Facing difficult but unavoidable choices:
Blood safety, donor deferral and men who have sex with men.

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Blood and Beyond
HIV-epidemic in the Netherlands; population 18 million

- HIV: Declining epidemic
  2009 (n= 1101)  MSM (69%)
  2019 (n= 515)  MSM (68%)

  - Frequent testing.
  - Treatment as prevention (TasP).
  - PEP & PrEP.
  - Education.

- MSM were major risk group, but remain to be major risk group.

- Heterosexuals with HIV: high-endemic areas

Legend: MSM=men who have sex with men.

HIV monitoring report 2020 (SHM)
MSM donor deferral: the why

- 70% HIV diagnoses, <5% general population
  100X higher chance for HIV
- MSM: increased risk syphilis, HBV en HCV

- HIV incidence general population exceeds HIV incidence donors (5-20x).
- Mind the ‘smaller’ gap

Typically 0, 1 or 2 HIV infections in repeat donors per year
HIV residual risk Netherlands: 1 in 10 to 20 years

Repeat donor, F (age 64), year 2019

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<td>Visit 2</td>
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Viral load visit 1: < 20 copies/ml
Viral load visit 2: 660,000 copies/ml

95% LOD NAT minipool: 154.2 copies/ml

First-time donor, F (age 51), year 2009

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<td>Visit 2</td>
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Visit 1: chance of being HIV+ (~100%)
Visit 1: chance of being infectious (58%)

Visit 1: pre-donation screening, no actual donation

Estimated HIV window-period: 6 – 10 days
Verdere verruiming van het MSM selectiebeleid

Motie Ellemeet: Investigate the possibility of liberalizing donor selection procedures, by changing from a risk group based policy to donor selection based on individual risk assessments without endangering the safety of the blood supply.
Different scenarios & conflicting rights

1. Abandoning all Questions concerning sexual behavior
2. Individual risk assessment all donors
3. Individual risk assessment MSM only
4. General MSM Deferral of 4 months

1 per 2 – 3 jaar

1 per 10 – 20 jaar

Random cross-section of the general Dutch population, no self-selection or barriers

ROOM TO MOVE

Current donor selection procedure In the Netherlands

Pierik & Verweij (2020) Sanquin Report

SHM HIV Monitoring report 2020
Bezemer et al (2021) under revision AIDS
Elimination by the professionals

1. Abandoning all Questions concerning sexual behavior
2. Individual risk assessment
   - Alldonors
   - X
3. Individual risk assessment
   - MSM only
4. General MSM
   - Deferral of 4 months

1 per 2 – 3 jaar

1 per 10 – 20 jaar

(i) UNJUST WITH REGARDS TO PROFESSIONAL ETHICS

(ii) BLOOD SHORTAGE / COVERT DISCRIMINATION
   - New sex partner: disproportionate loss of low-risk heterosexual donors
   - Anal sex: alternative MSM question / intimate questioning.

(iii) NOT PRACTICABLE
   - Not enough staff to guarantee quality of individual risk assessments.
   - HIV incidence Spain/Italy 10x higher than other EU countries
Elimination of the extremes

1. Abandoning all Questions concerning sexual behavior
2. Individual risk assessment all donors
3. Individual risk assessment MSM only
4. General MSM Deferral of 4 months

1 per 2 – 3 jaar

1 per 10 – 20 jaar

PERCEIVED AS TOO RISKY

NOT WELL ACCEPTED

Pierik & Verweij (2020) Sanquin Report
Scenario’s en botsende rechten

1. Abandoning all Questions concerning sexual behavior
2. Individual risk assessment All donors
3. Individual risk assessment MSM only
4. General MSM Deferral of 4 months

1 per 2 – 3 jaar

INFECTION RISK

1 per 10 – 20 jaar

✓ Willingness
✓ Compliance
✓ Individual risk assessment

DHQ questions for men

- Sex with another man in the past 4 months  
  No = Eligible donor
- Do you have a long-term monogamous relationship.  
  Yes = Eligible donor
- Anal sex always protected (with condom)?  
  Yes = Eligible donor

**Counter intuitive:** To allow a more diverse group of MSM to donate, we have to keep the actual question that discriminates (are you MSM?).

If not, it will lead to:
(i) Severely restricted eligibility for MSM (e.g. exclusion of all single MSM).
(ii) Significant donor loss of low-risk currently eligible (heterosexual) donors.
(iii) Covert discrimination, when asking for anal sex.
Conclusion / Discussion

- Relaxation of MSM deferral with a (big) concession to the right of equal treatment.
- Further decline HIV incidence might not legitimate MSM question in the future.
- HIV RR might increase, but remains very low with highly sensitive NAT screening.
- Be aware: the precautionary principle might maintain acceptable suboptimal situations
- Policy perceived as fair might increase compliance and in fact decrease HIV RR

FEAR
Medical advisory board will say no to question 3