



SICKLE CELL DISEASE ASSOCIATION OF CANADA
ASSOCIATION D'ANÉMIE FALCIFORME DU CANADA

March 14th, 2013

Dr. Peter R. Ganz, Director\Directeur
Centre for Blood and Tissues Evaluation\Centre d'évaluation des tissus et du sang
Biologics & Genetic Therapies Directorate\La direction des produits biologiques et des thérapies
génétiques
Health Canada\Santé Canada
Tel: 613-952-0237 Fax: 613-948-3655

Dear Director Ganz,

Thank you again for speaking with me on April 30th 2012 in respect to the permanent deferral of donors who have lived in or travelled to certain African countries (Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria) since 1977 and the sexual partners of these potential blood donors.

This issue is extremely important to the sickle cell community as potential healthy donors are being turned away from donating blood because of their previous places of residence and/or travel. With Sickle cell disease, many patients are on continuous blood transfusion and need phenotype blood from their genetic community. The permanent deferral policy continues to make blood donation drives for phenotype blood increasingly difficult.

During our last conversation, you mentioned that once Hema Quebec and CBS submit the requested information, the permanent donor deferral would be relaxed to a 12 month period. Thank you

| It has been brought to our attention that while Health Canada has shown some leniency towards relaxing the deferral policy to 12 months for those who have lived in or travelled to the African countries in question; it has concerns about the sexual partners of these immigrants.

“After reviewing the evidence, SCDAC/AAFC believes that there is no justification for the permanent deferral of people who visited or resided in regions known to be endemic for HIV group O. Because of the extremely low risk posed by variant HIV strains, the sexual contacts of these persons should not be deferred from donation.

Perhaps we may suggest a short temporary deferral for sexual partners of these immigrants, counting time from the date of return from these countries, and not the date of the last sexual contact. If counting from the date of the last sexual contact, as Health Canada is suggesting, this would in effect interdict permanently all couples who emigrated from these African countries.

Temporary deferral policy, while perfectly safe for recipients, would increase the availability of blood obtained from donors of African descent, representing an important source of phenotyped

components to help meet the needs of specific patient groups, in particular those suffering from sickle cell disease.”

As you may be aware on, June 19th represents United Nations Declared World Sickle Cell Day. Receiving the news of Health Canada relaxing the permanent deferral policy before June 19th would make a huge historic advancement for the sickle cell community. Sickle Cell Disease Association of Canada/Association d'Anémie Falciforme du Canada (SCDAC/AAFC) looks forward to an early opportunity to congratulate Health Canada for a thoughtful step forward.



Lanre Tunji-Ajayi, ([B.SC](#)); (H.I.D); (H.I.S)
Interim President & CEO
Sickle Cell Disease Association of Canada/ Association d'Anémie Falciforme du Canada
(SCDAC/AAFC)
PH:416-951-6981
E-mail: president.scdac@gmail.com