

# Written Ministerial Statement

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## Department of Health

### DECISION TO CHANGE BLOOD DONOR DEFERRAL POLICY FOR MEN WHO HAVE SEX WITH MEN (MSM)

*Published at 0.01 am on Monday 14 December 2020.*

**Mr Swann (The Minister of Health):** I have decided to adopt recommendations from the FAIR (For the Assessment of Individualised Risk) steering group to move from a population-based blood donor selection policy to one based on a more individualised risk assessment.

The independent Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) have reviewed the proposals outlined by FAIR and confirmed they would not impact on the safe supply of blood and blood components for recipients in the UK. The change will give more people the opportunity to donate blood, including some lower risk men who have sex with men (MSM), whilst continuing to ensure the safety of blood supply for patients.

In Northern Ireland a population based risk assessment approach is currently used to identify potential blood donors and at present, men who have sex with men (MSM) are deferred from donating blood for three months. This policy change will mean that MSM will no longer be automatically deferred from donating blood if they have had sex with another man in the past three months, provided they have been with the same partner and meet other all other medical criteria.

In June 2016 the then Health Minister, Michelle O'Neill, announced the decision that Northern Ireland would lift the lifetime ban on the donation of blood by MSM, and would adopt a one-year deferral. This policy change had the full support of the Northern Ireland Executive and came into effect on 1 September 2016.

In June 2017 SaBTO published the '*Donor Selection Criteria Report*', which set out a range of recommendations including some related to high risk behaviours. The purpose of the recommendations were to allow more people to donate blood without affecting the safety of the blood supply.

At that time SaBTO recommended a deferral of three months for blood donations relating to high risk behaviours. A critical consideration for SaBTO in their deliberations is the window period, which is the time lapse immediately after an individual contracts a virus, such as HIV, and before the infection can be detected in a blood donation. For HIV the window period is twenty-eight days. SaBTO's advice was that a deferral of three months from the time that a person may have contracted HIV through sexual contact was sufficient to maintain the safety of donated blood.

While anyone can acquire a blood-borne infection (BBI) or a sexually transmitted disease (STD), some people have an increased risk of exposure and at a population level, MSM have higher rates of BBIs and STDs. Using protection like a condom or pre-exposure prophylaxis (PrEP) can reduce this risk, but it does not eliminate it.

The donor deferral period for MSM was changed from 12 to three months in England, Scotland and Wales in 2017. I announced this change in Northern Ireland in April 2020 and the new policy was implemented from June this year. There is no evidence that this change to donor selection policy has impacted on the safety of the blood supply in the UK.

The FAIR (For the Assessment of Individualised Risk) steering group was set up at the beginning of 2019 at the request of the Department of Health and Social Care in England (DHSC) to explore whether there is sufficient evidence to change the current blood donor selection policy. Chaired by Dr

Su Brailsford, the group included representation from the four UK blood services (including the Northern Ireland Blood Transfusion Service), Public Health England, experts in epidemiology, virology and psychology, Nottingham University, patients and donors and a range of stakeholders including LGBT+ groups. FAIR's aim was to give as many people as possible the opportunity to donate whilst continuing to ensure the safety of patients.

FAIR used both epidemiology and behavioural science to explore whether there was sufficient evidence to change the current blood donor selection policy. The FAIR steering group report '*Can donor selection policy move from a population-based donor selection policy to one based on a more individualised risk assessment? Conclusions from the For the Assessment of Individualised Risk (FAIR) group*' identified certain sexual activities associated with an increased risk of acquiring blood borne infections (BBIs) and concluded that MSM who have had one sexual partner who has been their sexual partner for more than three months should to be eligible to donate regardless of gender, gender of partner or type of sex.

In October 2020, SaBTO members unanimously agreed that the recommended changes to the donor selection criteria proposed in the FAIR report would not impact on the safe supply of blood and blood components for recipients in the UK. SaBTO members noted that regular monitoring of residual risk of blood-borne infections would be maintained and be reported to SaBTO to ensure that there is no impact on the safe supply of blood.

I have therefore decided to adopt the recommendations proposed by FAIR. SaBTO have reviewed the proposals outlined by FAIR and confirmed they would not impact on the safe supply of blood and blood components for recipients in the UK.

My decision is guided purely by the science and the advice of the experts at SaBTO, whose core remit is to minimise any health risk from blood.

I will instruct the NI Blood Transfusion Service (NIBTS) to take the necessary steps to implement this policy for Northern Ireland in summer 2021.