

Blood Donor Centre

Bermuda Hospitals Board



Sexual Activity Factsheet

Blood Donor Centre position as of June 2021

MSM (men who have sex with men)

The deferral period policy of MSM (men who have sex with men) for blood donation at the Bermuda Blood Donor Centre is a period of three months after the last sexual contact.

Women who have had sex with MSM

The deferral period for women who have had sexual contact with men who have sex with men is also three months.

Note from the Bermuda Blood Donor Centre:

We understand the hurt experienced by members of our community due to the general MSM deferral. We follow guidance from the US and Canada as those are the countries our accrediting bodies are from. Having independent surveys of our safety standards is critical to maintaining credibility and trust with the people who need transfusions in Bermuda. Our hope is that the experience of the UK, which is the first country to no longer require a deferral for MSM, will encourage a review of the policies in the US and Canada and that this standard can then change in Bermuda too.

Commercial sex workers

Individuals who have received money, drugs or other payments for sex are deferred for three months from the last contact.



Why require deferrals?

The use of educational material, specific deferral questions, and advances in testing quality have greatly improved the safety of blood transfusions.

Although we test all blood and apheresis donations, even the best diagnostic tests may have some false results and people early in infections may not test positive. Deferrals along with testing has proven to give robust protection, along with voluntary (not paid) donations and a regular blood donor pool.

The length of deferrals may reduce as tests improve, and risk profiles for certain groups change. The risks of exposure to HIV and other sexually transmitted diseases in long term monogamous relationships, irrespective of gender, is low. We will continue to assess risks, and update standards, to ensure our blood supply remains as safe as possible.



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History of MSM blood donation policy

Acquired immune deficiency syndrome (AIDS) was initially identified in MSM and associated with male-to-male sexual contact in the early 1980s. Beginning in 1983, the FDA issued recommendations for providing donors with educational material on risk factors for AIDS and for deferring donors with such risk factors in an effort to prevent transmission of the agent responsible for AIDS.

In September 1985, the FDA recommended that blood establishments indefinitely defer MSM donors due to the strong clustering of AIDS illness and the subsequent discovery of high rates of HIV infection in the MSM population.

In Bermuda, this indefinite deferral policy was instituted a few months after the FDA made this recommendation.

On 23 April 1992, the FDA issued the 1992 blood memo, which contained recommendations regarding the deferral for MSM as well as for others with behaviours associated with high rates of HIV exposure, namely commercial sex workers, those who inject illicit drugs, and certain individuals with other risk factors.

MSM facts

As a group, in the United States, MSM have the highest HIV risk. According to the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, two-thirds of new HIV infections occur in the approximately 2% of the population made up of MSM.

The risk of HIV among MSM is more than 20-fold higher than that of men who have sex with multiple female partners and women who have sex with multiple male partners.

Sex with an HIV-positive partner was associated with a 132-fold increase in risk (multivariable adjusted odds ratio) for being HIV-positive, and a history of male-to-male sexual contact was associated with a 62-fold increase in risk. By comparison, the increase in risk for a history of multiple sexual partners of the opposite sex in the last year was 2.3 fold.

United States data suggest an increase in the proportion of blood donors reporting MSM behaviour from 0.6% in 1993 and 1.2% in 1998.

The qualitative responses by both donating and non-donating groups of MSM in the United States revealed that these individuals view the current policy as discriminatory and stigmatising.

