

4PS-25-03

ANALYSIS OF COMPLAINTS RECEIVED BY THE UK BLOOD SERVICES CONCERNING THE POLICY BARRING HOMOSEXUAL MEN FROM DONATING BLOOD

F. Boulton, S. Curtis

National Blood Service England, Southampton, United Kingdom

Background: From January 2002 to December 2005, 638 complaints were received on the NBS policy barring gay men from giving blood. 1155 separate issues were raised; the most common being: -discrimination against gay men; increasing HIV & STDs among heterosexuals; enquirer practises safe sex; why accept heterosexuals practising anal/oral /unprotected sex; enquirer is monogamous; enquirer is not gay but thinks ban unfair; knows he is HIV negative; donor blood is tested anyway; why ban gays for life but women who have had sex with bisexual men for 12-months only? In 2005, 247 complaints were received raising 407 issues.

Aims: To gain a greater understanding of the issues concerning gay men and their advocates; to develop appropriate responses and how best to deal with the increasing number of inquiries.

Methods: All 638 enquiries were systematically analysed for form and content. All issues were identified, categorised, tabulated and graphs produced in MS Excel.

Results: 300 of the 638 letters specified discrimination against gays. 150 (24%) specifically raised the increase in HIV diagnosis in heterosexuals and 94 compared anal sex between gay men with that between heterosexuals. The year-on-year increase of these issues was from 20% to 40%. Those claiming 'safe sex' increased from 10% in 2002 to 18% in the subsequent years.

Summary/Conclusions: Each year about 40 of the 2.5 million donations collected in the UK are confirmed positive for HIV. Approximately one third come from homosexual men not declaring this at donation; several are repeat donors. In January 2006 the UK Health Protection Agency estimated that in 2005 there were 7,700 new cases of HIV; 2,500 were in gay men. Surveys estimate that of the UK population (60 million) no more than 7% of men have had sex with other men. Most new cases of HIV in heterosexuals were associated with areas of high HIV endemicity ' principally sub-Saharan Africa. Hence, the relative risk of gay men in the UK acquiring HIV is at least ten times higher than in heterosexuals, and even more than in heterosexuals with no other identifiable risk factors. All enquirers received an individual letter addressing each specific concern. Six enquirers replied disagreeing with the analysis or raising new points. Most were received in 2005; two were aggressively critical. However, a similar number of appreciative letters were received. The principal author has addressed the National Union of Students and its Lesbian, Gay, Bisexual and Transgender forum, who have been conducting a campaign against what they perceive as prejudice and discrimination which infringes human rights. On the whole, when the epidemiology is explained, the deferral criteria are understood if not fully accepted. The increase in enquiries reflects heightened insistence on participating in 'normal' social activities, of which donating blood is seen as a mark of responsibility. However, although more heterosexuals in the UK are acquiring HIV each year, the continued relatively high risk in gay men continues to be a cause for concern and a reason for continuing to defer gay men from donating blood.