
Research, Analysis and Information Unit

Summary Statement

July 2008

Tony Hughes



New Zealand AIDS Foundation
Te Tuuaapapa Mate Aaraikore O Aotearoa

Comments from Tony Hughes, Research Director, NZAF, on blood donor deferral criteria for MSM, 17 July, 2008:

"Blood donor deferral is not just about removing those with current HIV infection from the donor pool, it is also about discouraging population groups that are known to be at significantly higher risk of acquiring HIV and other transfusion transmissible infections (TTI's) from entering the donor pool. MSM are not being treated any differently from a number of other population groups who are known to be at heightened TTI risk by this policy."

"MSM/gay/bisexual men make up approximately 5% of the male population by current international research consensus. Thus in New Zealand 5% of the male population (ie: 2.5% of the total population) accounts for just under 80% of the diagnoses of HIV in this country over the last 5 years WHERE INFECTION OCCURRED HERE. FACT: MSM are responsible for the great majority of the HIV transmission that takes place inside New Zealand."

"There is no escape from the logic of this without concealing the disproportionately high HIV risk to the sexually active MSM population. That risk is caused overwhelmingly by those MSM who do NOT use condoms for anal sex. But because MSM are a highly interconnected sexual network, all MSM are placed, to a greater or lesser extent, at increased risk by the actions of a few. 'Six degrees of separation' is the core principle operating at the populational level here."

"This is especially the case now, where HIV prevalence is rising rapidly in MSM both in New Zealand and overseas because of the synergy between effective drug treatments for HIV which have dramatically reduced AIDS mortality, and the enormously enlarged sexual marketplace that has been delivered to MSM since the turn of the century by the internet."

"In 2007, 2.5 times as many MSM were infected in New Zealand as were infected here per annum when the last blood donor review was undertaken in 1999. We simply do not know how much higher this 2.5 times multiplier has the potential to go at this stage (in epidemiological terms, what the new 'set point' will be), but the extremely rapid spread of HIV in highly sexually active gay populations between 1979 and 1984 (which is empirically beyond dispute) gives us reason to be very cautious. The high viral load in the acute infection period before HIV antibodies are present also plays a centrally important role in HIV transmission in MSM populations."

"For these reasons, as well as all the others set out in the 78pp review report and our 10pp analysis paper, now is not the time to go further with removing protections to the blood supply. A completely safe blood supply is a universal public good - it equally benefits those gay and bisexual men who are themselves in need of a blood transfusion because of accident or illness."

"Note finally that the Review Committee recommended that this matter should be reconsidered again in five years time, by which point the post-treatment, post-internet MSM population HIV 'set point' should be apparent, as should the knock-on effect of the sharply rising STI rates in MSM that are currently being recorded around the world, which themselves actively facilitate HIV transmission."