Advocacy to Revise Blood Donation Policies for MSM

World Federation of Hemophilia: Global Forum
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WFH requires the following disclosures be made at each presentation:

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For Clarity...

- We all want to increase the number of blood donors.
- Maintaining the safety of the blood supply is a critical concern.
- While gay men are more likely to be HIV-positive than the greater population, most gay men are not HIV-positive.
- We are not advocating for all gay men to donate blood.
- We recognize the complicated history of blood contamination and its impact on people with hemophilia; we understand and share concerns regarding changes to blood donor policy.
Consequences of the Current Policy

- Perceived discrimination alienates potential donors
- Poses complex issues of disclosure for gay men in schools and corporations
- Opposition to blood drives on university campuses, in most instances boycotts:
  - Keene State College, NH (2010)
  - University of Kansas (2010)
  - University of Pennsylvania (2008)
  - Oregon State University (2008)
  - University of Maine (2005)
- San Jose State University in California does not allow blood drives on campus because the ban violates non-discrimination policies
- Provides false perception of low risk for HIV infection among heterosexual people
- Missed opportunity to promote public health and safer sex practices—a more rigorous behavior-based exclusion involving a questionnaire that asks all prospective donors about high-risk behavior would better accomplish this.
Recent Support for Policy Reform from...

- Leaders in public health and blood bank community
  - American Association of Blood Banks
  - American Red Cross
  - America’s Blood Centers

- Senator John Kerry and 17 other US Senators in a letter of support

- 33 members of the US House of Representatives and 9 Senators in a joint letter to the HHS ACSBA committee

- Resolutions passed by the NYC, DC, San Francisco and Chicago City Councils

- A joint statement from several prominent LGBT and hemophilia groups, emphasizing their commitment to the safety of the nation’s blood supply and willingness to revisit the current policy
Not All Gay Men are at High-Risk

- Between 60% and 70% of gay men used condoms when having sex, compared with a third or less of heterosexual men and women.\(^1\)

- Gay men have safer sex at twice the rate of the general population.\(^2, 3, 4\)

- 91% of a sample of HIV-negative and untested MSM had not intentionally set out to have unprotected anal sex with someone other than a primary partner.”\(^5\)

- 90% of HIV-negative MSM had not had unprotected anal sex with another man in the past 2 years (San Francisco)\(^6\) or 1 year (Seattle), \(^7\) respectively.

- 90% of gay and bisexual men are HIV-negative (based on a meta analysis conducted by the CDC in 2010 which estimates that 2% of the adult population are MSM).

Gay men and people with Hemophilia have been disproportionately impacted by HIV.

During the 1980s more than 80% of people with severe hemophilia, and 50% of all people with hemophilia were infected with HIV.

Joint Statement before ASBSA – June 20010

*Bad Blood* screenings – NYC, DC, San Francisco (www.badblooddocumentary.com)

Opposition to blood drives at University campuses
Committee Recommendations
ACBSA June 10-11 Meeting

Whereas we believe that:

- The current donor deferral policies are suboptimal in permitting high risk donations while prevention some potentially low risk donations,

We find that:

- Currently available scientific data are inadequate to support change to a specific alternative policy;
- Therefore, until further evaluation, the committee recommends that the current indefinite deferral for men who have sex with men with another man even once since 1977 not be changed at the present time.
Department of Health and Human Services (HHS) released Q&A document indicating progress since ACBSA recommendations

Dr Koh charged Blood, Organ, Tissue and Safety work group (BOTS WG) to devise a work plan

Additional Studies (excerpt):

Donor evaluation:

1) Do potential blood donors correctly understand and properly interpret the current standard questionnaire used to obtain donor history?

2) What motivates a man with MSM behavioral history to donate and would MSM be likely to comply with modified deferral criteria?

Would alternative screening strategy (e.g. pre- and/or post qualifying donation infectious disease testing) for MSM (and potentially other high-risk donors) assure blood safety while enabling collection of data that could demonstrate safe blood collection from a subset of MSM or other currently deferred donors (e.g. men with a history of abstinence from MSM behavior for a defined time period)?