

## Fylgiskjal

Nánari lýsing á aðferðafræði heilbrigðisyfirvalda í Englandi, Hollandi og Kanada hvað varðar breytingar á reglum um frávísun (deferral) blóðgjafa með sérstaka áhættu á smitnæmum sjúkdómum og tímaramma þeirra.

# Innleiðing NAT-skimunar, áhættugreiningar og breytingar á frávísun MSM í kjölfarið.

Samanburður á tímalínu Englands, Hollands, Kanada og Íslands.

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Þessi 3 lönd, sem öll hafa mjög öfluga blóðbankaþjónustu og kröftugar aðgerðir í lýðheilsu s.s. skimun fyrir HIV, HCV, HBV og sýfilis í sínu þýði hafa innleitt breytingar á heilsufarsskilmerkjum sérstakra áhættuhópa á 12-22 árum í kjölfar innleiðingar á NAT-skimun.

Með tímasettum og áfangaskiptum skrefum ráðgerir Blóðbankinn að innleiða þær breytingar á 5 árum ef heilbrigðisyfirvöld tryggja forsendur þessa s.s. fjármögnun og reglugerðir.

## **Áfangaskipt innleiðing breytinga á frávísunum (deferral) við blóðgjöf vegna einstaklinga eða hópa sem hafa aukna áhættu á smitsjúkdómum sem geta borist með blóði.**

Hér eru nefnd 3 dæmi um árangursríka áfangaskiptingu við innleiðingu á breyttum skilmerkjum blóðgjafa frá Englandi, Hollandi og Kanada þar sem samspil bættrar skimunar (NAT-skimun), áhættugreininga og stefnumótunar á sviði HIV og HIV-prófunar hafa skapað grundvöll fyrir því að stytta frávísun (deferral) MSM hópsins og annarra hópa með aukna áhættu smitnæmra sjúkdóma, þegar þeir óska þess að mega gefa blóð. Í lok slíkra áfanga hafa skapast möguleikar til að beita einstaklingsbundnu áhættumati óháð kyni.

Endurteknar áhættugreiningar þessara landa (og fjölmargra annarra) hafa verið kynntar ráðgjafanefnd um fagleg málefni blóðbankaþjónustu og nefndinni afhent margvísleg gögn hvað þessarar áhættugreiningar varðar. Þau gögn eru tiltæk ráðuneytinu ef þess er óskað.

## **Tillögur til umræðu hjá ráðgjafanefnd um fagleg málefni blóðbankaþjónustu, Landspítala og Blóðbankanum um áfangaskipta innleiðingu.**

### **Vinnuskjal til útfærslu með heilbrigðisyfirvöldum**

Í júlí 2021 sendi Blóðbankinn viðbótargögn til ráðgjafanefndarinnar um ýmsar útfærslur við innleiðingu NAT-skimunar á Íslandi, og er þar lagt mat á tímaáætlun um breytingar á skilmerkjum um varanlega vs. tímabundna frávísun vegna ýmissa áhættuþátta s.s. MSM.

Hugmyndir um að fylgja áfangaskiptum aðgerðum í kjölfar NAT-skimunar og áhættugreininga eru í samræmi við ráðleggingar ráðgjafanefndar og Blóðbankans 2018 og 2019.

### **Sérstakir möguleikar í kjölfar smithreinsunar rauðkorna 2023-2025.**

Í álit ráðgjafanefndarinnar voru ennfremur tillögur um einstaklingsbundið mat á áhættu allra blóðgjafa sem væri mögulegt að gera í kjölfar innleiðingar á smithreinsun (pathogen inactivation/reduction) á rauðkornum á árunum 2023-2025. Blóðflögur og plasma eru nú þegar smithreinsaðar á Íslandi (innleitt á árunum 2012-2014).

### **Innleiðing á þessari keðju ráðstafana á sviði NAT-skimunar, áhættugreiningar og smithreinsunar rauðkorna tryggir öryggi og gæði blóðhluta fyrir sjúklinga og markar tímamót í nálgun heilbrigðisyfirvalda á þessu sviði.**

Í þessu skjali má sjá tillögur sem eru metnaðarfullar hvað varðar innleiðingu breyttra skilmerkja um tímabundna frávísun, og á endanum einstaklingsbundið áhættumat óháð kyni. Sjá má með samanburði við tímalínu Englands og Kanada að hér þarf að vinna ötullega og með skilvirkum hætti.

Það er mat Blóðbankans að með samstarfi fjölmargra aðila: ráðuneytis, embættum landlæknis og sóttvarnalæknis, Landspítala, smitsjúkdómalækna, lýðheilsusérfræðinga, Blóðbankans, aðila sem geta lagt fram sjónarmið hagaðila s.s. sjúklinga, samkynhneigðra, ungs fólks o.fl. aðila þá getum við náð sama árangri og önnur lönd á skemmri tíma en það tók þau lönd frá innleiðingu NAT-skimunar.





## England 2009-2021

Í Englandi var NAT skimun fyrir HIV, HBV og HCV var innleidd árið 2009. **Tveimur árum eftir að England innleiddi NAT-skimun blóðgjafa (2009) var skilmerkjum hvað varðar frávísun MSM breytt úr varanlegri frávísun yfir í 12 mánaða frávísun í kjölfar kynmaka karlmanns við annan karlmann (2011)** Það var gert í kjölfar vandaðrar áhættugreiningar á vegum SABTO-ráðgjafanefndarinnar (Advisory Committee on the Safety of Blood, Tissues and Organs, **SABTO 2011**) sem er góð fyrirmynd í þessu sambandi. Á sex árum í kjölfar þessara breytinga voru áhrifin aftur metin, og má sjá niðurstöðurnar í nýrri og mjög vandaðri áhættugreiningu **SABTO árið 2017**. Í kjölfar þessarar áhættugreiningar var skilmerkjunum breytt yfir í 3ja mánaða frávísun árið 2017, þegar sýnt hafði verið fram á að breytingin 2011 hefði ekki aukið áhættu blóðþega á blóðbornu smiti. Og áfram héldu Englendingar með áhættugreiningar hvað þetta varðar. Árið 2020 var birt samantekt (**SABTO Fair 2020**) um einstaklingsbundið áhættumat óháð kyni (individual risk assessment). Sjá skýrslur SABTO sem fylgiskjöl þessa erindis í heimildaskrá.

1983	Varanleg frávísun MSM frá árinu 1983 var í gildi allt til 2011
2006	SABTO skýrsla sem ályktaði að skilmerkjum skyldi ekki breytt
<b>2009</b>	<b>NAT skimun innleidd</b>
2011	12 mánaða frávísun MSM í kjölfar SABTO 2011
2017	3 mánaða frávísun MSM í kjölfar SABTO 2017
2021	Einstaklingsbundið áhættumat óháð kyni í kjölfar SABTO Fair 2020

## Holland 1999-2021

NAT skimun var innleidd 1999

1983	Varanleg frávísun MSM til ársins ____2015
<b>1999</b>	<b>NAT skimun innleidd</b>
2015	12 mánaða frávísun
2019	4 mánaða frávísun
2021	Leyfa MSM-einstaklingum í „einkvænis-sambandi“ að gefa blóð.

## Kanada 1999-2021

NAT skimun var innleidd í áföngum á árabílinu 1999-2001

1983	Varanleg frávísun MSM frá árinu 1983 var í gildi allt til 2013
<b>1999</b>	<b>NAT skimun var innleidd í áföngum á árabílinu 1999-2001</b>
2013	5 ára frávísun MSM
2016	12 mánaða frávísun MSM
2019	3 mánaða frávísun MSM
2022	Stefnt að einstaklingsbundnu áhættumati óháð kyni

Tímalínan í Kanada, sjá nánar:

<https://www.blood.ca/en/blood/am-i-eligible-donate-blood/men-who-have-sex-men>

Sjá titilblöð sem nokkur dæmi um fjölmargrar áhættugreiningar í Kanada 2006-2021 hér meðfylgjandi.

## Ísland 2021-2026

Með samspili áhættugreininga 2021-2026, innleiðingu NAT skimunar 2022 og undirbúning og innleiðingu smithreinsunar rauðkorna 2022-2025 þá má ná mikilvægum áföngum sem tryggja öryggi blóðhluta fyrir sjúklinga. Með samspili þessara þátta opnast möguleikar á breytingum í heilsufarsskilmerkjum af ýmsu tagi sem auka fjölda þeirra sem mega gefa blóð af ýmsum ástæðum og á sama tíma auka öryggi sjúklinga (blóðþega).

**Hvað getum við lært af áfangaskiptri innleiðingu breytinga á heilsufarsskilmerkjum MSM og annarra áhættuhópa? Reynslan í Englandi, Hollandi og Kanada**

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Áfangaskipt innleiðing breytinga skilar árangri og er upplýsandi fyrir almenning og fagfólk.

Slík vinna tryggir stöðugt mat og endurmat fagfólks á árangri eða neikvæðum afleiðingum ákvarðana með aðferðum áhættugreiningar.

Slíkur ferill nær einnig að draga það fram í dagsljósið hvort stjórnámálmenn sem taka mikilvægar ákvarðanir á þessu sviði hafi hugað nægilega að faglegum sjónarmiðum til að tryggja í hvívetna velferð og öryggi sjúklinga (blóðþega) í takt við ráðherraskyldur sínar.

Áhættugreiningar bæta yfirsýn almennings og fagfólks um raunverulega stöðu HIV, HCV, HBV og sýfilis hér á landi með bættu fræðslu- og upplýsingaefni.

Heilbrigðisyfirvöld geta metið árangur sinna ákvarðana með notkun árangursmælikvarða.

Mikil þörf er á því að bæta aðgengi að slíkum upplýsingum hér á landi.

# Nokkur dæmi um áhættugreiningar í tímalínu Kanada

## MSM Donor Deferral Risk Assessment: An Analysis using Risk Management Principles

A Report for Canadian Blood Services

by

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As of January 31, 2007

VoxSanguinis

ORIGINAL PAPER

## Blood donation by men who have sex with men: using evidence to change policy

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Vox Sanguinis

**Background** In 2011 in the United Kingdom (UK), excluding Northern Ireland, the deferral of men who have sex with men (MSM) changed from lifetime to 12 months. We describe MSM who donated before and after this to inform further policy reviews.

**Materials and Methods** Characteristics and sexual behaviours of donors identifying as male from routine surveillance are described. Rates of infections are compared pre- and post-implementation of a 12-month deferral. Donors are compared with screen negative male donors responding to a large-scale survey during 2013/2014.

**Results** Comparing the five years pre- and post-change, the rate of confirmed positives for markers of HBV, HCV, HIV and syphilis decreased by 6.9% from 14.1 to 13.1/100 000 donations. The rate of recent infections was unchanged (1.7/200 000). Of 22 776 survey responses identifying as male, MSM disclosed sex between men over 12 months ago giving 99.3% compliance among male donors. Two-thirds of the 72 non-compliant MSM reported one to two partners and one-third had no new partners within 12 months. The most commonly reported reason for non-compliance from MSM both positive and negative for infection was 'not important to declare' (37.3% and 40.7%). Test seeking was rare (9.3% and 2.1%).

**Conclusion** Compliance with the 12-month MSM deferral policy was very high. The very low rates of infections post-change demonstrated the effectiveness of the policy. These data were an important part of the 2017 review of all sexual behavioural deferrals.

**Key words:** donor selection, HBV, men who have sex with men, policy and surveys, surveillance.

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## BLOOD DONORS AND BLOOD COLLECTION

### The risk of allowing blood donation from men having sex with men after a temporary deferral: predictions versus reality

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ABBREVIATION: MSM = men who had sex with men.

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VoxSanguinis

SHORT REPORT

### Current incidence and residual risk of HIV, HBV and HCV at Canadian Blood Services

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Vox Sanguinis

Estimates of the viral residual risk should be updated to reflect current incidence of infection in blood donors. Incidence rates were estimated for allogeneic whole-blood donations made to Canadian Blood Services from 2006 to 2009 based on transmissible disease conversions of repeat donations within a 3-year period. Residual risk was estimated as the incidence multiplied by the window period. The residual risk of HBV was 1 per 8 million donations, HCV 1 per 6.7 million donations and HIV 1 per 1.7 million donations. The residual risk remains low and has decreased for HCV since our previous estimates due to reduced incidence.

**Key words:** HBV, HCV, HIV, incidence, residual risk.

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Canadian Blood Services  
Société canadienne du sang

### Report on Donor Selection Criteria Relating to Men Who Have Sex With Men

March 7, 2012

VoxSanguinis

REVIEW ARTICLE

### Donor deferral policies for men who have sex with men: past, present and future

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We review the history and evolution of blood donor criteria for men who have sex with men (MSM). Deferral policies in many jurisdictions, including Australia, New Zealand, Canada, the United States, Brazil and many western European countries are based on a period of abstinence from MSM, often of 12 months duration. Several countries (Italy, Spain and Portugal) defer donors based on sexual behaviours considered to be at high risk, regardless of whether the partner is same sex or opposite sex. Compliance is a key determinant in the efficacy of any deferral policy. We summarize research themes and strategies discussed at a January 2017 meeting held in Toronto, Canada, to provide an evidence basis for future policy changes.

**Key words:** donor deferrals, men who have sex with men.

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REVIEW



### Donor deferral policies for men who have sex with men: where are we today?

Mindy Goldman<sup>1</sup> & Sheila F. O'Brien<sup>2</sup>

**Purpose of review** The review summarizes recent publications on the contentious issue of donor deferral criteria for men who have sex with men (MSM).

**Recent findings** Recent studies from the United States and China demonstrated that MSM is still a frequent risk factor for HIV-positive donors. Non-compliance is an important factor in the overall risk of HIV transmission but does not appear to be affected by the length of the deferral period. A major US study found a 2.2% non-compliance rate with the current indefinite deferral for MSM; similar or lower rates were found in other jurisdictions with shorter deferral periods. Several countries have had a defined deferral period of 1 year or 2 years in place long enough to determine that increases in HIV-positive cases predicted by modeling studies did not actually occur, suggesting that the assumptions made in these models are overly conservative.

**Summary** In summary, MSM eligibility policies are slowly changing around the world, with the US FDA now permitting a 1-year deferral. Transparency, involvement of stakeholders, and careful evaluation of risk and societal benefit should be part of future policy discussions on this issue.

**Keywords** Donor deferral criteria, MSM HIV transmission

INTRODUCTION

The tragedy of transmission of HIV and hepatitis C virus by blood and fractionation products in the 1980s has led to a highly regulated, risk-averse blood collection and testing environment in developed countries. Blood suppliers strive for a zero-risk blood supply, and most new initiatives in the past few decades involve enhancing recipient safety. These include substantial improvement in testing for transfusion transmissible agents (TTA), computerization and process control, and pathogen reduction technologies applied first to plasma derivatives and more recently to transfusable plasma and platelets. Donor questionnaires and eligibility requirements were expanded and standardized in the 1980s and 1990s, with precise deferral criteria often mandated by the US Food and Drug Administration (FDA) and equivalent regulatory authorities in other jurisdictions. The indefinite deferral for men who have sex with men (MSM) was first instituted in 1977, was instituted in the United States in the early 1980s, even before the causal agent of AIDS was discovered, as MSM were noted to be a particularly high-risk group.

Since then, knowledge about HIV has exploded, and numerous changes have occurred from both a blood collection and testing and societal perspective. Understandably, few donor criteria have been as hotly debated and contentious as the deferral for MSM, and there is no international consensus on deferral policies [1,2].

In 2015, the FDA issued a new guidance document, permitting a 12-month deferral after last MSM contact. It is expected that US blood centers will implement the change in 2016 [3]. Although this change will not allow sexually active gay men to donate, it is nonetheless significant, as the first

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www.co-hematology.com

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## Relative Risk of Reducing the Lifetime Blood Donation Deferral for Men Who Have Had Sex With Men Versus Currently Tolerated Transfusion Risks

Eleftherios C. Vamvakas

Impact of a 5-year deferral from blood donation for men who have sex with men

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ABBREVIATION: MSM = men who have sex with men.

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RAPID COMMUNICATION

Risk-based decision-making for blood safety: preliminary report of a consensus conference

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Current incidence and estimated residual risk of transfusion-transmitted infections in donations made to Canadian Blood Services

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ABBREVIATION: MP(s) = minipool(s).

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COMMENTARY

Donor criteria for men who have sex with men: a Canadian perspective

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Table 2

Evolution of MSM deferral policy in the USA, Canada, UK, South Africa, Australia, and New Zealand

Country	Policy	Changes
USA	1983 – lifetime deferral	None
Canada	1983 – lifetime deferral suggestion 1985 – lifetime deferral mandated 2013 – 5-year deferral	Response was criticized, withdrew deferral suggestion 2012 – submission to regulator to change to 5-year deferral 2013 – Regulator approval for 5-year deferral
UK (England, Wales, Scotland)	1985 – lifetime deferral	2011 – 12-month deferral
South Africa	2001 – 5-year deferral instituted by new national blood service	2006 – 5-year deferral changed to 6-month deferral
Australia	Individual states and territories all had their own version of an indefinite deferral	Rolling introduction of a 12-month deferral from 1996 to 2000
New Zealand	1998 – 10-year deferral	2008 – 5-year deferral

REVIEW ARTICLE

Risk-based decision making in transfusion medicine

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COMMENTARY

Donor criteria for men who have sex with men: a Canadian perspective

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Men Having Sex With Men Donor Deferral Risk Assessment: An Analysis Using Risk Management Principles

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Perspective

Three decades of MSM donor deferral policies. What have we learned?

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Short Report

Residual risk of HIV, HCV and HBV in Canada

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## History and timeline, CANADA

2022
Evolving eligibility criteria for gay, bisexual and other men who have sex with men Canadian Blood Services' goal is to remove the current waiting period for men who have sex with men and use sexual behaviour-based screening for all donors instead. To this end, we intend to make a submission recommending this change to Health Canada, our regulator, by the end of 2021.
2021
Canadian Blood Services makes submission to Health Canada to expand source plasma donor eligibility for men who have sex with men. Targeting Health Canada submission by end of year to remove the waiting period for men who have sex with men and use behaviour-based screening for all donors instead.
2019
Health Canada approves reduction of the waiting period for MSM from one year to three months.
2018
A new request to further reduce the waiting period for MSM from one year to three months is submitted to Health Canada. A new round of consultation meetings with stakeholders and partners takes place to discuss planned submission to Health Canada to further reduce the waiting period for MSM to three months. Four additional projects were awarded funding after a second round of funding was made available as part of <b>the MSM research grant program</b> .
2017
<b>The MSM research grant program</b> launched Feb. 1 A two-day meeting was held in January with national and international stakeholders to identify research priorities for closing knowledge gaps that impact donor eligibility for men who have sex with men.
2016
Health Canada approved Canadian Blood Services' proposal to reduce the blood donation ineligibility period for men who have sex with men from five years to one year.
2013
Health Canada approved the change in donor selection criteria for men who have sex with men from an indefinite deferral period for any man who has had sex with other men, even once, since 1977 to a time-based deferral of five years since last sexual contact.
2011
Canadian Blood Services' board of directors approved plans to move away from the long-standing permanent deferral for men who have sex with men since 1977 to a defined term of not more than 10 years and not less than five years since last sexual contact.
2010
<b>In response to the Charter of Rights and Freedoms challenge launched in 2002, the Ontario Superior Court ruled that the deferral criteria for men who have sex with men is not discriminatory because it is based on health and safety considerations. Justice Aitken of the Ontario Superior Court ruled that:</b> <b>Blood donation is a gift, not a right</b> <b>There is no requirement under law to accept the gift of blood</b> <b>Donors have a duty to answer questions honestly</b> <b>The men who have sex with men deferral is not discriminatory, but is based on health and safety considerations</b> <b>The need for lifetime deferral period was not demonstrated</b>
2007
Canadian Blood Services' board of directors concluded the current men who have sex with men deferral criteria should be maintained, but Canadian Blood Services should actively gather information to gain more knowledge on the subject.
2006
Canadian Blood Services conducted a thorough review of the men who have sex with men eligibility criteria.
1999-2001
Implementation of NAT-screening
1992
Blood products became regulated by the national blood system regulator, Health Canada, and the MSM criterion was 'grandfathered' into existing regulations.
Mid-1980s
Canadian Blood Services' predecessor, the Canadian Red Cross Blood Transfusion Service, introduced a donor selection criterion that excluded all men who have sex with men (as of 1977) to protect the blood supply from HIV.

**Unnið úr gögnum á heimasíðu kanadísku blóðbankaþjónustunnar**

## MSM policy history

In the mid-1980s, Canadian Blood Services' predecessor the Canadian Red Cross Blood Transfusion Service introduced a donor selection criterion that excluded all MSM since 1977 to protect the blood supply from HIV. In 1992, blood products became regulated by the national blood system regulator, Health Canada, and the criterion was 'grandfathered' into existing regulations.

Canadian Blood Services thoroughly reviewed the MSM policy in 2006. In June 2007, the board of directors concluded the current MSM deferral policy should be maintained, but Canadian Blood Services should actively gather information to gain more knowledge on the subject.

In 2010, in response to a Charter of Rights and Freedoms challenge launched in 2002, the Ontario Superior Court ruled that the deferral policy for MSM is not discriminatory because it is based on health and safety considerations. Justice Aitken of the Ontario Superior Court ruled that:

- Blood donation is a gift, not a right
- There is no requirement under law to accept the gift of blood
- Donors have a duty to answer questions honestly
- MSM deferral is not discriminatory, but is based on health and safety consideration
- The need for lifetime deferral period was not demonstrated

In 2011, Canadian Blood Services' board of directors approved plans to move away from the long-standing permanent deferral for MSM since 1977 to a defined term of not more than 10 years and not less than five years since last sexual contact.

In May 2013, Health Canada approved the change in donor selection criteria for MSM from an indefinite deferral period for any man who had sex with another man even once since 1977 to a time-based deferral of five years since last sexual contact. The new policy was formally implemented in July 2013.

YEAR	EVENT
2015 - 2016	See attached PowerPoint
2014	Ongoing engagement with stakeholders
2013	Announcement of policy change from lifetime deferral to five years since last MSM contact
2012	Creation of MSM Deferral Policy Working Group
	Submission to Health Canada requesting change from lifetime deferral of MSM donors to a time-bound deferral of five years
	Panel presentation at Carleton University
	Update and presentation to Network of Rare Blood Disorder Organizations (NRBDO)
	Joint consultation session with patient groups and members of the LGBTQ community
	Consultation with National Liaison Committee of the Canadian Blood Services Board of Directors
	Consultation with patient groups
	Consultation with LGBTQ groups
	<a href="#">Ipsos-Reid polling</a> (PDF)
	Discussion paper on donor selection criteria reviewed by panel in international experts
2011	Presentation to Canadian Federation of Students
	Presentation to the Federation of Law Societies of Canada
	Presentations at various university campuses
2010	Presentations at various university campuses
2009	Trial between Canadian Blood Services and Kyle Freeman will begin in the Superior Court of Ontario in Ottawa.
2008	Canadian Blood Services forms national LGBTQ (lesbian, gay, bisexual, trans* and queer) working group, whose mandate is to act as a resource for Canadian Blood Services to help educate on the issues and sensitivities of the LGBTQ community while helping to promote the research agenda.
	Canadian Blood Services launches joint research opportunity with the Canadian Institute for Health Research focused on three areas; donor deferral strategies and the risk of blood-borne diseases, policy development and social aspects of blood system risk, and emerging pathogens in

	specific populations.
2007	Canadian Blood Services Board defers pursuing a deferral change while launching research agenda to close the gaps in information identified through the consultations.
	<a href="#">(McLaughlin Report - PDF)</a> MSM Donor Deferral Risk Assessment: An Analysis using Risk Management Principles
2006	Canadian Blood Services conducted its own epidemiological study of 40,000 donors to evaluate the proportion of donors with deferrable risks. The study was repeated in 2008 with results published internally.
	American Red Cross, America's Blood Centres and the AABB recommend to the FDA changing deferral to one year for MSM - FDA chose to uphold the indefinite ban stating it was the best way to keep the nation's blood supply safe.
	McLaughlin Centre for Population Health Risk Assessment commissioned to conduct risk assessment of MSM donor deferral criteria - did not make recommendations, put forward views for discussion at Canadian Blood Services Board of Directors.
2001	Canadian Blood Services implements nucleic acid amplification testing (NAT) for HIV - greatly reducing the "window period" where the virus is undetectable by test, but not eliminating it.
	Canadian Blood Services/Héma-Québec co-sponsored international consensus conference on optimizing the donor selection process - no recommendation to change criteria due to not enough evidence to implement a change in deferral criteria.
1988	Year that the MSM deferral was introduced in blood screening by the Canadian Red Cross via filling out a written questionnaire, a formal consent and confidential unit exclusion form.
1985	The first year thousands of Canadians were infected with HIV via tainted blood.
1983	The first year a pamphlet was introduced to donors outlining the risk factors for HIV, with the hope that donors would self-exclude.
1977	The year 1977 has been identified as the date when rapid spread of HIV began throughout first world countries such as the United States and Canada.

# Nokkur dæmi um skjöl í Englandi sem meta árangur stefnu um HIV og HIV-prófun í almennu þýði og sérstökum áhættuhópum. Mat á framgangi árangursmælikvarða.

Sjá fleira af þessu tagi:

<https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>

Mikilvægar skýrslur sérfræðinefnda og áhættugreiningar í Englandi. Áhættugreining 2006/2007 gaf ekki ástæðu til slíkra breytinga en endurteknar áhættugreiningar vörðuðu leiðina áfram. Skýrslur SABTO 2006, SABTO 2011, SABTO 2017 og FAIR 2020 opnuðu leiðir fyrir rýmri skilmerki blóðgjafa.

Tilvísun 2011: „The UK policy on blood donation by MSM was last reviewed in 2006, but at that time data on compliance with the permanent deferral were not available.“

**SaBTO**  
Advisory Committee on the Safety of  
Blood, Tissues and Organs

**SaBTO**  
Advisory Committee on the  
Safety of Blood, Tissues and Organs

December 2020

FAIR 2020

Can donor selection policy move from a population-based donor selection policy to one based on a more individualised risk assessment? Conclusions from the For the Assessment of Individualised Risk (FAIR) group

Advisory Committee on the Safety of Blood, Tissues and Organs  
(SaBTO)

Donor Selection Criteria Review  
(April 2011)

Donor Selection Criteria Report (2017)

Ljóst er að íslensk heilbrigðisyfirvöld geta bætt verulega framkvæmd skimunar og framsetningu gagna um stöðu HIV skimunar og útbreiðslu smits í almennu þýði og meðal sérstakra áhættuhópa á grunni þessara fyrirmýnda. Blóðbankinn hvetur heilbrigðisyfirvöld til þess. Hér eru margar fyrirmýndir. Sjá einnig í heimildaskrá gagnlega tengla í þessu tilliti

Public Health  
England

Protecting and improving the nation's health

## HIV in the United Kingdom 2020 slide set

Slide set to accompany:  
- Annual HIV data tables (published 3 November 2020)

HIV and AIDS Reporting Section  
National Infectious Disease Centre  
Public Health England

Public Health  
England

Protecting and improving the nation's health

## Estimates of HIV incidence

Public Health  
England

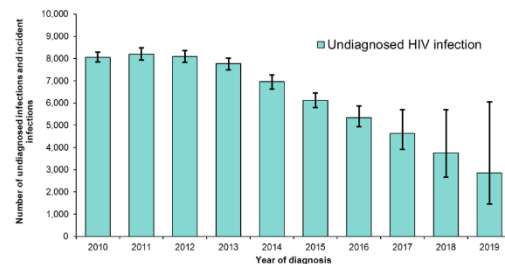
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## Estimates of people living with HIV

## Trends in HIV testing, new diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2019

Health Protection Report  
Volume 14 Number 20  
3 November 2020

Estimated number of undiagnosed infections in gay and bisexual men using a CD4 back calculation method: England, 2010 to 2019



21 HIV in the United Kingdom: 2020 Slide Set (version 1.0, published 3 November 2020)

Public Health  
England

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## HIV testing in sexual health services in England