

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 522  
(A-19)

Introduced by: Michigan  
Subject: Improved Deferral Periods for Blood Donors  
Referred to: Reference Committee E  
(Leslie H. Secrest, MD, Chair)

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- 1 Whereas, Someone in the United States needs a blood product every two seconds, yet less  
2 than three percent of eligible donors will donate blood each year; and  
3  
4 Whereas, There are constantly blood supply shortages that deprive patients of lifesaving blood  
5 products; and  
6  
7 Whereas, American Medical Association (AMA) policy H-50.990, "Blood Shortage and  
8 Collection," calls for encouragement of blood donation to meet these increased demands and  
9 prevent shortage; and  
10  
11 Whereas, The current Food and Drug Administration (FDA) blood donation guidelines require a  
12 12-month deferral period from the most recent sexual contact with a man who has had sex with  
13 another man (MSM); and  
14  
15 Whereas, 2.1 million potential MSM donors are unable to donate blood because of the 12-  
16 month deferral, and a reduced deferral period could potentially allow 317,000 more pints of  
17 blood to be collected each year; and  
18  
19 Whereas, 90 percent of surveyed MSM individuals were interested in donating blood, yet only  
20 five percent reported that they would remain abstinent for an entire year to be eligible to donate;  
21 and  
22  
23 Whereas, Significant stigma still exists surrounding the 12-month deferral period in the MSM  
24 community, and it is essential to establish trust in the medical community by advocating for  
25 policy that is scientifically based; and  
26  
27 Whereas, No evidence supports the effectiveness of the current FDA 12-month deferral period,  
28 and a less stigmatized approach to blood donation criteria could simultaneously maintain the  
29 safety of the blood supply; and  
30  
31 Whereas, The Center for Disease Control and Prevention (CDC) claims nucleic acid testing  
32 (NAT) for HIV, the technology currently used by blood banks, is reliable to detect HIV within 10  
33 to 33 days of exposure; and  
34  
35 Whereas, Results from mathematical modeling studies, and empirical data from Italy, the United  
36 Kingdom (UK), and Australia predict that altering Canada's MSM blood donation policy from a  
37 five- to a one-year deferral would not increase the number of transfusion-transmitted HIV  
38 infections; and

1 Whereas, Switching from a lifetime ban to a deferral period has a minute risk (one transfusion  
2 transmissible infection in 200 years) of increasing the number of HIV transmissions; and  
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4 Whereas, A review of current evidence for a deferral period before donation in Australia found  
5 that a 12-month deferral for gay and bisexual men exceeds what is required to maintain blood  
6 safety; and  
7

8 Whereas, The UK changed their 12-month deferral to a three-month deferral in November 2017,  
9 reflective of a modeling study that predicted an increased risk of HIV positive donations after  
10 reducing the deferral to three months to be 0.18-0.67 per 1 million, which is within the  
11 acceptable threshold of one per million; and  
12

13 Whereas, There are no cases of HIV transmission through plasma-derived products in the  
14 United States in the last 20 years; and  
15

16 Whereas, Reducing the deferral period from 12 months would increase lifesaving blood  
17 donations, prevent blood shortages, and contribute to reducing harmful stigma experienced by  
18 the MSM community; and  
19

20 Whereas, AMA policy H-50.973, "Blood Donor Deferral Criteria," does not specifically address  
21 the ability of updated, current HIV testing technology in its potential to decrease the deferral  
22 period for MSM; therefore be it  
23

24 RESOLVED, That our American Medical Association amend AMA policy H-50.973, "Blood  
25 Donor Deferral Criteria," by addition and deletion to read as follows:  
26

27 Our AMA: (1) supports the use of rational, scientifically-based blood and tissue donation  
28 deferral periods that are fairly and consistently applied to donors according to their  
29 individual risk; (2) opposes all policies on deferral of blood and tissue donations that are  
30 not based on the scientific literature; and (3) supports a blood donation deferral period  
31 for men who have sex with men that is representative of current HIV testing technology;  
32 and (4) supports research into individual risk assessment criteria for blood donation.  
33 (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 05/09/19

References:

1. American Red Cross Blood Services. Blood Needs and Blood Supply.
2. Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products - Questions and Answers.
3. Pathogen inactivation and removal methods for plasma-derived clotting factor concentrates. Klamroth R, Gröner A, Simon TL. Transfusion. 2014 May;54(5):1406-17. Epub 2013 Sep 30.
4. The beliefs and willingness of men who have sex with men to comply with a one-year blood donation deferral policy: a cross-sectional study. Walter Liszewski, Christopher Terndrup, Nicole R. Jackson, Sarah Helland, Bridget C. Lavin. Transfusion. 05 July 2017.
5. Saving lives, maintaining safety, and science-based policy: qualitative interview findings from the Blood Donation Rules Opinion Study (Blood DROPS) for the NHLBI Recipient Epidemiology and Donor Evaluation Study-III (REDS-III). Shana Hughes, Nicolas Sheon, Bob Siedle-Khan Brian Custer. Transfusion. 14 August 2015.
6. Rethinking the Ban — The U.S. Blood Supply and Men Who Have Sex with Men. Sacks, Chana A; Goldstein, Robert H; Walensky, Rochelle P. The New England Journal of Medicine; Boston. Vol. 376, Iss. 2, (Jan 12, 2017): 174-177.
7. Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products. Guidance for Industry. U.S. Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research December 2015.
8. Centers for Disease Control and Prevention. HIV/AIDS. October 31, 2018.
9. American Red Cross Blood Services. Infectious Disease Testing.

10. Jubran, Bellal, et al. "Reevaluating Canada's Policy for Blood Donations from Men Who have Sex with Men (MSM)." *Journal of public health policy* 37.4 (2016): 428-39. ProQuest. Web. 1 Jan. 2019.
11. Cahill, Sean, and Timothy Wang. "An End to Lifetime Blood Donation Ban in Israel for MSM would be a Major Step Toward a Science-Based Policy that Reduces Stigma." *Israel Journal of Health Policy Research* 6 (2017)ProQuest. Web. 1 Jan. 2019.
12. Blood donor deferral for men who have sex with men: still room to move. Haire B, Whitford K, Kaldor JM. *Transfusion*. 2018 Mar;58(3):816-822.
13. Update: Effects of Lifting Blood Donation Bans on Men who Have Sex with Men. Miyashita, Ayako. Gates, Gary. The Williams Institute. September 2014.
14. What is the evidence for the change in the blood –donation deferral period for high-risk groups and does it go far enough? Beattie RH Sturrock, Stuart Mucklow. *Clin Med (Lond)*. 2018 Aug; 18(4): 304–307.

## RELEVANT AMA POLICY

### **Blood Donor Deferral Criteria H-50.973**

Our AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their individual risk; (2) opposes all policies on deferral of blood and tissue donations that are not based on the scientific literature; and (3) supports research into individual risk assessment criteria for blood donation. Citation: Res. 514, A-13; Modified: Res. 008, I-16

### **Safety of Blood Donations and Transfusions H-50.975**

Our AMA:

- (1) Supports working with blood banking organizations to educate prospective donors about the safety of blood donation and blood transfusion;
- (2) Supports the use of its publications to help physicians inform patients that donating blood does not expose the donor to the risk of HIV/AIDS;
- (3) Encourages physicians to inform high-risk patients of the value of self-deferral from blood and blood product donations; and
- (4) Supports providing educational information to physicians on alternatives to transfusion. Citation: (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13

### **Blood Donor Recruitment D-50.998**

1. Our AMA shall encourage the Food and Drug Administration to continue evaluating and monitoring regulations on blood donation and to consider modifications to the current exclusion policies if sufficient scientific evidence supports such changes.
2. Our AMA encourages the U.S. Food and Drug Administration to engage in dialogue with the American Association of Blood Banks and relevant stakeholders to reanalyze their therapeutic phlebotomy policies on variances, including but not limited to hereditary hemochromatosis. Citation: Sub. Res. 401, A-02; Reaffirmed: CCB/CLRPD Rep. 4, A-12; Appended: Res. 924, I-18

### **Blood Shortage and Collection H-50.990**

In response to a continuing need for blood for transfusion and decreasing supplies of allogeneic blood, our AMA supports programs that encourage donation of blood to the allogeneic supply by health volunteer donors; and the AMA encourages physicians to participate in promotional efforts to encourage blood donation, and urges the American Blood Commission to actively participate in these programs. Citation: Res. 41, A-82; Reaffirmed: CLRPD Rep. A, I-92; Modified by CSA Rep. 11, A-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17

### **Voluntary Donations of Blood and Blood Banking H-50.995**

Our AMA reaffirms its policy on voluntary blood donations (C-63); and directs attention to the need for adequate donor selection and post-transfusion follow-up procedures. Our AMA (1) endorses the FDA's existing blood policy as the best approach to assure the safety and adequacy of the nation's blood supply; (2) supports current federal regulations and legislation governing the safety of all blood and blood products provided they are based on sound science; (3) encourages the FDA to continue aggressive surveillance and inspection of foreign establishments seeking or possessing United States licensure for the importation of blood and blood products into the United States; and (4) urges regulatory agencies and collection agencies to balance the implementation of new safety efforts with the need to maintain adequate quantities of blood to meet transfusion needs in this country. Citation: (BOT Rep. V, A-71; Reaffirmed: CLRPD Rep. C, A-89; Appended: Res. 507, A-98; Appended: CSA Rep. 4, I-98; Reaffirmed: CSA Rep. 1, A-99; Amended & Appended: Res. 519, A-01; Modified: CSAPH Rep. 1, A-11