

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 19-20

INTRODUCED BY: Medical Student Section
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SUBJECT: Revision of Restrictions on Maryland Blood Donations

1 Whereas, the COVID-19 pandemic has crippled the national blood supply chain, and has led to
2 the cancellation of elective surgeries in hospitals across the country as reserves begin to
3 dwindle.¹ Further, with a putative vaccine still months from approval, the use of plasma from
4 patients who have recovered from COVID-19 has recently been approved by the FDA for
5 emergency use in treatment of those severely ill with the virus.²

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7 Whereas, in April of 2020, the the U.S. Food and Drug Administration (FDA) recommended
8 revision to its restrictions on blood donation, including a decrease in deferral time for men who
9 have sex with men (MSM) to 3 months from 12 months, to facilitate blood and convalescent
10 plasma donations in the COVID-19 era.³

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12 Whereas, this revised policy by the FDA may not meaningfully increase the donor pool, given
13 that waiting until 3 months after sexual contact amounts to a lifetime blood donation ban for
14 many men. Moreover, it has been shown a deferral period of 3 full months is not necessary to
15 protect patients.⁴ Infectious disease markers, such as those for HIV and hepatitis B/C viruses, in
16 blood from newly eligible MSM donors are similar to those of first-time male donors (1.52%).⁸

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18 Whereas, today, the risk of contracting HIV or hepatitis B/C through transfusion is less than 1 in
19 2 million, and the incidence is substantially lower.⁵ The false-negative rates of modern HIV
20 nucleic acid tests fall around 0.05%. The window between infection and detection has dropped to
21 9 days.^{5,6} This success is due to advances in screening, not to banning MSM from donating
22 blood.

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24 Whereas, we can instead evaluate donors based on concrete risky sexual behavior, like in Spain,
25 Italy, Poland, Argentina, Chile, and South Africa. An alternative strategy is to crosslink and
26 inactivate pathogenic DNA and RNA with targeted molecules like amotosalen, which European
27 blood centers already routinely do^{9,10}. Coupled with robust testing and screening, these
28 alternative approaches will exclude fewer healthy gay and bisexual blood donors while still
29 minimizing the risk of transfusion-transmitted HIV.

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31 Whereas, current AMA policy “(1) supports the use of rational, scientifically-based blood and
32 tissue donation deferral periods that are fairly and consistently applied to donors according to
33 their individual risk; (2) opposes all policies on deferral of blood and tissue donations that are not

34 based on evidence; (3) supports a blood donation deferral period for those determined to be at
35 risk for transmission of HIV that is representative of current HIV testing technology; and (4)
36 supports research into individual risk assessment criteria for blood donation” (H-50.973); and
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38 Whereas, blood transfusions remain an essential component of care for accident and trauma
39 victims, organ transplant recipients, and oncology patients. In a normal year, safely lifting the
40 FDA’s restrictions on blood donations has the potential to save millions of lives⁷; therefore be it
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42 Resolved, that MedChi will advocate for a thorough review of current blood donation policies in
43 the state of Maryland; and be it further
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45 Resolved, that MedChi will support the creation of updated, non-discriminatory blood donation
46 policies informed by modern trends in medical understanding; and be it further
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48 Resolved, that MedChi adopts the current AMA policy titled “Blood Donor Deferral Criteria”
49 (H-50.973).
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52 Fiscal Note: Included in existing legislative advocacy budget.
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54 References:

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86 **CURRENT AMA POLICY:**

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88 **Blood Donor Deferral Criteria H-50.973**

89 Our AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are
90 fairly and consistently applied to donors according to their individual risk; (2) opposes all policies on deferral of
91 blood and tissue donations that are not based on evidence; (3) supports a blood donation deferral period for those
92 determined to be at risk for transmission of HIV that is representative of current HIV testing technology; and (4)
93 supports research into individual risk assessment criteria for blood donation.
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