



Network of Rare Blood Disorder
Organizations
Réseau des Associations Vouées
aux Troubles Sanguins Rares

Position Statement on CBS MSM Deferral Policies

Updated September 2018

Background

Canadian Blood Services and Héma-Québec will be making submissions to Health Canada in the coming months to reduce the MSM (men who have had sex with other men) deferral from 1 year without MSM activities to 3 months. As in 2012-13, when the 5-year deferral was considered and approved, and in 2015-2016, when the 1-year deferral was considered and approved, Health Canada and the blood establishments will want to know the perspectives of the patient organizations whose members bear the largest risk from transfusion-transmitted pathogens.

Internationally, many other countries have moved from an indefinite or 5-year deferral to a 1-year deferral period. In 2017, the United Kingdom moved to a 3-month MSM deferral policy, to align their deferral period with the risk period for bodily fluid transmissions.

Policy

Given that rates of sexually transmitted diseases transmitted by blood and blood products (e.g. HIV, HCV, HBV, and syphilis) are higher in the MSM population than in the general male population;

Given that new sexually-transmitted, blood-borne pathogens for which there are no tests are extremely likely to emerge first in a population of men who have had recent MSM activities before they emerge in a population of men who report no MSM activities in the last year and who show normal rates for HIV, HCV, HBV and syphilis;

Given that the maximum window periods for these infections are all less than three months;

Given that there is no research in the world at this time that demonstrates that a strictly behaviour-based questionnaire can replace a time deferral and maintain the current level of safety;

Given that Canadian Courts have ruled that time-based MSM deferral criteria are not unjustly discriminatory, are allowable based on health and safety considerations, but must be proportionate to comparable risks;

Be it moved that a time-based deferral should be maintained.

Given that a 3-month deferral covers the window periods safely;

Given that in Canada, the change to a 1-year deferral has been safe, with rates of transmissible diseases in donors unchanged and compliance stable;

Given that deferral periods that are longer than necessary to protect the safety of blood and blood products can be considered unjustly discriminatory;

Be it moved that the members of the Network of Rare Blood Disorder Organizations (NRBDO) support the change to a 3-month deferral for MSM.