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134 Douglas Street Glasgow G2 4HF Tel: 0141 332 3838  
 Fax: 0141 332 3755 Email: info.glasgow@tth.org.uk Website: www.tth.org.uk

## An carthannas fad bheatha airson slàinte ghnèitheach is HIV The HIV and sexual health charity for life

Mr Franck David  
 Public Petitions Committee  
 The Scottish Parliament  
 Edinburgh  
 EH99 1SP

17 September 2008

Dear Mr David

SH4468

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I refer to the above petition, lodged by Rob McDowall, calling on the Scottish Parliament to urge the Scottish Government to review existing guidelines and risk assessment procedures to allow healthy gay and bisexual men to donate blood. We welcome the opportunity to respond to the Committee on this issue and proffer the following comments:

Terrence Higgins Trust (THT) is the UK's largest HIV and sexual health charity, providing a wide range of services for people living with, affected by or at risk of HIV and STIs. We work across Scotland in areas including Ayrshire & Arran, Lanarkshire, Grampian and Argyll & Bute and have centres in Glasgow, Aberdeen and Inverness.

A significant proportion of our work, both in terms of HIV prevention and support for people living with HIV, involves working with gay and bisexual men. We frequently witness the barriers and damage which homophobia and discrimination can cause and have a proud history of campaigning on LGBT equality.

As an HIV charity, one of our fundamental objectives must be minimising the spread of the virus. We therefore support the priority which the Scottish National Blood Transfusion Service (SNBTS) gives to ensuring, in as far as is possible, that blood containing HIV is not passed to patients.

THT considers that the SNBTS's current policy has to date been based on the best available research and is foremost a matter of public health protection, rather than one of homophobic discrimination. However, we also recognise that the reasoning behind blood donations policy is complex, and can appear confusing and contradictory to potential donors. THT would advocate then that there is a need for improved communication with potential donors and clearer explanation of exclusion policies. We also maintain that in order to ensure that no person or sub-population of people are ever unlawfully discriminated against, the Blood Service has a responsibility to thoroughly appraise all available research and adapt and change policies if the evidence suggests that it is pragmatic and safe to do so.

Dr Jane Anderson

Sir Michael Bishop CBE

Sir Richard Branson

Simon Callow CBE

Julian Clary

Martin Clunes

Dame Judi Dench

Tracey Emin

Stephen Fry

Paul Gambaccini

Charles Hart

Sir Simon Hornby

Sir Elton John

Lord Kirkwood of Kirkhope

Lord Morris of Handsworth

Reverend Paul Oestreicher

Professor Anthony Pinching

Caroline Quentin

Danny Rampling

Claire Rayner OBE

Gaby Roslin

Sir Antony Sher KBE

Reverend Nicolas Stacey

Dr Miriam Stoppard

Tony Whitehead MBE

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- 2.1 Whilst testing technologies have improved in recent decades, they are still unable to guarantee detection of HIV whilst the virus is in the 'window period': the stage in which HIV is active in a person's blood but is not detectable due to the absence of antibodies. It is our understanding that the Nucleic Acid Testing employed by the SNBTS reduces the 'window period' to approximately 16 days. Whilst this is clearly improved from a possible 12 week duration, it still presents a significant risk to patients. The practice of pooling donations, whereby one donation may be shared by a number of recipients, illustrates how potentially damaging HIV entering the blood supply could be.
- 2.2 It is also the case that not all blood products can be heat treated to remove viruses. The Blood Service therefore has to rely on other means of minimising the threat of HIV and other Blood Borne Viruses (BBVs), principally by collecting blood from people at the lowest possible risk of recent infection.
- 2.3 The SNBTS undertakes a stringent donor screening policy which incorporates over 450 rules. Currently, some people reporting behaviours associated with a higher risk of BBVs such as HIV, Hep B and Hep C are excluded from ever donating blood. This includes, but is not limited to, men who have had oral or anal sex with another man, those reporting intravenous drug misuse, or people who have ever sold sex. Additionally there are a range of temporary 12 month exclusions which include the sexual partners of: people who have been sexually active in countries where there is a high prevalence of HIV, people selling sex, and people who have received blood clotting factor concentrates.
- 2.4 There is no denying that this approach involves the use of a 'blunt instrument' which often leads in reality to many healthy donors being excluded. Similarly, there will also be instances where an individual out with these at risk groups, such as a heterosexual person who has had high numbers of sexual partners, is at increased risk but will not, on the face of it, be disqualified. Looked at on a case by case basis, it can appear extremely generalising, contradictory or unfair. However, it is important to recognise that in terms of safeguarding public health, the Blood Service are required to use the most reliable risk avoidance strategies. Population based approaches which utilise epidemiology and statistical projections do, by their very nature, generalise and therefore exclude large numbers of people. Conversely however, they are also widely acknowledged to be extremely effective in minimising risks to the blood supply.
- 2.5 The SNBTS must balance the level of risk they are prepared to accept against the need for donations. The suggestion that anyone who has ever had sex without a condom could be disqualified would inevitably lead to a substantial proportion of the population being excluded and this in turn would severely restrict donations. The blood service therefore has to look to epidemiology to determine who is most at risk. It is this modelling that informs the basis of the questions asked of donors.

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Health Protection Agency | ##

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- 3.1 The nature of the epidemic in Scotland dictates that there are clear sub-populations of people who are statistically more at risk of contracting HIV than others. Throughout the UK men who have sex with men (MSM) remain significantly more at risk than their heterosexual counterparts and indeed, recent years have shown, are more at risk now than at any time since the onset of the epidemic. 2007 saw the highest annual number of HIV diagnoses on record in Scotland (446). Of the 127 cases presumed to have acquired their infection in Scotland, 87% (110) were MSM. This compares with 3 cases reported among intravenous drug users and 14 in heterosexual men and women.
- 3.2 In terms of prevalence, rates among MSM have fluctuated between 1.7% in 2002, 3.3% in 2005 and 2.4% in 2006 (estimated that approximately 1 in 25 gay and bisexual men in Scotland are living with HIV<sup>1</sup>). This compares with 0.1% among heterosexuals of UK nationality and 0.7% among intravenous drug users.
- 3.3 From the perspective of health promotion and HIV awareness and prevention, it is unhelpful to play down the devastating impact that HIV has had on gay communities and the very great, and disproportionate, HIV vulnerability that gay men still face. We consistently call for investment in initiatives that improve the sexual health of gay men and work hard to raise awareness of the fact that it is still an issue of concern.
- 3.4 Heterosexual people from sub-Saharan Africa also represent a significant at risk population. Of the 231 people diagnosed in 2007 who are thought to have acquired their infection out with Scotland, 112 cases probably contracted HIV in Africa. This figure represents 62% of all heterosexual cases reported in 2007<sup>2</sup>. This often raises questions regarding the fact that people who have been sexually active in high risk countries may only face a 12 month exclusion from giving blood. It is THTs understanding that this relates to the fact that people who have acquired their infection out with the UK are more likely to be at a later stage in their infection when they arrive in this country and therefore outside the 'window period'. Their HIV infection would therefore be more likely to show up during current screening processes.

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What do we know? | ##

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- 4.1 The Blood Service is very clear that their screening processes rely to a significant degree on self assessment of risk and they require people to answer a range of questions regarding health, travel and behaviours. It has been suggested that additional questions could be added to the assessment to allow more MSM to give blood, for example, men in long term relationships or those who have not had sex in the last twelve months. THT acknowledges that different people take different degrees of risk with regards to their sexual health and we would welcome further research on the issue of increasing donations in this way. However we would stress that any change in policy would need to be based on clear evidence and could not compromise the safety of the blood supply.

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<sup>1</sup> Williamson L, Hart G. HIV prevalence and undiagnosed infection among a community sample of gay men in Scotland, UK. *Journal of Acquired Immune Deficiency Syndrome* 2007; **45**:224-230.

<sup>2</sup> All other statistics in this section taken from: Focus: HIV in Scotland, 2007: Review, Health Protection Scotland, Jan 2008

<http://www.hps.scot.nhs.uk/bbvsti/wrdetail.aspx?id=36702&wrtype=6>

4.2 In THT's experience, people across the population often have difficulties assessing their own risk when it comes to safer sex and STIs. There may be a number of reasons for this, such as incorrect condom use or relationships which people believe are more monogamous than they actually are. This is undoubtedly an issue for people across the population and is certainly not one confined to gay and bisexual men. For the blood service however, this is something they have to consider more closely in relation to groups at increased risk of HIV and other BBVs.

4.3 In 2003 the Health Protection Agency (HPA) in England undertook a review of the risk to the blood supply by fully or partially lifting the exclusion of MSM on donating blood. Based on available data at the time, the HPA suggested that a full lifting of the ban increased the risk of HIV entering the blood stocks by 500%, and a partial removal- by excluding only men who had sex with men in the last 12 months- could increase the risks by around 60%.<sup>3</sup> THT would welcome a broadening of this evidence base, including renewed research and possible pilot schemes to explore these issues more fully.

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4.4 In terms of potential scientific advances, the future development and introduction of affordable and effective screening technologies that detect viral infections within hours of infection would eliminate the window period and could lead to exclusions being removed. Similarly, the development and introduction of pathological inactivation technologies which could be used to treat blood and remove viruses could also do this.

4.5 It is our understanding that the Advisory Committee on Safety of Blood, Tissues and Organs (SaBTO) intends to review the policy and have outlined the following areas for investigation:

- What effect change in the policy would have on donor compliance
- Updates on the calculation of risk from different groups, including MSM
- Monitoring of new developments in virus testing and inactivation

We are not however, aware of any timetable for this review and we would urge SaBTO to outline further details as early as possible. We would hope that this review will involve the commissioning of further research and possible pilot schemes to explore the issues thoroughly and that findings will be made available publicly. We would also encourage the Blood Service to review how it communicates with potential donors and how it explains and outlines its policies and we would be happy to be consulted by SNBTS in this regard.

4.6 In conclusion, based on current epidemiology, THT supports the donor policy of the SNBTS. However, we also recognise that it must be kept under continual review. We would support a broadening of the evidence base surrounding donor exclusions and we would encourage improved communication and engagement with those who are disqualified. We would also advocate strongly that any future change must be based on the best possible scientific evidence.

Policy and Parliamentary Affairs Team

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September 2008

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<sup>3</sup> Evaluation of the de-selection of men who have had sex with men from blood donation in England, K. Soldan & K Sinka, Vox Sanguinis 2003 84, 265-273