Should men who have ever had sex with men be allowed to give blood?

Bob Roehr says that the current ban on blood donations from MSM is not supported by evidence, but **Jay P Brooks** says that the risk of transmission of infection is too great

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YES

The lifetime ban on blood donation from men who have had sex with men (MSM) has no scientific justification, particularly when other high risk groups are not similarly excluded. Furthermore, the full costs of maintaining the ban often are not taken into account; they need to be tallied in making the risk-benefit decision.

Marc Germain and colleagues at the Hema-Quebec blood service, Montreal, estimate that changing the deferral of MSM to 12 months from when the last sex took place with a new partner would result in the release of only one more unit of HIV positive blood among the 15 million a year processed in the United States.[1]

They have continued to refine this model, plugging in the effect of newer, more accurate screening tests and better epidemiological data on the changing face of the epidemic, which reduced the risk even further. Speaking from the audience during a panel discussion at the October annual meeting of the AABB, formerly known as the American Association of Blood Banks, Dr Germain told the international conference, "If we relax the criteria to one year, with the new analysis we estimate there would be one additional case of HIV every 2000 years."

Eleftherios Vamvakas, head of pathology at Cedars-Sinai Hospital in Los Angeles, told that same audience that the risk from pooled platelets is 20 times greater than the risk of reducing the deferral of MSM to 12 months, even though pooled platelets are only 15% of platelet doses transfused in the US.[2]

In contrast, a 2007 analysis found a residual risk of transfusion transmitted hepatitis B infections of one in 153 000 units.[3]

Dr Vamvakas also compared the situation to that of human herpesvirus 8, the infectious agent that has been associated with Kaposi's sarcoma, where transmission through organ donation but not blood transfusion has been shown,[4 5] concluding, "Policy makers in North America appear to have been selectively precautionary in the case of MSM.

"In the absence of evidence of a consistent approach to safety, maintenance of the current MSM deferral cannot be scientifically justified." Dr Vamvakas called for a consistent policy to tackle every aspect of safety with blood products, tackling the greatest risk first

"If we relax the criteria to one year . . . we estimate there would be one additional case of HIV every 2000 years"

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NO

New HIV infections in the US among men who have had sex with men (MSM) declined in the 1980s and 1990s but increased by 11% from 2001 to 2005, and MSM still account for most new HIV infections.[1] Men who have had sex with men since 1977 have an HIV prevalence 60 times higher than the general population, 800 times higher than first time blood donors, and 8000 times higher than repeat blood donors.[2]

The approach to minimising infections in the US all-volunteer blood supply is two pronged—the donor questionnaire and laboratory testing. Testing for HIV includes antibody testing as well as molecular methods (nucleic acid amplification testing).

Window period

Some people have asserted that laboratory testing is so good that there should be no deferral period for MSM.[3] Although testing is better than it has ever been, infections can be transmitted during the window period—the period between infection and detectability by laboratory testing. Additionally, laboratory screening, like most human endeavours, is fallible.

Few blood banking experts favour dropping the ban entirely, but some sections of the US blood banking community have proposed instead a one year period, which they view as more congruent with other deferrals based on behaviour,[4] such as the one year deferral of men who have had sex with a prostitute. Longer deferrals such as five years have been suggested. A study commissioned for the Canadian Blood Services by the McLaughlin Centre found no clear evidence that changing the deferral to five years would result in an increase in HIV risk for blood recipients. It did conclude, though, that a change to a one year deferral would increase the risk of HIV for blood recipients.[5]

Given the extraordinary lengths to which blood services go to improve and add expensive tests, which make transfusion minimally safer, those who propose a change to policy should meet a burden of proof that they cannot: evidence that there would be no extra risk to transfusion recipients whatsoever.

In fact, studies to elucidate the risk of

and then going down the scale. "Eventually we get to the risk of MSM, which is very, very small, much smaller than other risks that currently are implicitly or overtly accepted," he said.

Unjust discrimination

The lifetime ban was put in place in the United States in the mid-1980s, when little was known about HIV: tests for the virus were non-existent or crude; diagnosis was akin to a short term death sentence; and the disease was thought to be concentrated almost exclusively among gay men in the industrialised world.

Discrimination was embedded in the policy from the start. It does not distinguish between sexual acts, how recent or distant the exposure, or whether a man has been in a monogamous relationship, but eternally stigmatises any male same sex contact.

In the US people who fall into other categories of risky behaviour—for example, injecting drug users and female sex workers—are generally allowed to donate blood after a year's deferral from the last risky activity.

The policy is administered through a screening questionnaire, and this process is flawed because people lie about engaging in activity that is frowned upon by some sections of society.[6] This may be particularly true when blood donations are gathered at the workplace, or in religious settings, where there is social pressure to participate.[7] The policy provides little protection.The blood industry understood this; it quickly developed and continues to refine tests that screen the donation for the presence of HIV itself. And it has got very good at it.[8]

Costs of discrimination

Supporters of the lifetime ban point to the cost of increased risk of transmissions of HIV as the reason to maintain it. The costs of maintaining that policy should also be considered.

Perhaps the greatest cost, and the immediate reason why the issue is before the public, is that college students are recognising the policy as unfairly discriminatory and increasingly are refusing to support it. Colleges are a large source of blood donations, but more importantly, they often are where the habit of lifelong donation is established.

Celso Bianco, executive vice president of America's Blood Centers, the network that collects about half the blood in the US, told an advisory committee of the Food and Drug Administration in 2006 that many centres are unable to collect blood, particularly in colleges and in other environments "because of a perception that we are being unfair."

Before the AIDS epidemic, gay men were among the most loyal donors in the San Francisco Bay Area, contributing up to 10% of total donations there, and likely in other large urban areas where the greatest share of blood intense procedures, such as heart and major trauma surgery, are performed.

Change the policy

One group of US residents has a HIV prevalence 17 times that of their comparator: black versus white women. Yet there is no call for a lifetime ban on that demographic group from donating blood. Why? It is because we are more sensitised to racism than to homophobia. This must change.

Australia has had a one year deferral policy for all risk categories since 1992 and a record of one case of probable HIV transmission by transfusion since 1985. AABB has supported harmonisation to a 12 month deferral for all risk categories since 1997, and the American Red Cross adopted that position in 2006.[9]

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changing to a shorter deferral period have failed to find scientific evidence to support such a change.[6-8] One study in the United Kingdom estimated that the increased risk of HIV in the blood supply by substituting a one year deferral would be 60%, and no deferral period would result in a 500% rise.[6] The same study indicated that the rise in non-infected donations would be relatively small, and another concluded that the rise would be negligible.[9]

In the 1980s the blood establishment was criticised for being dilatory in banning donations from gay men to decrease the incidence of post-transfusion AIDS, and many have charged that donor centres were too deferential to their gay donors.[10] It is ironic that the blood establishment now stands accused of being slow to return MSM to the donor pool.

A right to donate?

Some deferred donors and their advocates have asserted a right to donate, alleged unfair discrimination, and have labelled the MSM deferral stigmatising.[11 12] It is not clear that changing the deferral period to one year would be viewed as less stigmatising or more acceptable to deferred donors than the current permanent deferral because many activists advocate dropping the ban entirely.

The right of recipients to receive safe blood should trump the asserted rights of donors to give blood. The primary if not exclusive responsibility of blood collection centres and transfusion services is to provide adequate amounts of safe blood to recipients. An all-volunteer blood supply remains the single most significant advance in blood safety, and is the envy of developing countries throughout the world. In his book *The Gift Relationship*, Richard Titmuss portrays blood donation as an altruistic gift.[13] But no fundamental right exists to make this donation and there is no requirement that a gift be accepted, whether that gift is an engagement ring or a unit of blood. If recipients were required to accept what was offered, even if well intentioned, it is not a gift.

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Protests and cancellations of blood drives have occurred. In the US, one university president halted a blood drive citing the MSM ban as a violation of the university's non-discrimination policy.[14] Although such actions have received much media attention, they have neither been widespread nor threatened the blood supply. In fact, a subsequent blood drive at the same university was merely relocated off campus property with no ill effect.[15] Some deferred donors have elected to take positive steps: at the University of California in Berkeley, deferred students recruited eligible donors to give blood in their place.[16]

Although episodic blood shortages occur,[17 18] it seems unlikely that transfusion experts would tap the high risk donor pool of MSM were it not for the political pressure that has been exerted. No serious consideration has been given to re-entering other deferred groups such as former intravenous drug users or female sex workers who have refrained from high risk behaviours for an extended time, who could invoke similar arguments.

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