Whereas, Someone in the United States needs a blood product every two seconds, yet less than three percent of eligible donors will donate blood each year; and

Whereas, There are constantly blood supply shortages that deprive patients of lifesaving blood products; and

Whereas, American Medical Association (AMA) policy H-50.990, “Blood Shortage and Collection,” calls for encouragement of blood donation to meet these increased demands and prevent shortage; and

Whereas, The current Food and Drug Administration (FDA) blood donation guidelines require a 12-month deferral period from the most recent sexual contact with a man who has had sex with another man (MSM); and

Whereas, 2.1 million potential MSM donors are unable to donate blood because of the 12-month deferral, and a reduced deferral period could potentially allow 317,000 more pints of blood to be collected each year; and

Whereas, 90 percent of surveyed MSM individuals were interested in donating blood, yet only five percent reported that they would remain abstinent for an entire year to be eligible to donate; and

Whereas, Significant stigma still exists surrounding the 12-month deferral period in the MSM community, and it is essential to establish trust in the medical community by advocating for policy that is scientifically based; and

Whereas, No evidence supports the effectiveness of the current FDA 12-month deferral period, and a less stigmatized approach to blood donation criteria could simultaneously maintain the safety of the blood supply; and

Whereas, The Center for Disease Control and Prevention (CDC) claims nucleic acid testing (NAT) for HIV, the technology currently used by blood banks, is reliable to detect HIV within 10 to 33 days of exposure; and

Whereas, Results from mathematical modeling studies, and empirical data from Italy, the United Kingdom (UK), and Australia predict that altering Canada’s MSM blood donation policy from a five- to a one-year deferral would not increase the number of transfusion-transmitted HIV infections; and
Whereas, Switching from a lifetime ban to a deferral period has a minute risk (one transfusion transmissible infection in 200 years) of increasing the number of HIV transmissions; and

Whereas, A review of current evidence for a deferral period before donation in Australia found that a 12-month deferral for gay and bisexual men exceeds what is required to maintain blood safety; and

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

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

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

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

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

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 a blood donation deferral period for men who have sex with men that is representative of current HIV testing technology; and (4) supports research into individual risk assessment criteria for blood donation.

(Modify Current HOD Policy)

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

Received: 05/09/19

References:
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 Temdrup, 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.

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/CLRDP 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: CLRDP 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