

The Work of the FAIR (For the Assessment of Individualised Risk) Steering Group

The UK blood services, Public Health England, Nottingham University and a range of stakeholders including LGBT+ groups are working together in the FAIR steering group. The aim of the FAIR steering group is to explore if a more individualised risk assessment approach to blood donor selection policy is possible whilst ensuring the safe supply of blood to patients. If the evidence shows that a more individualised blood donation risk assessment can be safely and practically introduced, it could mean that some people who are currently deferred for three months due to sexual-related risk, such as some men who have sex with men (MSM), could donate (1).

Our membership includes representatives from the four UK blood services, Public Health England, Nottingham University, the National Aids Trust (NAT), Stonewall, Freedom to Donate, Terrence Higgins Trust (THT), and includes experts in epidemiology, virology and psychology and other key stakeholders.

The Government sets blood donation guidelines based on advice from a Department of Health and Social Care expert committee: The Standing Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). In 2017, the UK (1) introduced a world leading blood donation policy reducing the deferral for MSM, as well as other some other groups, to three months since last sexual contact. In many parts of the world the deferral for MSM is 12 months or longer and in some areas MSM are asked not to donate at all.

We appreciate that any deferral is disappointing if you want to save lives by giving blood. We want to give as many people as possible the opportunity to donate whilst continuing to ensure the safety of patients. We are taking a collaborative and evidence-based approach to assess a more individualised risk assessment and we hope to report our research findings towards the end of 2020.

Notes:

(1) *There is a 12-month deferral in Northern Ireland for sex-related risk, including MSM. Any changes to this requires Health Minister approval.*

What will the work involve?

The work will include research such as surveys and focus groups with donation staff, current blood donors and non-donors. These will enable us to better understand:

- Specific sexual behaviours associated with increased risk of infection
- How people feel answering more detailed questions about their sexual behaviours
- What effect any changes might have on donation rates and infection risks

The work is already underway but it will take time to complete because we need to make sure everything we do is evidence-based with patient safety as the number one priority.

Why is there a deferral for some groups who want to donate blood?

The Government sets blood donation guidelines based on expert advice from the Standing Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). There are time based deferrals for many reasons, such as tattoos, medical treatments, commercial sex work and a range of travel based

deferrals. Anyone can acquire a blood-borne infection or a sexually transmitted infection, but some individuals are at a higher risk. Protection can reduce the risk but not eliminate this risk and, although every donation is tested, infections acquired recently before donation may not be detected by testing (the test's 'window period').

At a population level, groups such as MSM have a higher risk of acquiring blood-borne infections. We know that sexual behaviours vary within any population and those who want to donate blood safely may find it frustrating to be assessed as part of a population rather than on a more individual level. A more individualised risk assessment could enable a move away from assessing sexual risk at a population level.

We appreciate that any deferral is disappointing if you want to save lives by giving blood. We want to give as many people as possible the opportunity to donate if they can do so safely and we are taking a collaborative and evidence-based approach to assess this.

How have the criteria changed over the years?

Prior to 2011, MSM were not able to donate blood in the UK. After reviewing the evidence, SaBTO recommended the introduction of a 12-month deferral. Further review in 2017 led SaBTO to recommend a reduction of this deferral to three months for MSMs and for this deferral to also be applied to other groups such as commercial sex workers. This three-month deferral was implemented in England, Scotland, and Wales (in Northern Ireland the 12-month deferral remains). These changes and any future changes to donor selection must be based on the best available evidence to ensure that we continue to have one of the safest blood supplies in the world.

How would a more individualised assessment work in practice?

The UK has more than 1 million blood donors making about 1.9m donations a year. Therefore, we need a system that is safe and can cope with large numbers of donors. To move to a more individualised risk assessment, we need good evidence that safety would be maintained, and we need to understand how it would work in practice. For example, we need to understand which questions are most relevant to identify individuals at a higher risk of acquiring sexually transmitted infections. We also need to understand whether more detailed questions about sexual behaviours could deter some donors and whether an online or face to face approach is best. This work takes time and we need ensure that any changes in blood donor selection policy are based on good evidence with patient safety as the number one priority.