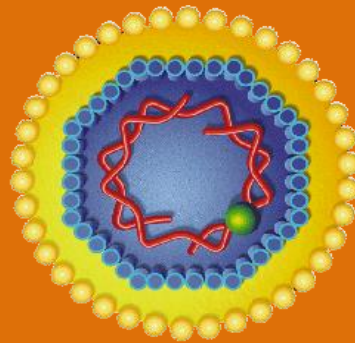


Facing difficult but unavoidable choices: Blood safety, donor deferral and men who have sex with men.



Dr. Roland Pierik, department of law, University of Amsterdam

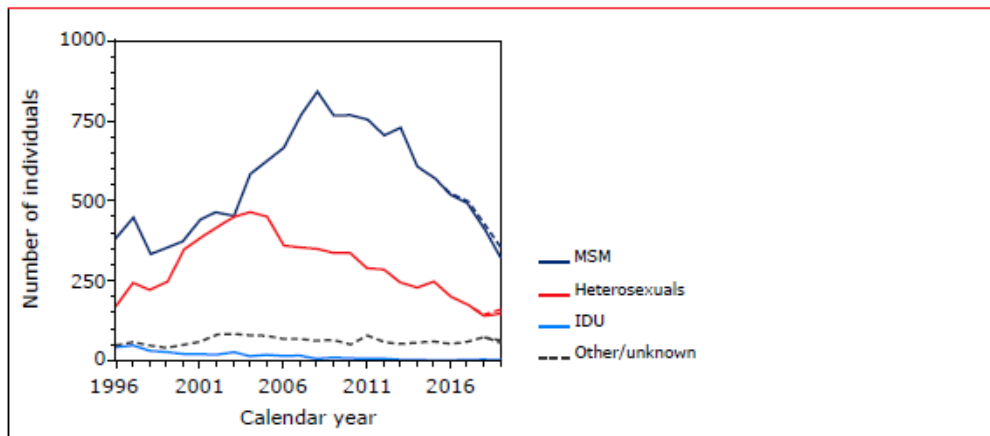
Prof. Dr. Marcel Verweij, department of social sciences, University of Wageningen.

Thijs van de Laar & Hans Zaaijer,

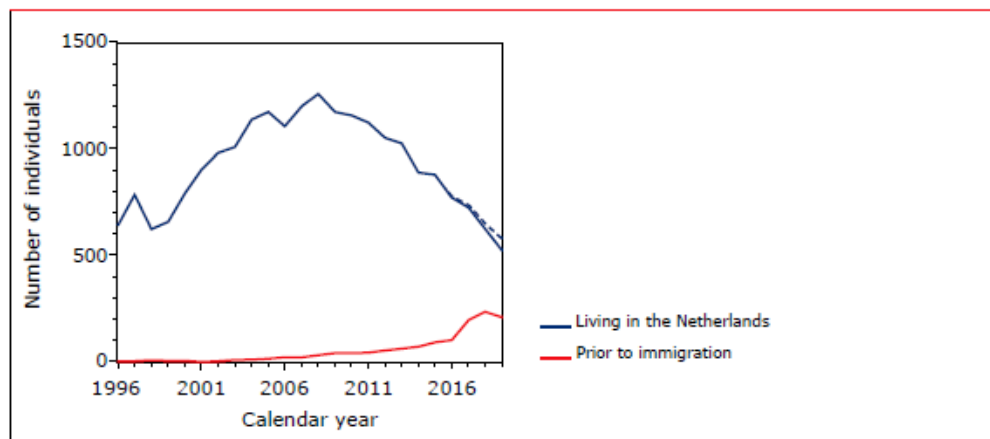
Laboratory of blood-borne infections, Sanquin

Blood and Beyond

HIV-epidemic in the Netherlands; population 18 million



Legend: MSM=men who have sex with men.



HIV monitoring report 2020 (SHM)

- **HIV: Declining epidemic**

2009 (n= 1101) MSM (69%)

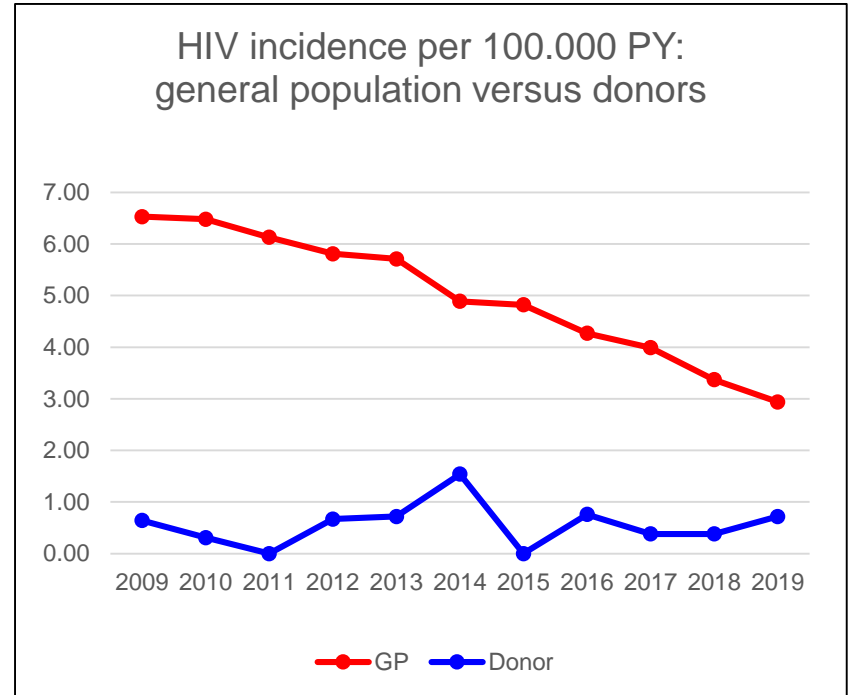
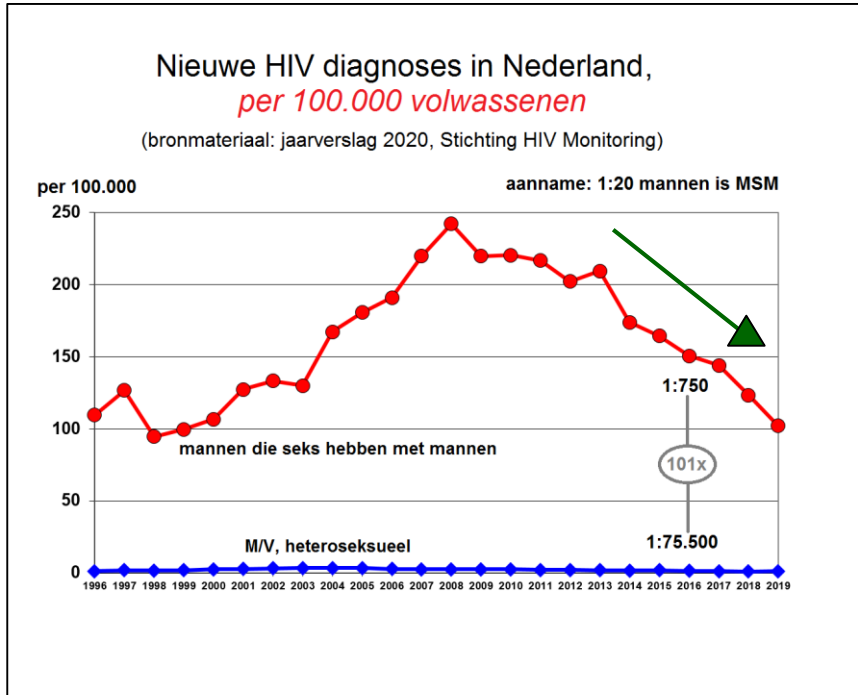
2019 (n= 515) MSM (68%)

- 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**

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

	Dag	RNA	Ab	Blot
Visit 1	0	+	-	-
Visit 2	14	+	+	-

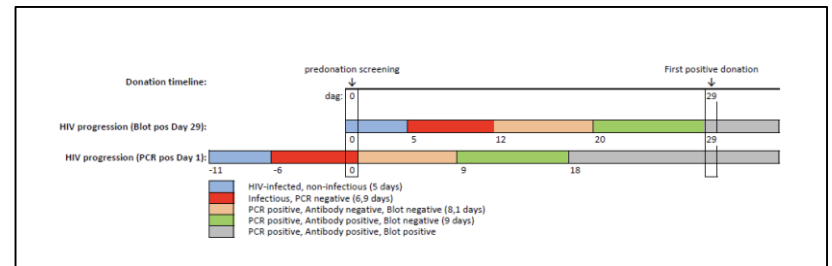
Viral load visit 1: < 20 copies/ml

Viral load visit 2: 660.000 copies/ml

95% LOD NAT minipool: 154.2 copies/ml

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

	Dag	RNA	Ab	Blot
Visit 1	0	-	-	-
Visit 2	29	+	+	+



Visit 1: chance of being HIV+ (~100%)

Visit 1: chance of being infectious (58%)

Visit 1: pre-donation screening,
no actual donation

Verdere verruiming van het MSM selectiebeleid



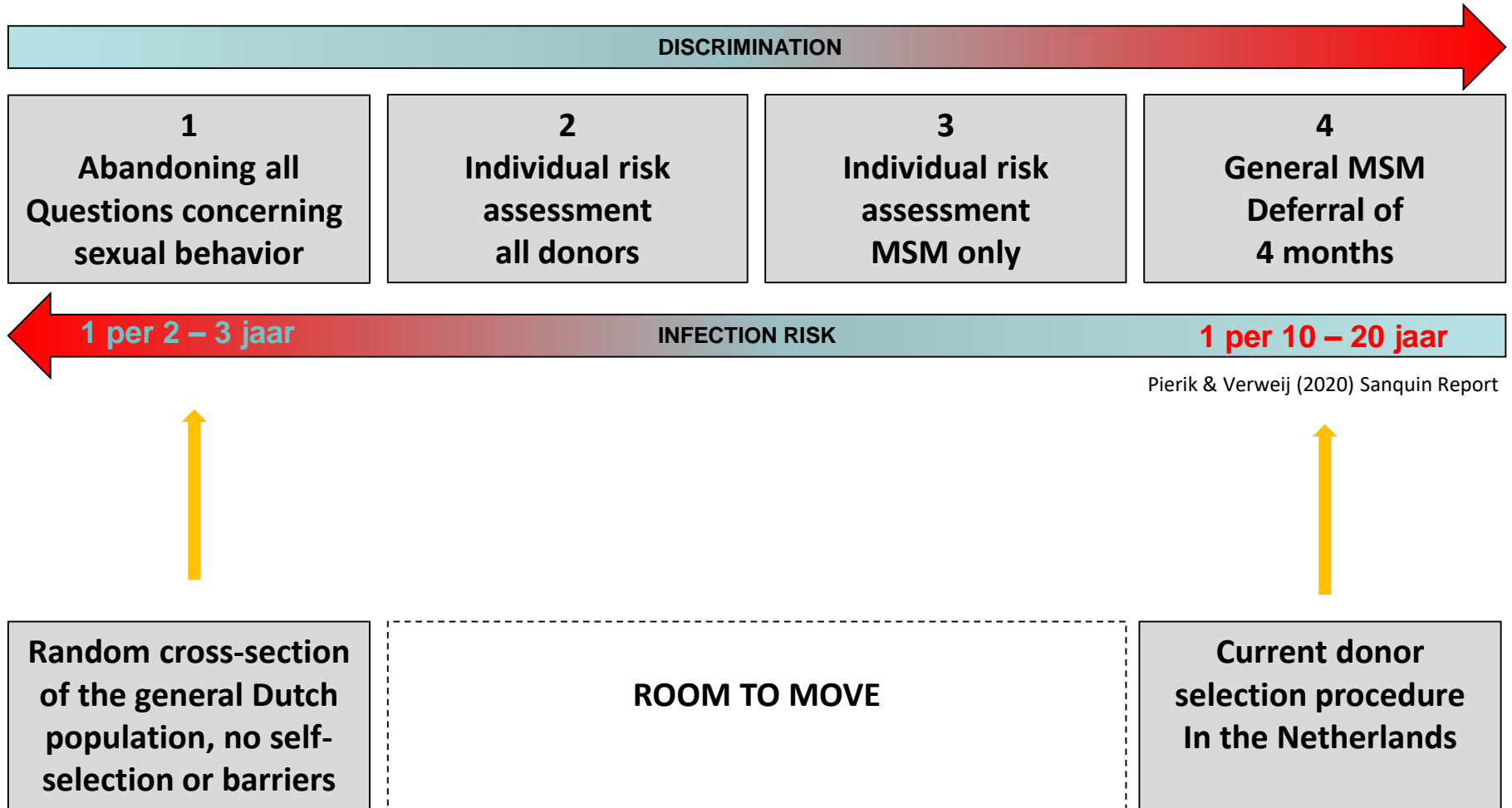
Right for equal treatment



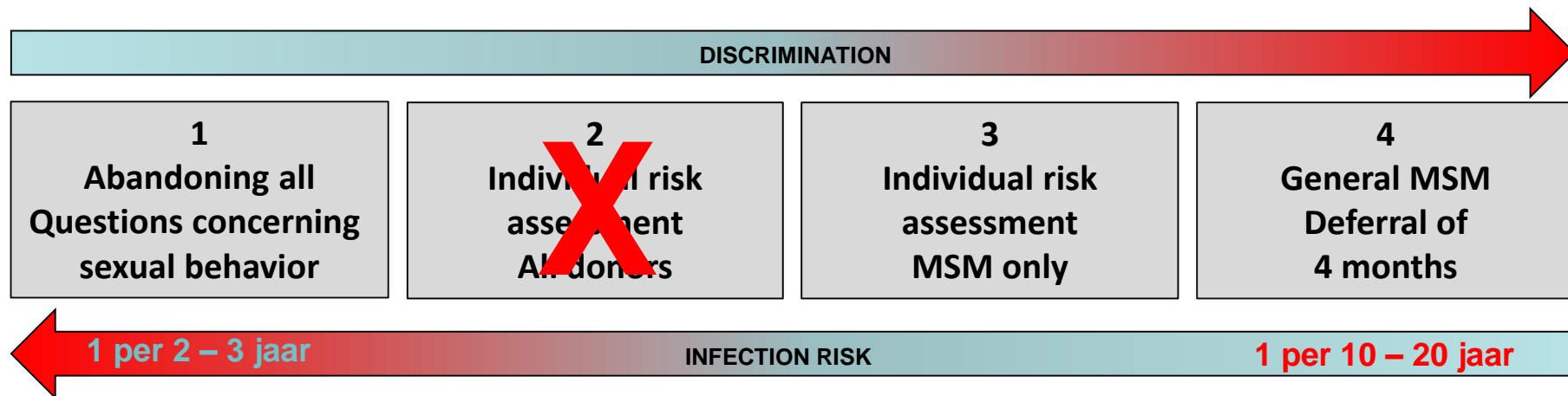
Right for safe healthcare

Motie Ellemet: 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



Elimination by the professionals



(i) UNJUST WITH REGARDS TO PROFESSIONAL ETHICS

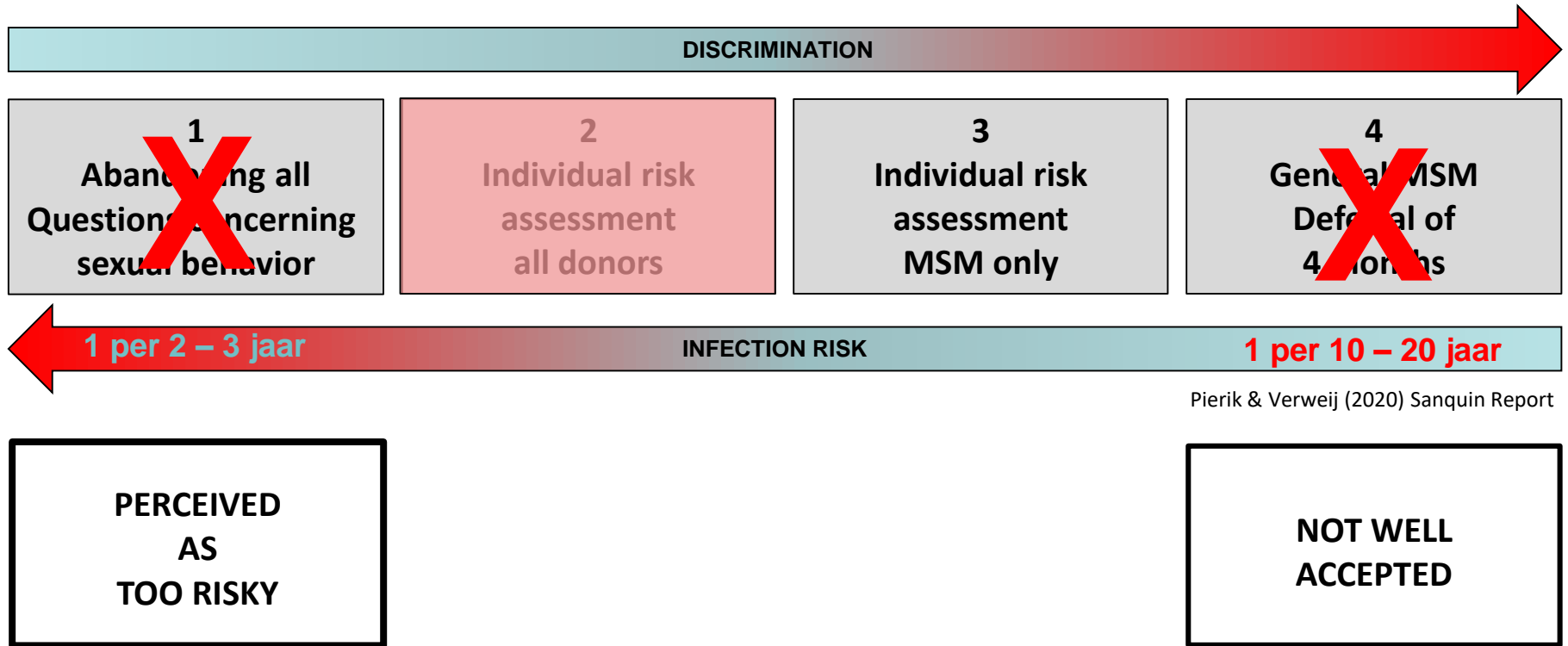
(ii) BLOOD SHORTAGE / COVERT DISCRIMINATION

- New sex partner: disproportionate loss of low-risk heterosexual donors
- Anal sex: alternative MSM question / intimate questioning.

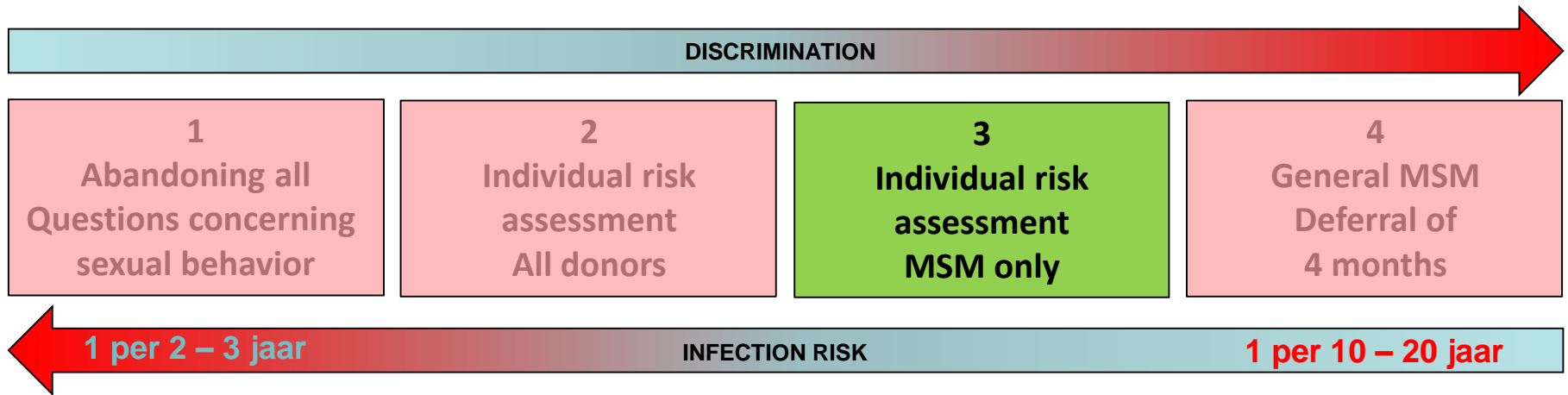
(iii) NOT PRACTICABLE

- Not enough staff to guarantee quality of individual risk assessments.
- HIV incidence Spain/Italy 10x higher than other EU countries

Elimination of the extremes



Scenario's en botsende rechten



BLOOD DONORS AND BLOOD COLLECTION

Eligibility and willingness to donate blood in men who have (had) sex with men

Bas Romeijn,¹ Eva-Maria Merz,^{1,2} Gerjo Kok,³ Wim de Kort,^{1,4} and Anne van Dongen⁵

BLOOD DONORS AND BLOOD COLLECTION

Reasons for noncompliance in donor risk reporting regarding male-to-male sex

Bas Romeijn,¹ Anne van Dongen,¹ and Gerjo Kok²

- ✓ Willingness
- ✓ Compliance
- ✓ Individual risk assessment

Clinical Infectious Diseases

MAJOR ARTICLE

Infection Pressure in Men Who Have Sex With Men and Their Suitability to Donate Blood

Ward P. H. van Bilsen,^{1,a} Hans L. Zaaijer,^{2,3,a} Amy Matser,¹ Katja van den Hurk,⁴ Ed Slot,² Maarten F. Schim van der Loeff,^{1,3} Maria Prins,^{1,3,b} and Thijs J. W. van de Laar^{2,b}

Romeijn et al (2016) Transfusion; Romeijn et al (2018) Transfusion; Van Bilsen et al (2019) CID

Proposal submitted to Sanquin Medical Advisory Board

DHQ questions for men

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

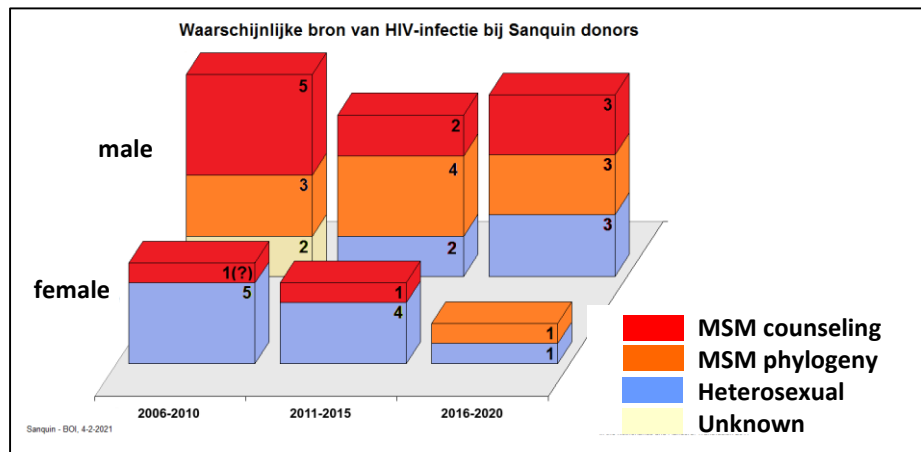
Counter intuitive: To allow a more diverse group of MSM to donate, we have to keep the actual question that discriminates (are you MSM?).

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



Van de Laar et al (2017) Transfusion

FEAR

Medical advisory board
will say no to question 3