



**NATIONAL HEMOPHILIA FOUNDATION**  
*for all bleeding and clotting disorders*

MASAC Document #199

**MASAC RESOLUTION ON BLOOD DONOR DEFERRAL POLICY**

*The following resolution was approved by the Medical and Scientific Advisory Council (MASAC) on June 9, 2010, and adopted by the NHF Board of Directors on June 9, 2010.*

Since the advent of the AIDS epidemic in 1982, when it was recognized that one of the groups at high risk of contracting HIV was men who had sex with men (MSM), MSM have been permanently deferred from donating blood in the US. Recently the Gay Men's Health Crisis (GMHC) has issued a report calling on the FDA to change this ban to a 1-year deferral.

This permanent deferral of MSM was instituted to address a public health crisis that included transmission of HIV through transfusion of blood and blood products. During the 1970's and 1980's, approximately half of the U.S. hemophilia population was infected with HIV, hepatitis B, and hepatitis C through use of the blood concentrates necessary to stop their bleeding and save their lives. The permanent deferral of MSM was viewed as one important step in stopping this chain of transmission of these infections.

Good scientific evidence exists that transmission of HIV, hepatitis B, hepatitis C, hepatitis A, and parvovirus occurs through transfusions of blood and blood components. Since the advent of this permanent MSM deferral, in addition to other safety measures, the incidence of these transfusion-associated infections has dropped from 1 in 200 to 1 in 2 million.

In addition to the known viral infection risks of HIV, hepatitis A, hepatitis B, hepatitis C, and parvovirus B19, there is always the risk of new, emerging infectious agents that are not yet known, just as HIV was unknown prior to 1982. All people with bleeding disorders have a higher than normal chance of needing fresh blood components such as red blood cells, platelets and fresh frozen plasma to treat complications of a bleeding episode. These products currently cannot be virally inactivated in the way that clotting factor concentrates can be, so the risk of infection from a new, emerging pathogen is always present.

Recent data from the CDC indicates that while HIV infection rates in the US are falling in heterosexuals and intravenous drug users, they are rising in MSM. Over half (53% or 28,000) of all new infections each year are in MSM. The rate of new HIV infections in MSM is 44 times the rate of new infections in men in other risk groups.

In light of the scientific evidence that HIV infections are rising in MSM, the possible emergence of other, unforeseen infections, and the lack of scientific evidence that all infectious risks are eliminated by the processing applied to blood components, the precautionary principle dictates that no change be made to the permanent deferral from blood donation of MSM. Therefore MASAC recommends that there be no change in the FDA blood donor deferral policy.

**REFERENCES:**

1. CDC Fact Sheet. HIV and AIDS among gay and bisexual men. March 2010. Available at [www.cdc.gov/nchhstp/newsroom/docs/fastfacts-msm-final508comp.pdf](http://www.cdc.gov/nchhstp/newsroom/docs/fastfacts-msm-final508comp.pdf).
2. Stoto MA. The precautionary principle and emerging biologic risks: Lessons from human immunodeficiency virus in blood products. *Semin Hematol.* 2006; 43(suppl 3): S10-S12.
3. World Federation of Hemophilia Statement on Blood Donor Deferrals issued 19 Feb 2010, available at [www.wfh.org](http://www.wfh.org) .

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