



Blood donations by people at higher risk of HIV Terrence Higgins Trust's policy

Terrence Higgins Trust is the UK's largest HIV and sexual health charity, providing services to over 50,000 people every year, a significant proportion of whom are gay and bisexual men.

THT supports calls for the National Blood Service to review their policy on who in the UK is allowed to give blood and who is not. However, we will wait for the results of any such review before deciding what changes, if any, should be implemented. We believe that the current policy of the National Blood Service is justifiable and was based on the best available evidence when it was drawn up. Unless a subsequent review finds that risks to the blood service have changed the current policy is sensible and pragmatic.

Our first priority, and the priority of the Blood Service, is to prevent blood containing HIV from being passed to patients who receive transfusions or blood products. THT has a proud history of campaigning for LGBT rights and against homophobia and will continue to do so, but we believe that this is first and foremost a public health issue, rather than one of homophobic discrimination.

We accept that on the surface the rules can initially appear very discriminatory and believe the National Blood Service need to improve the quality of their communication with members of the public who are refused, to explain why this is so.

Frequently asked questions

Isn't it discrimination to ban gay men from giving blood?

Gay men aren't banned from giving blood, men who have sex with men (MSM) are. The ban is based on a specific behaviour not on sexuality in itself. A man who self defines as gay but has never had sex with another man is welcome to give blood. A man who does not self define as gay but has had sex with another man is banned.

Similar lifetime bans exist for injecting drug users and people who have at any time been paid for sex. Again, this is based on activities that may have put them at risk, not discrimination.

The Blood Service have to look at the balance of probabilities and assess statistical risk. They have a quantity of blood they need to collect and seek to take that blood from people who are at the lowest possible risk of having HIV. They aim to reduce the risk as far as possible for people receiving that blood based on the best evidence available to them. They do not claim to be able to entirely eliminate the risk of HIV infected blood



entering their supplies but the exclusions they have put in place aim to significantly decrease that risk.

The Blood Service policy does not imply, nor is it based on the assumption, that all gay men are promiscuous.

But HIV isn't a 'gay disease' anymore, is it?

HIV has never been a 'gay disease' as anyone can contract it. HIV does not discriminate.

What is true is that statistically in the UK men who have sex with men remain significantly more at risk of contracting HIV than their heterosexual counterparts, and indeed are more at risk of contracting the virus today than at any time since the onset of the epidemic 25 years ago.

Certain behaviours make it more likely that someone will contract HIV in the UK, including anal and oral sex between men. Around 1 in 10 gay men in London are now living with HIV, and 1 in 25 gay men in the rest of the country. These figures make it statistically far more likely that sex between two men will be sero-discordant (where one partner has HIV and the other does not) than sex between a man and a woman.

It is unhelpful to play down the devastating impact that HIV has had on gay communities in the UK and the very great, and disproportionate, HIV vulnerability that gay men still face. We consistently call for investment in initiatives that improve the sexual health of gay men in the UK. While HIV is not a 'gay disease' it is a huge issue for gay men.

But aren't more heterosexual people diagnosed each year with HIV in the UK than gay men?

Health Protection Agency statistics show that there were 7,450 new HIV diagnoses in the UK in 2005. 54% (4,049) of these new diagnoses were among people who probably acquired HIV through heterosexual sex. However, of all of those heterosexual diagnoses, where a likely country of infection was reported 85% of them were probably infected *outside* the UK.

In contrast, 84% of the MSM who were diagnosed with HIV in 2005 probably acquired HIV *within* the UK. That means that MSM account for two thirds of UK acquired HIV infection diagnosed in 2005, and diagnoses amongst MSM are the highest they have ever been since the emergence of the HIV epidemic in the UK 25 years ago. This makes MSM the group at by far the highest risk of new HIV infection in the UK today.

Although there are more heterosexual people living with HIV in the UK, the fact that the vast majority of them probably acquired HIV overseas has important implications for the

way donated blood is screened for HIV. The best available evidence currently shows that heterosexual infection is statistically more likely to have taken place outside the UK, and that the majority of these people are not recently infected and are therefore outside the "window period". This means that their HIV infection will be more likely to show up using the current screening methods available to the National Blood Service.

What evidence is there that if MSM were allowed to give blood, the risk of HIV being passed on would increase?

The last review that was taken into the Blood Service policy determined, based on statistical and epidemiological analysis of risk, that if the ban on MSM donating blood were lifted the risk of HIV entering the blood stocks would rise by 500%. They also found that if the ban was changed to only exclude men who have had sex with another man in the previous 12 months the increase would still be around 60%.

It's also not just about HIV. MSM are at significantly higher risk of acquiring and transmitting a range of other viruses and bacterial infections that could be passed on through blood transfusions, including some of the hepatitis viruses, syphilis and other infections. Even if someone doesn't have HIV they could have one or some of these conditions.

MSM are currently targeted for Hepatitis A and B testing and vaccinations (and increasingly Hepatitis C screening) because prevalence of these viruses is also higher amongst these groups. This is good health promotion practice, not discrimination.

How is it fair that a gay man with one sexual partner is banned, while a heterosexual man can have 300 sexual partners and isn't banned?

It's important to look at how statistical modelling is done. A straight man with 300 sexual partners would be a statistical anomaly. The projections are based on research about what happens across populations and the truth still is that men who have sex with men are far more likely to contract HIV during the course of their regular sex life than men who have sex with women, or women who have sex with men.

Anomalies do exist but it is still reasonable to run statistical projections and assessments of risk based on general epidemiological data rather than individual cases when looking at the integrity of the blood supply. It's these assessments which determine what questions the Blood Service asks of people seeking to make a donation.



But aren't these statistical models based on 'assumptions' about what men who have sex with men actually do?

Yes, they are. However, not all assumptions are wrong and epidemiologists and statisticians have to make assumptions as they are unable to look at behaviours on an individual level when assessing risk across populations.

Epidemiology and statistical projecting are not exact sciences; however, we believe that the assumptions made in the most recent review were based on the best available research into behaviour and high risk activity at the time. It is unfortunate that generalisations have to be made and that people have to be categorised and grouped, but we accept that in this instance it was not done in a judgemental or discriminatory fashion, but was necessary in order for sensible decisions about safeguarding the blood supply to be made.

Shouldn't people be allowed to assess their own risk when they answer questions before giving blood?

In an ideal world they would. However, we know that many people living with HIV did not believe that they were at risk of contracting HIV prior to their diagnosis. People aren't always good at assessing their own risk.

Around a third of MSM with HIV today in the UK don't know they have it. 22% of MSM in the UK who were diagnosed with HIV last year presented late with the virus. These people were unaware that they had HIV, even though they may have begun to show symptoms, and came forward for testing so late that their long term health may have been damaged as a result. They did not always consider that their activities may have put them at risk of contracting HIV, though clearly that was the case.

Even people in long term relationships that they believe to be monogamous can acquire the virus if their partner is not honest with them about the sex they are having outside of that relationship. THT sees a significant number of men who have become infected in this way. It passes no judgement on these men to say that they are at higher risk of unintentionally donating blood containing HIV.

No sex is completely risk free and even though using a condom can dramatically reduce the risk of contracting HIV, accidents do happen and this has to be factored in to any statistical analysis.

Aren't the regulations a blunt instrument? Couldn't they be refined to increase the number of people who could donate?

A blanket ban on all MSM is currently seen as more workable, more cost-effective and more efficient than opt-out exclusions. It's also true to say that even if the system were

changed to allow opt-out exclusions, for example allowing MSM to donate if they haven't had sex in the past year, this would still lead to the vast majority of gay men being excluded from giving blood. The last review of the policy found that the risk to the blood supply would rise by 60% if men were allowed to self assess based on these criteria. For this reason it was decided that a blanket ban was safer.

Again, we accept that on the surface the rules can initially appear very discriminatory and believe the National Blood Service need to improve the quality of their communication with members of the public who are refused, to explain why this is so.

Can't they test the blood before passing it on?

There is no available test that completely removes the 'window period' where someone has HIV in their blood which won't show up in tests. It is true that serum testing can give a quicker result than antibody testing but whether the window period lasts for one week or 12 weeks it still exists and still presents a risk. Serum testing is also much more expensive than antibody testing, which is still the test used by the Blood Service in England.

Not all blood products can be heat treated to kill off viruses that they may contain. It is also important to remember that blood is still pooled and one donation is usually shared amongst several recipients. It should also be remembered that the recipients are unlikely to know that they are at risk until after they have potentially infected others.

The Blood Service freely admits that no test is perfect and that mistakes can be made in the laboratory. Taking blood from populations who are at low risk of having HIV reduces the number of infected donations that could be missed by testing which is why filtering takes place before donations are given.

Other countries have changed their regulations, why shouldn't we?

Many of the countries who have altered their rules around who can and can't give blood have very different epidemics to that in the UK. In countries such as Portugal and across Eastern Europe there are far higher proportions of heterosexual people with HIV, in part due to issues around injecting drug use. In these countries the epidemiology, and therefore the statistical probabilities used to calculate risk to the blood supply, will be very different.

What does THT recommend?

We recommend that a review of the policy be undertaken. However, we will wait to see the outcomes of that review before calling for any changes to the regulations. We would need to be satisfied that risks to the blood supply had altered sufficiently for men



who have sex with men to be allowed to give blood. We will not pre-empt the findings of such a review by calling for changes to the regulations without evidence.

We also recommend that the Blood Service revisit the information they provide on their website and in other media to make sure that people understand that their policy is not based on homophobia. We believe that most gay men, if the policy was properly explained to them, would understand why they are excluded from giving blood and accept the National Blood Service policy, as many who have talked with us do.

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For further information on any of the issues in this briefing, please contact policy@tht.org.uk