

**Changes to blood donor deferral
in New Zealand
Summary for the gay community
2020**

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This community guide summarises recent changes to blood donation for men who have sex with men (MSM) in New Zealand in December 2020 by the New Zealand Blood Service.

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**MEDICAL AND
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Thank you for considering to donate blood. Donating blood can save lives and is seen as a valued civic act. At the same time, in order to keep the blood supply safe, many people are not able to donate after engaging in certain activities (i.e. are "deferred"). This currently includes most gay, bisexual and other men who have sex with men (MSM), given the HIV epidemic in New Zealand.

Deferral can understandably seem unfair, or discriminatory, especially if you personally don't believe you present a high risk. The New Zealand Blood Service (NZBS) regularly reviews donation criteria as new evidence emerges. Some countries have recently reduced their deferrals, and in 2020 NZBS has reduced deferrals in line with these other countries. This brochure explains changes to blood donor deferral, the reasons behind the current policy, and potential future improvements.

Key changes for men who have sex with men from December 2020

You can donate blood now if:

- You are male and have **not engaged in ANY** anal or oral sex with a male in the last 3 months. This is regardless of whether a condom was used or not. Previously, the duration was 12 months. Of course, you can be deferred for other reasons

You must not donate blood for 3 months:

- after ANY anal or oral sex with a male, with or without a condom (if you are male)
- after you last took HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)

You must never donate blood if:

- You are living with HIV, even if you are on antiretroviral treatment and have an undetectable viral load
- You have hepatitis B or hepatitis C, even if you have had successful treatment
- You have ever injected drugs not prescribed by a doctor or health professional

Sexual partners of anyone above are also deferred for 3 months.

Summary

- New Zealand has a voluntary and self-sufficient blood supply that is one of the safest in the world.
- Protection of the blood supply is achieved by a combination of approaches. This includes self-deferral (asking people not to donate), a donor questionnaire followed by an interview, testing of each individual donation, and processing that reduces the infectivity of some pathogens.
- No one approach on its own is perfect. Rather, it is the combined approach that minimises the chance of viruses such as HIV and hepatitis entering the blood supply.
- Although each individual blood donation is tested for viruses like HIV, hepatitis B and C, there is a small (but not zero) chance that testing will not detect an infection that a person has very recently acquired. This is because in the early period following infection, even the most advanced tests are not able to detect it.
- Such donations may return a “negative” result even though they will be infectious. If these donations are subsequently transfused to a blood recipient, there is a high chance that person will contract the virus.
- Consequently, in addition to testing, blood services around the world ask individuals who have a higher probability of recently acquiring a major blood-borne virus to defer donating. This extra precaution is part of the combination approach, and the groups subject to deferral are often similar across countries. Deferral policies also depend on the local epidemiology (pattern of disease) in each country, and unique characteristics of blood safety systems themselves.

Balancing the interests of blood recipients and prospective blood donors

- **The overarching priority in blood safety policy is recipient safety.** Any change in blood service policy – such as relaxing prospective donor deferral criteria – should not increase risks to blood recipients. We all benefit from a safe blood supply. Around 29,000 New Zealanders needed blood in 2019. Many of us will know someone who did.
- People who need blood are by definition in a vulnerable position. Often they need it urgently, have little or no choice, and if the transfusion has HIV it will almost certainly result in infection to them. The NZBS therefore has legal and ethical obligations to recipients, namely to prevent harm by ensuring blood is free from infectious pathogens.
- The NZBS **also has obligations to potential donors**, particularly the ethical rights of non-discrimination. Donating blood is a highly valued social activity that carries moral status. Being excluded from donating blood restricts access to these benefits and can be stigmatising. It follows that the rights and freedoms of potential donors, such as MSM, should be interfered with as little as reasonably possible.
- Studies internationally show that many MSM are interested in donating blood. MSM often view donating blood as altruistic and an act of citizenship. Some MSM regard being prevented from donating as discriminatory and unjust, especially if they personally practise safer sex. Since certain blood-borne viruses like HIV are more common among MSM than in other groups, others acknowledge that deferral is a blunt but pragmatic way to minimise risks to blood safety, based on current technology.

- The NZBS reviews its policies whenever new evidence arises. This is to make sure blood safety is maintained to the highest standards, but also that potential donors like MSM are subject to the least restrictions possible. Since the last review in 2014, more safety data has accumulated, and some blood services internationally have changed their deferral policies, such as the UK, Canada and the US.
- In December 2020 the NZBS recommended that the deferral period be **reduced from 12 months to 3 months** for: 1) males engaging in anal or oral sex with a male; 2) heterosexual people from countries with a high prevalence of HIV; and 3) all sex workers (see Table overleaf).
- MSM are not the only group subject to deferral. Donor deferral criteria should be evidence-based, rational and proportionate, and treat groups that pose similar potential risks to the blood supply equally. **In New Zealand, around 1 in 5 of all first-time prospective donors are deferred for various reasons.**
- Such individuals are deferred because of a higher probability of a recently acquired undiagnosed infection such as HIV (even if the actual probability is small), than among those who are not deferred.
- In New Zealand, it reflects the high concentration of HIV among gay men, and heterosexual people from some parts of sub-Saharan Africa and South-East Asia. It also reflects the relative rarity of HIV among heterosexual people in New Zealand who are not already deferred.
- The changes follow evidence that reducing the deferral period for MSM to 3 months has not decreased safety for blood recipients. However, the precautionary 3-month period remains because of the ongoing possibility of the tests not detecting recently acquired infections.

Changes to deferral criteria implemented in December 2020

The NZBS has reduced the deferral for several groups from 12 months to 3 months (Table below). International evidence suggests this will not decrease safety of the blood supply. New Zealand is now among a small number of countries (including the UK, Canada and the US) with 3-month deferrals for most-at-risk groups, which is one of the shortest time-based deferral periods in the world, while still maintaining a safe blood supply.

Table: Changes to blood donor deferral criteria in New Zealand in December 2020

| Deferral criteria | Previous NZBS criteria | New NZBS criteria effective Dec 2020 | Comment |
|--|-------------------------------|--------------------------------------|---|
| Men who have had oral or anal sex with a man, with or without a condom | 12 months | 3 months | |
| Individuals taking HIV post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP) | Not considered | 3 months | Applies from date of last dose, even if individual has not engaged in sex |
| Men or women engaging in sex work (prostitution) or exchanging payment for sex | 12 months | 3 months | |
| Men and women who have had sex with someone who lives in or comes from a country with high HIV prevalence | 12 months | 3 months | |
| Individuals who have lived, and been sexually active, in a country with high HIV prevalence | 12 months following departure | 3 months following departure | |
| Individuals living with HIV | Permanent deferral | Permanent deferral | Applies even if on treatment and virus is "undetectable" |
| Individuals who have had hepatitis B or C virus | Permanent deferral | Permanent deferral | Applies even following successful anti-viral treatment/cure |
| People who have injected drugs not prescribed by a doctor or health care professional | Permanent deferral | Permanent deferral | Will be reviewed in future |
| People with haemophilia or related clotting disorders who have had treatment with plasma derived coagulation factor concentrates at any time | Permanent deferral | Permanent deferral | |
| Sexual partners of anyone deferred for any criteria above | 12 months | 3 months | |

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 currently deferred for four 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

- *Can't we just rely on testing? Why are some people deferred?*

Each donation is tested for a range of infectious diseases. Testing accuracy is extremely good but it is not perfect. It takes time for a recently acquired infection to be detected by a laboratory test (the "window period", at least 5-7 days for HIV, but possibly up to 1-3 months, based on the tests used by the NZBS). During that time a person's blood sample may test negative but would be infectious to others, particularly if the donated blood is transfused. A longer, precautionary deferral period for individuals at heightened probability of infection helps safeguard against this.

- *Why are gay and bisexual men deferred for 3 months, whereas heterosexual men and women who engage in condomless intercourse are able to donate?*

Deferral is based on the probability of having an undiagnosed recently acquired HIV infection. In New Zealand, HIV is concentrated among gay and bisexual men, who account for 80-90% of local transmission. It is relatively rare among most heterosexual people – even those with multiple partners or having condomless sex. Four main reasons explain this:

- i) HIV is more common both among gay and bisexual men and among their sexual partners (since their partners are most often other gay and bisexual men);
- ii) 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 more connected 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.

It's important to emphasise that most gay or bisexual men will have a low *absolute* probability of undiagnosed recently acquired HIV infection. However, that probability is *relatively* higher than most heterosexual men and women. For these reasons, terms like "risk" can be misleading, if this inadvertently implies that MSM are in some way being irresponsible, or engaging in "high risk" practices. In fact, research indicates that gay and bisexual men tend to practice safe sex for HIV more commonly than heterosexual men and women, and have done so since the start of the HIV pandemic. Despite this, and even when practising safe sex, gay and bisexual men as a group (on average) are more likely to encounter a partner with recently acquired undiagnosed HIV infection, for the reasons outlined above.

Another difficulty is that not everyone accurately assesses their own chances of having HIV. A community-based study of gay men in Auckland in 2011 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 not living with HIV.

- *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. Many heterosexual people are deferred, based on their behaviour that carries a higher probability of undiagnosed HIV infection or other infectious diseases. For example, heterosexual people from high HIV prevalence countries or who have injected drugs are deferred, as are the sexual partners of such individuals.

- *Can I donate if I'm living with HIV but on antiretroviral treatment and have an undetectable viral load?*

No. Internationally, no blood service accepts blood donations from people living with HIV, regardless of treatment status. While we are confident that persons on HIV treatment who have maintained an undetectable viral load for 6 months or longer cannot transmit HIV sexually, these individuals can still transmit virus through blood donation. The concept of "undetectable equals untransmittable" (or U=U) applies to sexual transmission, not blood transfusion.

- *Can I donate if I'm taking HIV pre-exposure prophylaxis (PrEP)?*

No. PrEP minimises the risk of contracting HIV but does not eliminate it. Also, there is a small probability that PrEP will mask a recently acquired infection from being detected by testing. This is also why the 3-month deferral relates to the time since last PrEP dose, not necessarily the last time an individual had sex. NZBS's 3-month deferral since PrEP is the same approach taken by the UK.

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

Individually tailored deferral has been suggested as a possible alternative to broad time-based deferrals. The potential superiority of this approach depends on at least two factors: (i) whether it can effectively identify individuals at higher probability of infection; and (ii) the practicality of collecting accurately the more detailed behavioural information that would be required, at the point of donation. At the time of writing, no such system has been demonstrated to work perfectly, in a country with a similar epidemiology of HIV as New Zealand's.

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

Anyone who thinks they might have HIV should visit an HIV testing service (these now include home-based testing options), a sexual health service or their GP. The NZBS 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 with another male more than 3 months ago will be able to donate, so long as they satisfy the other donor criteria. Gay and bisexual men who have never had anal sex and never had oral sex are also able to donate blood, up until their first oral or anal sex 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?*

There is no legal "right to donate". However, non-discrimination is an important principle in blood safety. Gay and bisexual men deserve policies that are fair, and do not unjustifiably curb the contribution many gay men want to make to society in the form of donating blood.

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 recently acquired undiagnosed HIV infection and the risk this poses to blood recipients, whose interests are paramount. People in urgent need of blood products have little or no choice as to whether they receive the blood donated. People donating blood have the choice to do so or not.

Nevertheless, the NZBS has evolved deferral criteria for gay and bisexual men over time, based on the best scientific evidence available, so that restrictions are defensible in terms of 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 3 months for several groups at elevated probability of HIV infection, not just gay and bisexual men, is an example of this.

- *It is stigmatising being deferred. Also, I don't want to disclose my sexuality to my colleagues or schoolmates.*

No-one should feel pressured to disclose their 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 like my blood is unwanted. I really want to help people who need blood.*

Thank you for wanting to donate. Many gay men want to help people who need blood. Most eligible New Zealanders do not donate blood now. There are several valuable alternative ways people can contribute to society, such as volunteering for community organisations.

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

New Zealand now has one of the least restrictive set of donor deferral criteria for gay and bisexual men internationally, whilst still maintaining a safe, voluntary and self-sufficient blood supply. Three months is one of the shortest time-based deferrals in the world; at the time of writing only the UK, Canada and US also had 3-month deferrals for gay and bisexual men.

- *What about transgender and non-binary individuals?*

The information here relates only to cis-gendered individuals. The NZBS has a separate work programme aiming to ensure consistent and appropriate donation criteria for transgender and non-binary individuals.

- *What information do we need to consider future changes to blood donation policy?*

The NZBS has partnered with gay community organisations and university researchers to learn more about undiagnosed HIV infection and blood donation. The aim of this study will be to collect an updated estimate of undiagnosed HIV among MSM in New Zealand, explore attitudes to blood donation among MSM, and see if it is possible to identify "low risk" MSM who might be able to donate. This study will begin in 2021.

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Dr Saxton is the lead investigator on a study investigating blood donation among MSM. The four-year study beginning 2021 will be undertaken in partnership between the University of Auckland, University of Otago, New Zealand Blood Service, New Zealand AIDS Foundation, Body Positive and Te Whāriki Takapou. It is funded by the Health Research Council of New Zealand (HRC 20/887).

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