

Presidential Advisory Council on HIV/AIDS

Resolution on MSM Blood Donation Deferral Policy & Screening Questions

Whereas, the current Food and Drug Administration (FDA) Blood Donation Deferral Policy for men who have sex with men (MSM) requires a three-month period of sexual abstinence to be eligible to donate blood, and previous iterations of this policy had required a one-year period of sexual abstinence, and a lifetime ban;

Whereas, the current MSM Blood Donation Deferral Policy and associated screening questions are discriminatory in nature because they are not applied equally to all groups, including those not subject to any deferral. Further, they do not consider protective factors, such as the number of recent sexual partners and/or adherence to PrEP, the current policy and screening questions increase stigma for people living with HIV (PLWH) and to MSM populations as a whole;

Whereas, the current screening questions utilized to implement the Blood Donation Deferral Policy for MSM are unclear and do not consider transgender and non-binary blood donors;

Whereas, the Administration's Ending the HIV Epidemic (EHE) initiative has a goal of reducing stigma, the initiative will be more successful if stigma against people who are gay, bisexual and other MSM, transgender, non-binary, and PLWH is decreased;

Whereas, the FDA is currently administering the ADVANCE Study that could potentially lead to a change in blood donor eligibility for MSM populations and that enrollment in the study has been extremely slow;

Whereas, Canada has approved and implemented a universal sexual behavior screening tool by which everyone will be asked questions about sexual behavior. During screening, everyone will be asked if they have had new and/or multiple sexual partners in the last three months, and if they have, will be asked a follow-up question about whether they have had anal sex with any partner in the last three months. Although this approach is imperfect, it is less stigmatizing and more inclusive of transgender and non-binary individuals than the current FDA process;

Whereas, HIV is not the only blood-borne pathogen but is the only one that is still subject to screening questions based upon one's identity;

Whereas, technology today exists to screen blood in an identity and behavior-neutral method. These technologies can identify traces of HIV in the blood supply and can significantly shorten the waiting period. This is a safer method to protect the blood supply than identity or behavior-based screening questions;

Be it resolved, PACHA urges the FDA to swiftly update the screening questions ensuring that they are based on sexual behavior risk, not gender or sexual orientation;

Be it further resolved, that PACHA urges the FDA to harness the latest biomedical advances to appropriately screen all blood donations for HIV and other blood-borne pathogens, and to then consider if a period of sexual abstinence for certain populations and screening questions continue to be necessary;

Be it further resolved, that PACHA urges a timely completion of the ADVANCE study and the implementation of a new policy based on the scientific data collected in the study;

Be it further resolved, that upon a change in the MSM Blood Donation Deferral Policy and associated screening questions, that the FDA publish a fact sheet for community-based blood donation agencies to help decrease stigma against LGBTQ+ individuals and PLWH.