
Terrence Higgins Trust is the UK’s largest HIV and sexual health charity, with over 30 service centres across England, Scotland and Wales. We are a campaigning organisation which advocates on behalf of people living with or affected by HIV or poor sexual health.

Terrence Higgins Trust provides services for people living with HIV to manage their condition and access emotional and practical support. These include one-to-one counselling, peer support, health trainers and information and advice covering benefits, housing, finance, employment and immigration. We also deliver community based clinical services, such as chlamydia screening and rapid HIV testing, and health promotion campaigns and initiatives which target populations most at risk of HIV and poor sexual health.

- The merits and demerits of the current donor selection criteria as established in 2011

**Merits**
It was announced in September 2011 that the lifetime ban on men who have sex with men (MSM) donating blood in England, Scotland and Wales would be relaxed to a 12-month deferral where they would abstain from having oral or anal sex with other men, in order to give blood. Prior to 2011 and since 1983, MSM have been banned from donating blood to the National Blood Service to reduce the risk of onward transmission of HIV.

**Demerits**
As evidence has moved on since 2011, the independent review body answerable to Government for the safety of blood products, the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) will be conducting another review of who is eligible to donate blood. Terrence Higgins Trust has been invited to sit on the SaBTO working group on blood donations. We have been calling for this review to incorporate the current lifetime ban on former-sex workers, people who used to inject drug and anyone who has ever been Hep C Positive but who is now Hep C negative. Thanks to our pressure, SaBTO has confirmed that it will be including these groups in the review. We have been working with our colleagues to gather evidence to be considered around ex-sex workers giving blood.

Although former intravenous drug users are unable to donate blood anywhere across Europe due to the [EU Blood Safety Quality Regulations 2005](#) [PDF], we expect SaBTO to collate evidence to take to the Council of Europe to try to get this bit of legislation changed so that it is based on evidence and not stereotypes.
• The current policy on assessing donor risk

The 12 month deferral period introduced in 2011 by SaBTO was reflective of the scientific evidence of the time. This included improvements in blood donation testing being implemented since the review before last which was in 2006, such as universal Nucleic acid Amplification Technology (NAT) testing and smaller donation pool sizes which increases sensitivity. These have greatly reduced the various ‘window periods’ for detection of infections in donated blood. All tests are fully automated and are monitored by advanced IT systems, reducing the risk of any error in the testing process. The 2011 guidelines are based on high risk behaviour. The restriction has no mention of whether someone is gay or bisexual or heterosexual. No one is prevented from donating blood based on their sexuality. However what remains discriminatory is the fact that neither former sex workers and those people who used to inject drugs are still subject to a lifetime ban on donating blood.

• Evidence on the implementation and reliability of risk-based donor selection

Information from the NHSBT website states that:

“All blood donations are tested for blood-borne viruses on each occasion that blood is donated. If a newly detected acute infection is reported in a repeat blood donor, it is critical to ensure that the previous donation was not infectious and went undetected because it was made during the window period. Therefore a sample from every donation is archived and can be retrieved and retested. In addition a look-back investigation may be carried out on recipients of this previous donation. Lookback is used to identify transfusion transmitted-infections in recipients of previous donations. A paper published in 2010 in TRANSFUSION (Byrne et al., 2011) reported on the outcome of retrospective lookback investigations into previous donations from HIV positive blood donors in England and Wales. The yield of lookback was low with one positive transmission identified over a thirteen year period. This case predated the introduction of extra tests for viruses called Nucleic acid Amplification Technology (NAT) screening. No cases have been reported since this was introduced. The study demonstrates the improved blood safety with current donation screening tests and the low risk of HIV transmission through blood transfusion in the UK.”

• Ensuring any future blood donor criteria take account of demographic and technological change

Terrence Higgins Trust actively supported and was directly involved in the review of blood donation regulations by SaBTO in 2011 and we pledged to support the new recommendations as long as they were evidence-based. There is a clear legal requirement in UK law that the blood supply be as safe as possible. Therefore the priority of the National Blood Service must always be to prevent blood containing HIV or other blood-borne infections from being passed to patients who receive transfusions or blood products. However, because of advances in technology and the changing demographics of the UK, we have always remained of the view that blood donor criteria needs to be reassessed on a regular basis.

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