Permanently deferred	
Portugal	Permanently deferred	
Spain	No specific exclusion of MSM	In the late 1990's a move was made from excluding homosexual men to excluding people with promiscuous sexual behaviour from donating blood. A 12 month exclusion exists for anyone who has had more than a sexual partner in the last 12 months.
Sweden	Permanently deferred	During 2006 the Swedish National Board of Health and Welfare considered a proposal to reduce the deferral period to 6 months. Following consultation they decided to leave the permanent deferral in place.
Switzerland	MSM since 1977 deferred	The United Kingdom Blood Transfusion Services have recently reviewed their behavioural exclusion criteria and have remained with permanent deferral following analysis of infections detected in blood donors over the period 1995-2006.
United Kingdom	MSM ever having oral or anal sex (even with a condom) permanently deferred	
<b>AFRICA</b>		
South Africa	MSM deferral for 6 months (oral or anal sex with or without a condom)	

## Samantekt úr könnun EBA (European Blood Alliance) um reglur á alþjóðagrunni, version 2009/2010

EBA member		1. Is there a question on MSM behaviour on your donor questionnaire?	2. Does MSM behaviour lead to permanent or temporary deferral? And if temporary how long?	3. Is there a question on heterosexual contact with a person from (sub-Saharan) Africa on your donor questionnaire?	4. Does heterosexual contact with a person from (sub-Saharan) Africa lead to permanent or temporary deferral? And if temporary how long?
1	<b>Austria Red Cross</b>	Yes	Permanent	No	If we get this information during the examination, the donor will be deferred permanently.
2	<b>Belgium Red Cross - Flanders</b>	In the current version we have one general question on risk behavior ("Did you have risk behavior for AIDS?") and we refer to our statement of risk behavior on the verso site of our questionnaire where we indicate to not donate if ... "you, as man ever had sex with another man (or other men)". In the new version (from 2010) we explicit ask for MSM ("Sir, did you ever had sex with another man?")	Permanent	In the current version we don't ask for it. In the new version we ask for new sexual partners and for their origin.	An immigrant from sub-Saharan Africa has a temporary deferral of 5 years; his (European, or not -immigrant) partner has still to wait one year after the immigrant has no longer the "risk status".
3	<b>Belgium Red Cross - French speaking</b>	No. The information is present on the risk behaviour sheet; the donor has to fill in that he has read the information sheet. The question is orally re-asked during the medical selection.	Permanent	No	No (only when there is a change of sexual partner, the deferral delay is 4 months, independently from the partner's origin)
4	<b>Denmark</b>	Yes, "Have you ever had a sexual relationship to another man?"	Permanent	Before donation the donor has to read a brochure from the Danish National Board of Health (attached). In this brochure risk behaviors are defined - one of which is sexual contact with a person from sub-Saharan Africa. The question on the questionnaire is then: "Have you been exposed to risk for HIV infection as described in the brochure from the National Board of Health?"	Temporary, 6 months
5	<b>Estonia</b>	Yes	Permanent	No	No
6	<b>Finland</b>	Yes, "Have you ever had sex with another man?"	Permanent	No, only a general question on a new partner during the last 4 months.	No
7	<b>France</b>	Yes (formulated as following: "the MD will explore with you the following points ... If you have had man with man sexual contacts")	Permanent	No	No (question not raised), except if sexual contact(s) with more than one person in the last 4 months
8	<b>Germany</b>	Yes	Permanent	Yes	Temporary, 4 months
9	<b>Greece</b>	Yes	Permanent	No	No

10	<b>Hungary</b>
11	<b>Iceland</b>
12	<b>Ireland</b>
13	<b>Italy</b>
14	<b>Latvia</b>
15	<b>Lithuania</b>
16	<b>Luxembourg</b>
17	<b>Malta</b>
18	<b>The Netherlands</b>
19	<b>Norway</b>
20	<b>Portugal</b>
21	<b>Slovenia</b>

Yes	Permanent
No response	
Yes	Permanent
No	Not specifically as MSM. The case of multiple partners or recent change of partner, homo or heterosexual, is intended as "at risk behaviour" and a deferral period of 4 months from the last at risk exposure is mandatory.
Yes	Temporary deferral (individual)
No response	
Yes	Permanent

Yes	Permanent
Yes	Temporary, one year from last contact
No	No
No. Travel or trip to Africa is a reason for temporary deferral at least for one year.	No. Travel or trip to Africa is a reason for temporary deferral at least for one year.
Yes	Temporary until we know the result of the serological tests.
Not directly, we refer to travels abroad and risky sexual contacts	Temporary deferral for 6 months unless other compounding factors as below or other reasons to defer (eg malaria). We defer a donor for 6 months after a 'new' sexual contact.
Yes	Temporary deferral for 12 months. In case the person from (sub-Saharan) Africa has lived in the Netherlands for 12 months at least (at the moment of sexual contact) and, in addition, absence of HIV-infection in the African person is documented, deferral is not mandatory.
Yes	Permanent if sexual contact has lived there for more than five years. Temporal (5 years) if sexual contact has lived there for more than 6 months and less than 5 years.
Not specifically. There is a question about the sexual contact with a new partner on the last 6 months and after that the medical doctor perform the question during the medical interview.	Only if it is a new partner during the last six months.
No. Travelling in sub-Saharan Africa is interviewed individually by medical doctor.	Temporary deferral. Screening and NAT tests are performed. Duration of deferral not specified.

22	<b>Spain</b>
23	<b>Sweden</b>
24	<b>Switzerland</b>
25	<b>United Kingdom</b>

Not separated from heterosexual sex.	Temporary deferral of at least 6 months if MSM or heterosexual contact (even just one contact) with a person different to their regular partner. Temporary deferral of at least 6 months if a change of regular sex partner has been produced. Permanent deferral if multiple sex partners (more than one, the regular one, both parts of the couple).
Yes	Permanent
Yes	Permanent
Yes	Permanent

Yes	Permanent deferral if sex with persons from African countries where VIH type O is prevalent. Temporary deferral of at least 6 months when lab testing guarantees the detection of HIV type O.
No (not directly)	Temporary, 6 months
Yes	The deferral for heterosexual contact with a person from (sub-Saharan) Africa is temporary. The duration of deferral is 5 years.
Yes	One year after last contact unless the partner also undergoes the mandatory screening test or is a donor in their own right.

<b>Summary</b>
Response Rate: 23/25

Yes: 19	Permanent: 20
No: 4	Temporary: 2
Other: -	No deferral: -
No response: 2	Other: 1
	No response: 2

Yes: 9	Permanent: 2
No: 13	Temporary: 11
Other: 1	No deferral: 8
No response: 2	Other: 2
	No response: 2

## Fylgiskjal 4. Upplýsingarit Blóðbankans og dæmi um sambærilegt frá öðrum löndum (Kanada og Bretland)

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*Vinsamlegast  
láttu vita ef  
eittbvað kemur í ljós  
varðandi heilsufar þitt  
sem gæti gert fyrri  
blóðgjafir þínar ónotbæfar  
fyrir sjúkling.*

**Smitvarnir  
og blóðgjöf**  
upplýsingar til blóðgjafa



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## Hafa ber í huga

Hver blóðeining er rannsökuð með tilliti til lifrabólguveiru B og C ásamt alnæmisveiru.

Ekki er öruggt að merki um smit finnst þó að blóðgjafi sé sýktur. Þess vegna þurfa heilsufarsspurningar að vera mjög ítarlegar.

Ef merki um smit kemur í ljós er haft samband við blóðgjafann, hann tekinn af skrá og blóðinu fargað.

Gefðu ekki blóð í þeim tilgangi að fá rannsókn á hugsanlegu lifrabólgu- eða HIV-smiti.

Þeir teljast til áhættuhóps sem vegna hegðunar sinnar, athafna eða kynlífs er hætt við að fá alvarlega smitsjúkdóma sem geta borist með blóði.

***Þú getur bætt við blóðgjöf bvenær sem er án þess að gefa skýringu***

## Ekki gefa blóð ef:

1. Þú hefur fengið vefjaígræðslu úr dýri eða heilavef úr mönnum.
2. Þú hefur heyrt um Creutzfeldt- Jakob eða aðra smitandi heilahrönnunarsjúkdóma í ætt þinni.
3. Þú hefur smitast eða gætir hafa smitast af lifrabólgu- eða alnæmisveiru.
4. Þú hefur einhvern tímann sprautað þig í æð eða voðva með fikniefnum, vefaukandi sterum, hormónum eða öðrum lyfjum án fyrirmæla læknis, jafnvel aðeins einu sinni.
5. Þú ert karlmaður og hefur haft samfarir við sama kyn.
6. Þú hefur stundað vændi.

***Ekki gefa blóð ef rekkjunautur þinn fellur undir lið 3 - 6***

## Fresta þarf blóðgjöf í minnst 6 mánuði ef þú hefur:

- Fengið skartgripagötun.
- Verið í speglun með sveigjanlegum tækjum.
- Verið í nálastungumeðferð hjá öðrum en lækni, hjúkrunarfræðingi, ljósmóður eða sjúkraþjálfara.
- Fengið húðflúr eða aðra stungu í húð (t.d. rafháreyðing, förðun).
- Fengið blóð eða vefjaígræðslu frá mönnum.
- Stungið þig á notaðri nál (stunguslys) eða fengið á þig líkamsvessa frá einstaklingi sem telst til áhættuhóps.
- Deilt heimili með einstaklingi sem er smitaður af lifrabólguveiru.
- Orðið fyrir nauðgun.
- Tekið fikniefni í nös.
- Haft mök við einstakling sem stundar vændi eða á annan hátt telst til áhættuhópa.



## HEILSUFAR BLÓÐGJAFI VIÐ ENDURTEKNA BLÓÐGJÖF INNAN TVEGGJA ÁRA

PERSÓNU- VOTTUN	AFGREIÐSLA	BLÓÐTAKA
	F- S- A-	

BB-41141012

Notið prentstafi

Nafn ..... Kennitala .....

Lögheimili ..... Aðsetur .....

Heimasími ..... Vinnusími ..... Farsími .....

Netfang ..... Atvinna .....

Einhver fylgikvilli við/eftir síðustu blóðgjöf? .....

Gefið blóð annars staðar en í Blóðbankanum, dags og staður: .....

Vinsamlega láttu okkur vita ef þú **veikist** fljótlega eftir blóðgjöfina. Farið verður með allar upplýsingar sem **trúnaðarmál**. Þú getur **hætt við** blóðgjöfina fyrirvaralaust án þess að gefa skýringu.

Ég hef lesið bækling Blóðbankans, "Smitvarnir og blóðgjöf - upplýsingar til blóðgjafa", í dag.

Ég hef lesið bækling Blóðbankans, "Smitvarnir og blóðgjöf - upplýsingar til blóðgjafa", í dag.

- |   | já                       | nei                      |
|---|--------------------------|--------------------------|
| 1. Ert þú við góða heilsu?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hefur þú síðastliðinn mánuð:   |                          |                          |
| a. notað einhver lyf, þ.m.t. Magnyl/lbúfen? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. umgengist fólk með smitandi sjúkdóm? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. fengið flensu/kvef/frunsu? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. verið hjá tannlækni? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hefur þú frá síðustu blóðgjöf/sýnatöku:  |                          |                          |
| a. verið veik(ur)/í aðgerð/undir eftirliti læknis eða slasast?.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. notað lyfin: Neotigason/Roaccutan/Proscar/Finol/Avodart/Propecia?.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. fengið blóð/fengið vefjalgræðslu (t.d. heila- eða hornhimnu)? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. verið bólusett(ur)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. farið til útlanda eða búið erlendis? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. grennst/fengið eitlabólgu/níðurgang/hósta/hita? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. verið með ofnæmi (heymæði/útbrot/lyfjaofnæmi)? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| h. farið í: nálastungumeðferð/raf-háreyðingu/húðflúr/götun fyrir skartgrip? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. heyrt um Creutzfeldt-Jakob sjúkdóm í ætt þinni? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| KONUR: Farið í keiluskurð? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Konur:</b> Hefur þú orðið þunguð frá síðustu blóðgjöf/sýnatöku?.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ég borðaði síðast kl: .....  |                          |                          |

Ég hef lesið og skilið upplýsingaefni Blóðbankans, fengið tækifæri til að bera fram spurningar og fengið fullnægjandi svör. Ég er samþykkt(ur) blóðgjöf í dag og að Blóðbankinn geymi þessa heilsufarskýrslu ásamt tölvuskráðum niðurstöðum rannsókna. Ég ábyrgist að hafa svarað heilsufarspurningum samkvæmt bestu vitund og að ég tilheyri ekki neinum tilgreindum áhættuhópi.

Dags: ..... Undirskrift blóðgjafa: .....

Húðskoðun: ..... Hjúkr.fr. ....

Strikamerki 569093912380



# BLÓÐBANKINN

## HEILSUFAR BLÓÐGJAFI

VIÐ FYRSTU KOMU EÐA EF TVÖ ÁR ERU LIÐIN  
FRÁ SÍÐUSTU BLÓÐGJÖF

	AFGREIÐSLA	BLÓÐTAKA	EHB-41   41-011
PERSÓNU- VOTTUN			
F- S- A-			

Notið prentstafi

Nafn ..... Kennitala .....

Lögheimili ..... Aðsetur .....

Heimasími ..... Vinnusími ..... Farsími .....

Netfang ..... Atvinna .....

Einhver fylgikvilli við/eftir síðustu blóðgjöf? .....

Gefið blóð annars staðar en í Blóðbankanum, dags. og staður: .....

Vinsamlega láttu okkur vita ef þú **veikist** fljótlega eftir blóðgjöfina. Farið verður með allar upplýsingar sem **trúnaðarmál**. Þú getur **hætt við** blóðgjöfina fyrirvaralaust án þess að gefa skýringu.

Ég hef lesið bækling Blóðbankans, "Smitvarnir og blóðgjöf - upplýsingar til blóðgjafa", í dag.

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- |   | já                       | nei                      |  | já                       | nei                      |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Ert þú við góða heilsu? .....  | <input type="checkbox"/> | <input type="checkbox"/> | 9. Hefur þú haft:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hefur þú s.l. mánuð:   |                          |                          | a. hjarta- eða æðasjúkdóm/ gigtsótt? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| a. notað einhver lyf, þ.m.t. Magnyl/Íbúfen? .....   | <input type="checkbox"/> | <input type="checkbox"/> | b. verk/þyngslí í brjóstholi? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. umgengist fólk með smitandi sjúkdóm? .....   | <input type="checkbox"/> | <input type="checkbox"/> | c. lungnasjúkdóm? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. fengið flensu/kvef/frunsu? .....   | <input type="checkbox"/> | <input type="checkbox"/> | d. berkla? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. verið hjá tannlækni? .....   | <input type="checkbox"/> | <input type="checkbox"/> | e. liðagigt? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hefur þú s.l. 12 mánuði:   |                          |                          | f. blóðleysi/blóðsjúkdóm? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. verið veik(ur)/verið í aðgerð/undir eftirliti læknis? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | g. háan/lágan blóðþrýsting? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. verið bólusett(ur)? .....  | <input type="checkbox"/> | <input type="checkbox"/> | h. gulu/lifransjúkdóm? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. grennst/fengið eitlabólgu/niðurgang/hósta/hita? .....  | <input type="checkbox"/> | <input type="checkbox"/> | i. veikindi í maga/þörmum? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. farið í: nálástungur/raf-háreyðingu/húðflúr/<br>götun f. skartgrip? .....                        | <input type="checkbox"/> | <input type="checkbox"/> | j. veikindi í nýrum? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ert þú fædd(ur) erlendis? .....  | <input type="checkbox"/> | <input type="checkbox"/> | k. innkirtlasjúkdóm (t.d. í skjaldkirtli)? .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hefur þú farið til útlanda eða búið<br>erlendis? .....   | <input type="checkbox"/> | <input type="checkbox"/> | l. sykursýki? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hefur þú heyrt um Creutzfeldt -<br>Jakob sjúkdóm í ætt þinni? .....                              | <input type="checkbox"/> | <input type="checkbox"/> | m. ofnæmi? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Hefur þér einhvern tíma verið vísað<br>frá blóðgjöf? Ef já, þá af hverju? .....                  | <input type="checkbox"/> | <input type="checkbox"/> | n. kynsjúkdóm? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <b>Konur:</b> Hefur þú orðið þunguð<br>s.l. 12 mán. eða frá síðustu blóðgjöf/<br>sýnatöku? ..... | <input type="checkbox"/> | <input type="checkbox"/> | o. taugakerfisjúkdóm? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | p. yfirliðakast/krampa? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | q. krabbamein/frumubreytingar? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 10. Hefur þú slasast? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 11. Hefur þú fengið blóð? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 12. Hefur þú fengið:   |                          |                          |
|   |                          |                          | a. vaxtarhormón? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | b. vefjalgræðslu (t.d. heila-/hornhimnu)? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | c. lyfin: Neotigason/Roaccutan/Proscar/Finol/<br>Avodart/Propecia? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 13. <b>Konur:</b> Hefur þú farið í keiluskurð? .....                     | <input type="checkbox"/> | <input type="checkbox"/> |

Þyngd: ..... Hæð: ..... Ég borðaði síðast kl: .....

Ég hef lesið og skilið upplýsingaefni Blóðbankans, fengið tækifæri til að bera fram spurningar og fengið fullnægjandi svör. Ég er samþykkt(ur) blóðgjöf í dag og að Blóðbankinn geymi þessa heilsufarsskýrslu ásamt tölvuskráðum niðurstöðum rannsókna. Ég ábyrgist að hafa svarað heilsufarsspurningum samkvæmt bestu vitund og að ég tilheyrri ekki neinum tilgreindum áhættuhópi.

Dags: ..... Undirskrift blóðgjafa: .....

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- ▼ Can I donate?
- ▼ What Can I Donate?
- ▼ How Can I Get Involved?
- ▼ What Should I Know?
- ▼ Forms
- ▼ Hospitals

## Public Statement Update on Review of MSM Deferral Policy

**March 16, 2007**

Currently, Canadian Blood Services indefinitely defers any male from donating blood if he has had sex with another male, even once, since 1977 (MSM). The MSM deferral is part of our screening procedures that are designed to identify a variety of behaviours and circumstances known to increase risk to the safety of the blood supply. As another example, we also indefinitely defer individuals from giving blood that have spent more than three months in the United Kingdom or France between 1980 and 1996, due to the increased risk of potential exposure to vCJD.

In keeping with Canadian Blood Services' commitment to ensuring the safety of the blood system, we continually review our policies and procedures to ensure they are still in the best interest of Canadian patients. As part of the review of the MSM deferral policy, the Board of Directors commissioned an independent risk assessment, which was undertaken by the McLaughlin Centre for Population Health Risk Assessment and finalized in February 2007.

In April 2007, Canadian Blood Services will undertake consultations with stakeholders and high interest groups to gather their views and input on the policy. This feedback will then be provided to the Canadian Blood Services' Board of Directors for consideration as they continue to review the MSM deferral policy and determine next steps.

Any change to our donor criteria would have to be considered safe from a scientific perspective, be in accordance with our mission to operate Canada's blood supply in a manner that gains the trust, commitment and confidence of Canadians, particularly patients, and be approved by the regulator, Health Canada.

 Printer-friendly

**Media Room**





# What You Must Know to Give BLOOD



Canadian Blood Services  
*it's in you to give*

## BEFORE YOU GIVE

Before giving blood please read this brochure.

- Drinking fluids before donation will help to maintain your blood volume.
- We will ask you to show proof of identity and complete a form that asks you about your health.
- You will be asked if you have engaged in actions that may transmit HIV and hepatitis.
- We will check your blood pressure, pulse and temperature. We will check your blood to make sure you are not anemic.
- You will then be asked to sign a statement that confirms that you have read and understood the information in the brochure and that you have answered all questions truthfully.

Your presence here is voluntary. You may leave at any time but please inform a member of the clinic staff.

## DONOR PRIVACY

Whether you donate or not your answers are kept on file. We take appropriate measures to protect the confidentiality of your personal information. If you would like to obtain more information on our privacy program, please ask for our privacy brochure.

## INFORMATION ON AIDS

AIDS is caused by a virus known as HIV. HIV can be spread when body fluids such as semen, blood or vaginal fluids from a person with the virus enter the bloodstream of someone else. Because HIV can be transmitted by blood, your blood will be tested for HIV. The tests for HIV **cannot** detect 100% of HIV infections.

## HIV AND HEPATITIS VIRUS RISKS

The HIV and hepatitis viruses can be transmitted if:

- You have used a needle to inject illegal drugs into yourself
- You have taken money or drugs for sex, since 1977
- You are a male who has had sex with another male, since 1977
- You regularly receive blood products
- You have had sex with someone who has done any of the things listed above
- You have been in jail for longer than 48 hours in the past 12 months.

## DEFINITION OF SEX

Sex refers to any of the following activities even if a condom or barrier device was used:

- Vaginal intercourse (contact between penis and vagina)
- Oral sex (mouth or tongue on someone's vagina, penis or anus)
- Anal intercourse (contact between penis and anus).

## DO NOT GIVE BLOOD IF:

Do not give blood if:

- You have engaged in activities that put you at risk for getting HIV or hepatitis
- You have had a test that shows you have AIDS or the HIV virus
- You want a test for HIV.

## PREVENTING USE OF YOUR BLOOD

You may not want to say that you are at risk for getting HIV. For this reason, we provide a way you can make this known without telling any one. You will be asked to select a sticker in private from a choice of two. Choosing the "NO" sticker means your blood will not be used. The "YES" sticker means your blood will be used, if test results are okay. The stickers are bar-coded and read by a machine so your choice remains private.

## INFORMATION OF IMPORTANCE TO YOUR HEALTH

### ALLERGIES

Latex products and medical gloves are used at the donor clinic. Please tell the clinic staff if you are allergic to latex or to the powder used in medical gloves.

### WHILE YOU GIVE

Giving blood takes about 15 minutes. The needle used to take the blood is new and sterile.

## POSSIBLE SIDE EFFECTS

There is usually no discomfort while giving. A small number of donors may:

- Feel faint, dizzy or nauseated
- Feel tired for a day or two
- Very rarely, faint and have muscle spasms
- Have bruising, redness or a rash at the needle site
- Suffer nerve damage, pain or numbness in the arm.

A decrease in iron stores (ferritin) may occur in frequent donors.

A diet rich in iron is advised for all donors.

## AFTER YOU GIVE

- Put pressure on the needle site for about five minutes to stop the bleeding. We will then place a bandage on your arm.
- Rest for five to ten minutes or so.
- If you feel faint sit down and rest for a few minutes with your head between your knees or lie down.
- To avoid a skin rash, when you return home, remove the bandage and wash the needle site with soap and water.
- Avoid doing anything strenuous for about 6 to 8 hours.
- Drink plenty of fluids to replace the fluid that has been lost.

## HAZARDOUS JOBS

People who work in jobs that expose them to risk (such as flight crews, scuba divers, bus drivers and heavy equipment operators) may require some time off before going back to work. For those who engage in risky sports, time off from the sport may be advised after giving blood.

## HOW OFTEN YOU CAN GIVE

A blood donor may give every 56 days.

## WHAT HAPPENS TO YOUR DONATION

Your donation is used to treat patients. A small part of your donation may be used for quality testing, teaching or stored for future testing but this is rare. As well, part of your donation may be donated or sold on a cost recovery basis instead of being discarded. It could then be used for research or further processed into drugs to treat patients inside or outside Canada. For further information please ask for our *What Happens to YOUR Donation* brochure.

Your blood will be tested for:

- Hepatitis B and C
- Syphilis
- AIDS virus (HIV)
- HTLV virus
- West Nile virus
- Blood group
- A Chagas disease test will be done if you have answered "yes" to any of the questions that identify a possible risk for acquiring Chagas disease. A Chagas disease test may also be done on a certain number of donors who answer "no" to these questions.
- Other tests, such as parvovirus B19, cytomegalovirus (also known as CMV) and bacteria may be done. This depends on the use of your blood.

There are unusual circumstances in which these tests cannot be done.

## POSITIVE TEST RESULTS

If any of these tests show results that could affect your health this is what happens:

- Your blood will not be used
- CBS staff will ask you for the name of your doctor and the results will be given to him or her
- Except for a positive West Nile virus test, your name will be added to a private list of those who cannot give blood
- If required by provincial law, the local or provincial health office will be informed of positive test results.

## CONTACT CBS IF:

- After leaving the blood donor clinic you faint, or get a large bruise
- After giving blood you decide your blood should not be used
- You suffer from any illness or diarrhea within the next week
- Within the next 14 days you have West Nile Virus
- You have a test within the next twelve months that shows you have hepatitis or HIV.

## QUESTIONS?

If you have any questions or concerns please ask the clinic staff. Or call 1 888 2 DONATE (1 888 236-6283). More information may also be found at our website, [www.blood.ca](http://www.blood.ca).



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## Why we ask men who have sex with men not to give blood

### **A guide for donors**

Securing the safety of the national blood supply is our number one priority. We follow strict rules and regulations when collecting and processing blood to make sure we supply the safest possible blood.

We use two main strategies to keep blood donation as safe as possible.

1. Selecting 'safe' donors
2. Testing every donation

Selecting 'safe' donors means that we have to ask some people not to donate their blood. This includes all men who have had sex with other men.

### **Principles of selecting donors**

There are over 450 rules guiding donor selection and there are many groups of people who we ask not to donate either for a short period or forever.

Some people in these groups may have a very low risk of blood-borne infections and their blood would probably be safe to give to patients, but it is safest to ask everyone within the groups that have been identified, not to give blood.

This request can be disappointing and frustrating to some people who wish to donate blood. Our decisions are based on information and research about the effects our policies will have on ensuring the safest blood supply possible, not out of a desire to discriminate against any particular group.

The aims of selecting donors are to:

1. select donors whose blood, as far as we can tell, is most unlikely to transmit any infection
2. collect enough blood to meet patients' needs.
3. make sure that donors themselves come to no harm through giving blood.

We have to balance these three aims while also keeping the selection process clear and simple.

### ***Why do we ask men who have sex with men not to give blood?***

We ask men who have sex with men not to give blood because men who have sex with men, as a group, are known to be at an increased risk of acquiring HIV and a number of other sexually transmitted infections (STIs), many of which are carried in the blood.

It is specific behaviours, rather than being a man who has sex with men, which places men who have sex with men at increased risk of HIV infection. Safer sex will keep most men who have sex with men free from infection, however research shows that allowing men who have sex with men as a group to donate blood would increase the risk of HIV infected blood entering the blood supply.

### ***Testing does not detect all infections***

We test all blood donations for HIV, hepatitis B and C, syphilis and HTLV. However, no testing process can be 'perfect'. We may miss infected donations because of the 'window period' between getting an infection and the test showing a positive result. There is also always a small risk of mistakes being made in the laboratory.

Selecting donors that are already in a low-risk group for these infections means that we will reduce the number of infected donations that could be missed by testing.

### ***How the rule improves the safety of blood transfusions***

Many men who have sex with men have not given blood since the AIDS epidemic began, and this has prevented many HIV infections being transmitted through transfusion. Also, the number of hepatitis B infections transmitted by blood transfusion fell considerably after this rule was introduced.

Abolishing the rule for men who have sex with men would increase the risk of HIV infected donations entering the blood supply in England by about five times, and changing the rule to allow men who have sex with men to donate one year after they last had sex with another man would increase the risk by 60%. (Reference: Soldan, K.; Sinka, K. Vox Sanguinis, Volume 84, Number 4, May 2003, pp. 265-273 (9)).

### ***Keeping our rules simple***

The rule about men who have sex with men is clear and simple. You can decide whether it applies to you without the need to discuss your personal life with our staff. The rule is based on an impartial assessment of available evidence. We ask that you observe it for the sake of blood safety.

### ***Further information***

People who are asked not to donate blood are entitled to a clear explanation as to why. If you would like more information than is contained in this leaflet, please see our [contacts](#) list.



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## Fylgiskjal 5.

Sérstök kynning á vegum íslenskra heilbrigðisyfirvalda frá árinu 1986.



MBL 1986-1.pdf



MBL 1986-2.pdf



MBL 1986-3.pdf



MBL 1986-4.pdf

## Fylgiskjal 6.

Reglur sænskra heilbrigðisyfirvalda um hverjir mega gefa blóð, og hverjir ekki, og tilkynning þeirra um fyrirhugaðar breytingar.



**Frågor och svar om blodgivning – grundläggande information** information

<http://www.socialstyrelsen.se/fragorochsvar/blodgivninggrundlaggandeinform>

## **1. Vem fattar beslut om vilka regler som gäller för blodgivning?**

Alla länder inom EU har enats om regler för blodgivare som ska gälla inom hela unionen. Medlemsländerna är skyldiga att införa dessa regler nationellt och har dessutom möjlighet att ställa högre krav inom respektive land, så länge de uppfyller grundkraven från EU. I Sverige har en blodsäkerhetslag införts för att sätta EU-direktiven i kraft. Det är Socialstyrelsen som fastställer vilka regler som gäller för blod och blodkomponenter avsedda för transfusion och det är Läkemedelsverket som fastställer de regler som gäller för den blodplasma som används till framställning av läkemedel. Blodcentralerna ska tillämpa dessa regler, men kan ställa högre krav på blodgivarna, om det finns särskild grund för detta.

## **3. Vem får ge blod och vad är urvalskriterier?**

Alla som vill ge blod måste uppfylla en rad kriterier där alla måste vara uppfyllda för att personen ska godkännas som blodgivare. Det är inte ovanligt att någon som vill bli blodgivare inte godkänns på grund av att personen inte uppfyller samtliga kriterier. En avstängning kan vara antingen tidsbegränsad eller permanent. Vissa kriterier är till för att skydda blodgivarna, medan andra ska skydda mottagarna av blodet.

Exempel på kriterier som avser skydda blodgivaren är:

- låg kroppsvikt
- hög ålder
- lågt hemoglobinvärde
- vissa sjukdomstillstånd

Exempel på kriterier som avser skydda mottagaren är:

- infektioner och andra sjukdomar
- riskhändelser t.ex. kirurgiskt ingrepp, tatuering eller antibiotikabehandling
- riskbeteenden t.ex. injektionsmissbruk, sexuellt umgänge i utbyte mot pengar eller sexuellt umgänge mellan män
- utlandsvistelse t.ex. besök i länder där vissa infektionssjukdomar är vanliga

## **4. Varför utgör sexuellt umgänge mellan män ett riskbeteende?**

Riskbeteende definieras av hur stor risken är att exponeras för smitta som kan överföras via blod vid ett visst sexuellt beteende. Beräkning av denna risk görs utifrån den kunskap vi har om hur många personer som smittas varje år och hur många som idag lever med sjukdomar som kan överföras via blod och blodprodukter. Sådana sjukdomar är t.ex. hiv, hepatit B, hepatit C samt syfilis. I Sverige är risken att exponeras för hiv uppskattningsvis minst 50 gånger högre för män som har sexuellt umgänge med män, än för män som har sexuellt umgänge med kvinnor, förutsatt att det inte finns några fler riskfaktorer för hiv.

## Tilkynning sænskra heilbrigðisyfirvalda um fyrirhugaðar breytingar á reglum.

<http://www.socialstyrelsen.se/fragorochsvar/blodgivningforandradereglerfra>

### **1. Vad är nytt i Socialstyrelsens föreskrift, som gäller från och med 1 april 2010?**

De viktigaste förändringarna från tidigare föreskrift är:

1. Personer som har haft ett sexuellt riskbeteende tillåts lämna blod om minst 12 månader har gått sedan senaste risktillfället.  
Personer med sexuellt riskbeteende avser:
  - alla som har haft sexuellt umgänge i utbyte mot pengar, droger eller annan ersättning
  - män som har haft sexuellt umgänge med män
  - kvinnor som har haft sexuellt umgänge med en man som i sin tur har haft sexuellt umgänge med en man.Tidigare var dessa personer avstängda från att ge blod resten av livet.
2. Krav på s.k. kombotest för hiv (som kan upptäcka både antikroppar och antigener) vid varje blodgivning har införts. Det är ett test som kan upptäcka smitta i blodprov tidigare än de hivtest som använts förut.
3. Krav på testning för syfilis vid varje blodgivning finns nu. Tidigare har detta test enbart krävts första gången en person lämnar blod. Orsaken är att syfilis ökar.
4. Krav på personlig intervju vid varje blodgivningstillfälle har införts. Redan tidigare finns ett krav på en sådan intervju första gången en person ger blod.
5. Beslut om blodtappning ska fattas av legitimerad hälso- och sjukvårdspersonal.

**Sænsk heilbrigðisyfirvöld hafa seinkað gildistöku þessara breytinga, vegna margvíslegra vandkvæða við innleiðingu.**

## **Fylgiskjal 7.**

### **Evróputilskipun um blóðbankaþjónustu (2002/98 og 2004/33)**



directive\_2002\_98\_ec.pdf



directive\_2004\_33-ec.pdf

## **Fylgiskjal 8.**

### **Reglugerð 441/2006 um blóðbankaþjónustu.**



Reglugerð\_nr\_441\_2006.doc