

Endorsing a permanent lifting of the ban on men who have sex with men and transgender from donating their whole blood

Sir,
Given the blood shortage worldwide, in the present COVID-19 pandemic,^[1] a controversial policy of

restrictive ban of 12 months of sexual abstinence before their whole blood donation (WBD) on men who have sex with men (MSM) has been relaxed to a period of 3 months by the US Food and Drug Administration on April 2, 2020.^[2] Altogether, it has drawn attention and summoned calls for a permanent lifting of the ban. In the words of Katharine Bar, an assistant professor of medicine and an expert in HIV and general communicable disease care, the restriction was justified back in the 1980s, when blood banks had limited resources for transfusion transmissible infections (TTIs) testing. However, in the current era, when testing methods are more sensitive, the rationale behind banning an entire group of sexually active people without evidentially proven to be HIV positive is questionable. Many people have regarded

Table 1: Proposed modification in the specific high-risk behavior/s in the present blood donor selection criteria

Specific conditions and deferral At risk for HIV infection are persons with high-risk behaviors - permanent deferral (P.D.)***	Modifications in the guidelines as a modality for meeting blood requirements in the current COVID-19 pandemic	Our proposed modifications in the deferral criteria	Scientific rationale
IBDG Transgender (P.D.) MSM (P.D.) Female sex workers (P.D.) Injecting drug users (P.D.) Persons with multiple sex partners (P.D.) Tattoos and piercings (12 months)	None	No deferral. Donation may be accepted based on detailed assessment and screening. The final discretion to defer lies with the in-charge of the BTC	Literature supports the same safety profile as heterosexuals for the blood components collected from transgender and MSM in monogamous relationships or those identified in low-risk criteria
U.S. FDA guidelines: Transgender (it recommends that male or female gender be taken to be self-identified and self-reported. No deferral) MSM (12 months) Female sex workers (12 months) Injecting drug users (12 months) Persons with multiple sex partners (12 months) Tattoos and piercings (12 months)	For MSM, the recommended deferral period is changed from 12 months to 3 months For female donors who would have been deferred for having sex with an MSM, the recommended deferral period is changed from 12 months to 3 months For those with recent tattoos and piercings, the recommended deferral period is changed from 12 months to 3 months	No deferral. Donation may be accepted based on detailed assessment and screening. The final discretion to defer lies with the in-charge of the BTC	Literature supports the same safety profile as heterosexuals for the blood components collected from transgender and MSM in monogamous relationships or those identified in low-risk criteria

IBDG=Indian blood donation guidelines; FDA=Food and Drug Administration; BTC=Blood transfusion centers; MSM=Men who have sex with men

even this 3-month ban as homophobic and an outdated process.^[3]

While the primary ethical requirement to receive safe blood stays with all the recipients by the principles of beneficence and nonmaleficence,^[4] this ban ostensibly questions the autonomy of an MSM to, rightfully, have a relationship with their sexual partner/s. This blanket policy deters WBD even from the MSM or LGBTQ (Lesbian, gay, bisexual, transgender and queer) who are at low risks, such as those who practice monogamous relationships and always wear condoms. The difference within the existing rules for sexually active MSM versus heterosexuals may raise some very critical issues such as:

- This ban may encourage deceit to honestly report their identity and high-risk behaviors (HRBs) right before giving blood
- It may reduce good numbers of donors during difficult times such as a global pandemic or blood shortage.

Literature suggests that the individual risk is dependent on a specific HRB or sexual network, instead of anyone's sexual orientation. For example, an MSM in a monogamous relationship would usually be at a lower risk of acquiring HIV than a promiscuous heterosexual person. However, the former gets banned from making a WBD given his sexual orientation depicting the harshness of the guidelines. The very thought of banning them hurts the blood transfusion centers at large. Recently, the Indian blood donation guidelines [IBDG] updated a robust, elaborate list of exclusion and inclusion criteria for blood donors to prevent TTIs; however, a noticeable imbalance of deferral against the demand was noted, including a permanent deferral on the transgender and MSM community [Table 1]. Besides, our blood community has faced challenges during this pandemic due to a dramatic reduction in bloodstock given social distancing and cancellation of voluntary blood donation drives.^[5] In fact, with the changing social structure, LGBTQ is treated at par with the rest. To conclude, we do propose adapting

a more liberal allowance for the LGBTQ community if they wish to come forward and help with their WBD. An empirical revision in the IBDG without compromising blood safety is perhaps the need of this hour.

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Conflicts of interest

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