

Position Statement on MSM Donor Deferral Policies

Updated July 2021

It is the position of the Network of Rare Blood Disorder Organizations (NRBDO) that at this time, time-based deferrals for men who have sex with men (MSM) have been proven to be most effective in protecting the safety of blood and blood products for recipients from transfusion-transmitted infections (TTIs). In the absence of a proven alternative, a time-based deferral is warranted. For this reason, a time-based deferral on whole blood donations should be maintained by Canadian Blood Services (CBS). The NRBDO supports the continued research toward finding an alternative donor selection policy that does not increase risk to recipients who receive fresh blood components.

At the same time, the NRBDO recognizes that global standards for blood plasma collected for fractionation into plasma-derived medicinal products (PDMPs) negates any risk of TTIs for recipients. For this reason, we support removing the time-based deferral for donors in the collection of plasma to be fractionated.

Background

Following Canada's tainted blood scandal and the Krever Commission of the 1980s-90s, in which thousands of blood donation recipients contracted HIV and/or hepatitis C (HCV), an indefinite ban was placed on blood donations from men who had had sex with a man, even once. As testing for HIV and other TTIs was developed and then as these testing technologies improved, CBS and Héma-Québec (H-Q) have made applications to Health Canada to reduce the MSM deferral: from indefinite to 5 years in 2012-2013, to 1 year in 2015-2016, and then to 3 months in 2018-2019. In each case, the reduction in the length of the ban was supported by evidence and reflected the reduction in the window period (WP) between when a person could become infected with a TTI and when that TTI would be detected by a test. These deferral period reductions also reflect trends internationally. The NRBDO wrote a letter of support for each of these applications, given that deferral periods that are longer than necessary to protect the safety of blood and blood products would be discriminatory.

These reductions in the time-based deferral have not resolved the issue of perceived population-based discrimination by the LGBTQIA2S community. [Daniel Grace et al \(2020\)](#) articulated the issue well when they wrote "Although distinct, the relationship between sexual practice and HIV, and thus between HIV risk and sexual identity, has created a potentially complex merger of sexual and biological citizenship claims such as those with [MSM] and blood donation, where a deferral rooted in questions of biology (epidemiology) can be experienced and understood as deferral based on sexual identity."

CBS has indicated that the intention is to replace the time-based deferral with an alternative, behaviour-based screening tool. At this time, however, evidence [does not support](#) this decision. We are yet to see any research or modelling that demonstrates that a behaviour-based questionnaire alone can

replace a time deferral and maintain the current level of safety.

Plasma Exception

Plasma collected for fractionation undergoes an extensive viral inactivation procedure that negates all risk of TTIs for PDMP recipients. In addition, there is a donor screening process whereby first time plasma donations are quarantined until a second donation is made. MSM donations of plasma for fractionation pose no safety risk to PDMP recipients and therefore a time deferral is not warranted.

One NRBDO member organization has declined endorsement of this position.