

Changes to blood donor deferral in New Zealand Gay community summary guide 2014

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This community guide by the Gay Men's Sexual Health research group, University of Auckland, summarises the recommendations to the New Zealand Blood Service by the independent review group to amend blood donor deferral criteria in 2014.



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- New Zealand has a safe, voluntary and self-sufficient blood supply.
- Protection of the blood supply is achieved by a multi-step process involving self-deferral, a donor behavioural questionnaire followed by an interview, testing of all blood donated, and processing that reduces the infectivity of some agents.
- No one step on its own is failsafe; rather it is the combined approach that achieves blood safety by minimising the risk of transfusion transmissible infections (TTIs) entering the blood supply.
- **The overarching priority in blood safety policy is recipient safety.** Any change in blood service policy – such as a liberalisation in prospective donor deferral criteria - must not result in an increased risk to potential recipients. We all benefit from a safe blood supply.
- People in need of blood are by definition in a vulnerable position. Often they need it urgently, have little or no choice, and if the transfusion is infected with HIV it will almost certainly result in transmission to them. The Blood Service therefore has obligations to recipients, namely to prevent harm by ensuring blood is free from infectious agents.
- The blood service also has obligations to potential donors, particularly in relation to the ethical rights of non-discrimination (note that there is no legal “right to donate”). The rights and freedoms of potential donors should be interfered with as little as reasonably possible.
- Donor deferral through behavioural screening is a common mechanism of blood safety worldwide. **In New Zealand around 20% of first time prospective donors are deferred for various reasons.** Donor deferral criteria should be evidence-based, rational and proportionate, and treat groups that pose similar potential risks to the blood supply equally.
- Since the last review in New Zealand in 2008, there have been improvements in testing accuracy and processing of donated blood, assessments of blood safety and compliance, and updates on epidemiological data, ethical issues and human rights law.
- Following the recommendations of an independent expert review group, the New Zealand Blood Service has agreed that *the deferral period for men engaging in anal or oral sex with a male, heterosexuals from countries with a high prevalence of HIV, and all sex workers be reduced from 5 years to 12 months* (see list on pages 3 & 4).
- **All of these behaviour-based groups are deferred because of a higher probability of an undiagnosed infection such as HIV than among those who are not deferred.**

- In particular it reflects the high concentration of HIV in New Zealand among gay men, and heterosexuals from sub-Saharan Africa and parts of South-East Asia. It also reflects the relative rarity of infection among heterosexuals living in New Zealand who are not already subject to deferral.
- The changes follow improvements in testing and systems which mean longstanding undiagnosed HIV infections will almost certainly be detected and not inadvertently transfused. However the 12 month period remains because of the ongoing risk of the tests not detecting recently acquired infections.

Changes to deferral criteria implemented in December 2014

Men who have sex with men (MSM)

It is appropriate to have deferral based on specific sexual behaviour. Deferral for men who have had anal or oral sex (with or without a condom) with another man should be reduced from 5 years to 12 months since the last event.

Heterosexuals from geographical areas with a high prevalence of HIV

The deferral of heterosexuals who have lived in or come from an area with a generalised epidemic of HIV should continue but should be shortened from 5 years to 12 months.

Sex workers

The deferral of current sex workers should continue. The deferral period for people who have engaged in sex work in New Zealand should remain at 12 months, and for those who have engaged in sex work elsewhere, it should be shortened from 5 years to 12 months.

Sex with someone at higher risk of STIs, especially HIV

A 12 month deferral should be continued for women who have had sex with a bisexual man, men or women who have had sex with a person who carries the hepatitis B or C viruses, or with a person who injects drugs, a sex worker, a person with haemophilia or related condition who has received treatment with plasma-derived clotting factors at any time, or with a person who lived in or comes from a country with high HIV prevalence.

Individuals with an HIV positive partner

Previously anyone with a current or past sexual partner who had tested positive for HIV was permanently deferred. The deferral for individuals with a current HIV positive partner remains, but the deferral for individuals with a previous HIV positive partner is reduced to 12 months following last sexual contact.

Permanent exclusions (unchanged)

Individuals with HIV, Hepatitis B or C; who have ever injected non-prescription drugs; who have haemophilia or related clotting disorder

Individuals in any of the above categories are permanently excluded, and this remains unchanged.

Deferral for reasons other than sexual behaviour

Approximately 20% of first time prospective donors are deferred for various reasons.

For example, people who resided in the UK, France or Ireland between 1980-1996 during the epidemic of Bovine Spongiform Encephalitis (BSE) are deferred because of the risk of acquiring variant Creutzfeldt-Jakob Disease (vCJD), and the lack of a diagnostic blood test. This deferral applies even if a person was vegetarian. Another example is individuals with a recent tattoo, who are deferred for six months.

These and other deferrals are designed to reduce the risk of infection to a recipient. A number of deferrals are also designed to protect prospective blood donors themselves, for example deferrals for people about to engage in hazardous jobs or hobbies (e.g. flying, rock climbing) who may feel temporarily affected soon after giving blood.

Q & A

- **If all donated blood is tested, why do we need deferral?**

Testing accuracy has advanced but it is not perfect. It takes time for a newly acquired infection to be detected by a laboratory test (the “window period”). During that time a person’s blood sample may test negative but can be infectious to others, particularly if they donate blood. A precautionary deferral period for individuals at heightened risk of infection helps safeguard against this.

- **Why are gay and bisexual men who use condoms deferred, but heterosexual men and women who engage in unprotected intercourse able to donate?**

Deferral is based on the mathematical probability of undiagnosed HIV infection and the best currently available science, not on moral or political judgements about “responsible” or “reckless” behaviour. In New Zealand, HIV transmission is concentrated among gay and bisexual men, and is relatively rare among most heterosexuals – even those with multiple partners or having unprotected sex.

Although a gay man’s *absolute* risk of acquiring HIV if condoms are used consistently and correctly is very low, the average probability of having undiagnosed HIV *relative* to heterosexuals is high, for the following reasons:

- i) the higher underlying prevalence of HIV among the sexual partners of gay and bisexual men than other groups;
- ii) clear evidence that receptive anal intercourse is around 18 times more biologically efficient at transmitting HIV than vaginal intercourse;
- iii) the small risk of a condom being used improperly; and
- iv) the comparatively highly-connected nature of sexual networks among gay and bisexual men, which means an average gay man will be more likely to encounter a sexual partner with undiagnosed HIV than an average heterosexual individual.

For example, mathematical modelling studies from Australia predict the risk of not detecting an HIV infection in donated blood is around 60 times greater for an average gay man who reports himself as monogamous than for an average heterosexual man with one new partner.

- **Doesn’t this unfairly single out gay and bisexual men but ignore the risks posed by others?**

Around 20% of all first time prospective donors are deferred. Some heterosexuals are deferred based on their behaviour that carries a higher probability of undiagnosed HIV infection, for example heterosexuals from high HIV prevalence countries or who have injected drugs, or whose sexual partners include such individuals.

- **Why can't there be individually tailored practice-based deferral?**

Individually tailored deferral has been suggested as a possible alternative. However, its superiority as an approach rests on at least two factors: (i) its ability to effectively identify individuals at higher probability of infection; and (ii) the practicality of collecting accurately the more sensitive and detailed information that would be required, at the point of donation. To date no such new system has been demonstrated to work effectively anywhere in the world.

One difficulty is that even gay men who report protective behaviours are estimated to have a higher probability of undiagnosed HIV infection than heterosexuals reporting unprotected behaviours. So even a more detailed donor questionnaire that identified gay men in this situation would potentially still result in deferral for such men.

Another difficulty is that some people are not always good at assessing their own level of risk. A community-based study of gay men in Auckland found that 6.5% had HIV infection, with 1 in 5 of these men unaware they were positive. These men reported a variety of circumstances (some were in relationships, some had few recent partners), many had tested negative for HIV in the last year, and most believed they were definitely or probably uninfected.

- **I think I need an HIV test; can't I donate blood to learn what my result is?**

Anyone who thinks they need an HIV test should visit their GP, an HIV testing centre or sexual health clinic. The Blood Service is not set up with appropriate facilities to deliver positive test results. If someone believes they may have been exposed to HIV there is a risk of a window period infection being transmitted to a recipient. These people are asked to defer.

- **Which gay and bisexual men can donate blood now?**

Gay and bisexual men who last had anal or oral sex more than 12 months ago are now able to donate, so long as they satisfy the other donor criteria. Gay and bisexual men who have not yet had anal or oral sex are now also able to donate blood, up until their first experience.

- **Isn't any policy that treats people differently on the basis of sexual orientation discriminatory under New Zealand law? How can this be consistent with our human rights principles?**

Although there is no legal "right to donate", non-discrimination is an important principle in blood safety. Gay and bisexual men deserve policies that are fair, and do not unjustifiably curb the altruistic contribution many gay men want to make to society in the form of donating blood. On the flipside, discrimination can sometimes be justified in certain circumstances if there is good cause.

In the case of blood safety, different treatment (discrimination) of many gay and bisexual men through deferral is justified based on the greater probability of infection to blood recipients, whose interests are paramount. People in urgent need of blood products are highly vulnerable and have little or no choice as to whether they receive the blood donated.

Nevertheless, the Blood Service has evolved deferral criteria for gay and bisexual men over time - based on the best scientific evidence that is available at the time - so that restrictions are rational, and no greater than what is considered necessary to protect blood recipients. Furthermore, all groups posing similar potential risks to blood safety are deferred for the same period. A deferral period of 12 months for several groups at elevated probability of HIV infection, not just gay and bisexual men, is an example of this. In other words there is “equal treatment in the discrimination”.

- **Deferral makes it awkward at work or at school, because I don't want to disclose my sexuality.**

No-one should feel pressured to disclose the reason for deferral. At the point of donation individuals can opt out without giving a reason, and blood service staff are trained to be sensitive about this – no questions asked. With around 20% of potential donors being screened out there are many possible reasons for being deferred.

- **Deferral makes it feel as if my blood is unwanted. All I want is to help those in need.**

Many gay men want to help those who need blood. There are several valuable alternative ways people can contribute to the blood service's activities, such as participating as a volunteer with recruitment drives.

- **Why doesn't New Zealand follow the example of countries with less restrictive deferral policies?**

Most countries including many in Europe and the US have lifetime bans on gay and bisexual men donating blood. The current proposals will mean New Zealand has one of the least restrictive set of donor deferral criteria for gay and bisexual men internationally, whilst still maintaining a safe, voluntary and completely self-sufficient blood supply.

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Dr Saxton was on the independent expert advisory group that recommended changes in donor deferral criteria to the New Zealand Blood Service.

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<http://www.nzblood.co.nz/news/2014/recommendations-to-changes-to-the-behavioural-donor-deferral-criteria>

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