World Health Organization

20, AVENUE APPIA – CH-1211 GENEVA 27 – SWITZERLAND – TEL CENTRAL +41 22 791 2111 – FAX CENTRAL +41 22 791 3111 – WWW.WHO.INT

Tel. direct: +41 22 791 3591
Fax direct: +41 22 791 4769
E-mail : yamamoton@who.int

In reply please refer to: UHC-HS/SDS/SCI

Your reference:

Mr Toni Reis
President
Aliança Nacional LGBTI
Av. Mal. Floriano Peixoto, 366, Cj. 43,
Centro, 80010-130
Curitiba-PR
Brésil

9 February 2018

Dear Mr Reis,

Blood donation by men who have sex with men (MSM)

Thank you for your letter of 13 January about the situation facing MSM and blood donation in Brazil. As you know, blood safety is ensured through multi-layer measures. The first layer is the donor selection process which tries to identify and exclude donors presenting a higher infection risk, whether it be due to origin, behaviours, employment or other activities which may expose the donor to infectious agents. Laboratory screening, as the second layer, relies upon donor selection to be sensitive yet robust.

To help minimize any risk of transmission of infectious agents via transfusion, WHO makes a number of recommendations, including: a) recruiting voluntary, non-remunerated blood donors; b) among those who present to donate blood, selecting donors at low risk of acquiring infections which are transmissible through blood transfusion; and c) undertaking laboratory screening of donations. Laboratory screening is very sensitive but does not reduce the risk to zero, not even when nucleic acid amplification technology is employed. There always remains a short period, in the early stage of infection, where a potentially infectious donation may not be detectable by the screening assay. The number of such donations very much depends on the incidence of infections in the population combined with the sensitivity of the screening assay; the higher the incidence, the greater the chance that a donation may be collected from a recently infected donor, which may not then be detected upon screening.

In many countries, the quality of the screening process is still not ensured, and unfortunately many of these countries also have higher general background levels of blood-borne infectious agents, both higher prevalence and incidence, thus significantly increasing the risk of failing to detect an infectious donation, the infection rate is high while the effectiveness of screening remains low. It is especially essential, in this situation, that appropriate measures are put in place to minimize risk, including identifying risk due to behaviours, employment or other activities which may expose the donor to infectious agents.

Men who have sex with men (MSM) remain, in many countries, the predominant source of both new and established infections of HIV. This means that some form of exclusion is therefore inevitably needed to ensure the safety of the overall blood supply. It is acknowledged that deferring individuals with a broadly defined risk behaviour, such as men who have sex with men, without considering differential risk behaviours in this group may lead to unnecessary deferral of candidate donors.

cc: RD/AMRO/PAHO
PAHO/WHO Representative, Brazil

However, it can also be argued that permanent deferral would be justifiable if there is no reliable way to differentiate these behaviours.

In-depth questioning and assessment of sexual behaviour at the donation sites, to reliably identify a safer subset men who have sex with men but who are not involved in risk behaviours is sometimes difficult to implement and may not lead to the desired results, especially if certain sexual practices are illegal or strongly stigmatized in that country.

A more cautious approach may therefore be necessary in some countries, providing information to donors ahead of donation identifying broad risk factors to allow donors to self-defer as appropriate. However, a number of high-income countries, such as the United Kingdom, France and New Zealand, have now changed their policies from a permanent to a temporary deferral.

The WHO Blood Donor Selection Guidelines (2012) present a balanced view on this matter, giving different scenarios applicable to the level of maturity of the system, and availability and coverage of use of new technologies, and recommend "permanent deferral for blood donation from individuals whose sexual behaviour puts them at high risk of transfusion-transmissible infections, including HIV and hepatitis B and C". The guidelines also recommend that the approach to conducting donor risk assessment should "be reconciled with the duty of the blood transfusion service to treat donors and prospective donors with respect, compassion and dignity, avoiding discrimination of any kind".

Deferral criteria for high-risk activities and behaviours in a particular country are the prerogative of that country and individual countries should determine their own policy, to be reviewed regularly, based on the residual risk of transfusion-transmitted infections, changes in disease epidemiology, improvements in available technologies for donation screening and on-going research.

It would be misleading for WHO to recommend globally that MSM should be eligible to donate blood, rather, WHO should re-enforce its policy that blood donations should be collected from voluntary, non-remunerated donors who have been risk-assessed according to the national guidelines in place in each country.

However WHO also acknowledges that the existing donor selection guidelines were drafted at a time when the evidence about risk and risk factors was evolving. In recent years, blood transfusion services in a number of countries which have effective and reliable surveillance mechanisms have been able to collect and analyse data enabling review of the issue of MSM and blood donation in a more informed way. WHO will initiate work to review the current donor selection guidelines in light of the more recent data on risk, not only in MSM but also in other individuals previously considered to present significant risk because of their behaviours.

Yours sincerely,

Naoko Yamamoto

Dr Naoko Yamamoto
Assistant Director-General
Universal Health Coverage and Health Systems