

## Rhode Island Blood Center

### Fact Sheet regarding the Deferral for Men Who have Sex with Men

Prospective blood donors might be “deferred” for many reasons. There are about 50 questions concerning a donor’s health, travel, and risk behaviors on our donor screening questionnaire. Donors also have a mini physical for blood pressure, pulse, temperature, and hemoglobin/hematocrit—all of which may be cause for deferral. Over the years, there has been public concern and discomfort over the deferral of men who have sex with men (“MSM”); we hope that clarification of a few points will help provide more understanding of the issue.

- The policy of deferring men who have sex with men (MSM) did not originate with Rhode Island Blood Center (RIBC). It is part of mandated guidelines from the Food and Drug Administration (FDA), which licenses all U.S. blood centers. The FDA develops and enforces these guidelines to ensure the safety of the U.S. blood supply. All blood centers and hospitals that collect blood for transfusion must comply with the same FDA regulations.
- The FDA announced its policy change for the MSM deferral from a permanent deferral down to 12 months. Rhode Island Blood Center (RIBC) modified our policies accordingly.
- In addition, RIBC accepts people based on their self-identified gender rather than birth gender consistent with current FDA policy.
- Though we are pleased that the FDA decreased the length of the deferral to 12 months, it is important to continue the evaluation of this policy and find ways to better evaluate high and low risk behaviors and their potential effect on the safety of the blood supply. It is encouraging that Peter Marks, M.D., Ph. D, Director, Center for Biologics Evaluation and Research at the FDA is an advocate of continued evaluation also.
- RIBC is affiliated with New York Blood Center (NYBC) which is continuing to provide significant medical data to the FDA, including a project with other blood centers tracking the incidence and prevalence of HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) infections and characterizing the demographics of donors with these infections. NYBC conducts risk factor interviews of donors with these specific infections to identify behavioral factors associated with donor infections; as well as genotyping identified viruses. This information can form a basis for further FDA policy changes.
- We recognize that not all men who have sex with men are at risk. It is important to note that concern about the safety of donated blood from some men who have sex with men is not unfounded. Men who have sex with men is still the most common risk reported in new cases of HIV infections. In addition, many HIV infected persons do not know their status. If interested, please find statistics at [CDC.gov](http://CDC.gov).
- Many argue that since the blood is tested, there should be no deferrals for HIV risk. While it is true that all donated blood is tested, there is a “window period” during which the tests are not able to detect HIV infection. This window period is around 22 days after a person becomes infected with HIV. Blood given during this period is able to transmit the HIV infection to others but will not test positive. Though this is an exceedingly rare occurrence, it has happened. It is still necessary to question prospective donors about risk in an effort to prevent window period donations.
- RIBC thanks NYBC for assistance in creating this document by providing the NYBC Fact Sheet. Minor revisions were made.