

Acquired immune deficiency syndrome (AIDS) and artificial insemination : guidance for doctors and AI clinics.

Contributors

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ACQUIRED IMMUNE DEFICIENCY SYNDROME

AIDS

BOOKLET 4

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ACQUIRED IMMUNE DEFICIENCY SYNDROME
(AIDS) AND ARTIFICIAL INSEMINATION - GUIDANCE
FOR DOCTORS AND AI CLINICS



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DEPARTMENT OF HEALTH AND SOCIAL SECURITY
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Your reference:
Our reference:

To: All Doctors in England

Copies To: Regional Medical Officers
District Medical Officers
Artificial Insemination Centres
General Managers of Special Health Authorities for
London Postgraduate Teaching Hospitals

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND ARTIFICIAL INSEMINATION - GUIDANCE FOR DOCTORS AND AI CLINICS

It was recently reported* from Australia that four out of eight recipients of artificial insemination (AI) with cryopreserved semen from a symptomless carrier of HTLV III developed antibodies to the virus.

This emphasises the need to screen potential donors of semen. The attached guidelines have been jointly developed and agreed by the EAGA (DHSS) and the Royal College of Obstetricians and Gynaecologists (RCOG).

These guidelines consist of suggestions to doctors and AI clinics about the testing of donors and the use of stored or fresh semen. There is also a model information leaflet for semen donors together with a consent form which should be read and signed by all potential donors.

Yours sincerely

Donald Acheson

SIR DONALD ACHESON
KBE DM FRCP FFCM FFOM
Chief Medical Officer

* G J Stewart, JPP Tyler, A L Cunningham et al

Transmission of Human T Cell Lymphotropic virus type III (HTLV III)
by artificial insemination by donor

Lancet 1985; ii, 581-585

Enquiries to: 01 407 5522 Ext 6768/6289 (Medical)
01 403 1893 (Administrative)

Further copies of this letter and booklet are available from DHSS Store, Health Publications Unit, No. 2 Site, Manchester Road, Heywood, Lancs OL10 1PZ. They are not available from the enquiry point mentioned above. It will be necessary to quote the reference CMO(86)12, for this booklet.

GUIDELINES FOR DOCTORS AND AI CLINICS

1. All potential donors should read the pamphlet 'Important Information for Semen Donors' before interview and agree to sign the consent form.

2. All donors should be tested for HTLV III/LAV antibody. As a positive HTLV III antibody test has serious implications, counselling of donors prior to carrying out the test is essential and further counselling must be offered if the test proves positive. If the test is negative, semen can be collected and stored (frozen). It should not, at this stage, be used for treatment.

3. All donors who are negative on preliminary testing should have a repeat antibody test for HTLV III/LAV after an interval of three months from the initial test. If the repeat test is negative:-

- (a) the donor's previously stored semen can be used for treatment provided it has fulfilled the three months quarantine requirement
- (b) if the clinic has no facilities for using stored semen, then fresh semen from the tested donor may be used. In such circumstances the risks of using this material must be explained to the patient and she and her partner must agree to such a treatment option. If there is an objection to the use of fresh semen then the couple should be referred to a clinic which has appropriate facilities for using frozen semen.

4. Further testing for HTLV III/LAV antibody should be performed at three monthly intervals for as long as the donor continues to attend the clinic and stored semen from this individual should only be released if the test is found to be negative and the stored semen has undergone the three months quarantine. If fresh semen is used, then the donor should have further testing for HTLV III/LAV antibody at monthly intervals and the result of tests should be available and found to be negative before further donations of semen are used for treatment.

5. Stored semen should not be used from donors who cannot be traced and checked for antibodies to HTLV III/LAV.

6. As regards potential recipients of donor semen, women who fall into any one of the following high-risk groups should be tested for HTLV III/LAV antibody before commencing treatment. As is the case for donors, these potential recipients should be counselled prior to carrying out the test and offered further counselling if the test proves positive.

- (a) Sexual contacts of bisexual men.
- (b) Drug abusers who inject drugs or their sexual contacts.
- (c) Those or those whose sexual partners have resided in areas where AIDS is known to be highly endemic, namely, Haiti and Central Africa (Zaire, Chad, Congo, Central African Republic, Rwanda, Burundi, Gabon, Uganda, Tanzania, Malawi, Zambia and Kenya).
- (d) Sexual contacts of haemophiliac patients treated with blood products.

7. Even the best treatment option (quarantine stored semen) cannot be absolutely safe as regards HTLV III/LAV transmission. False negative antibody tests, although uncommon, have been reported. If the patient asks for a guarantee of total safety the practitioner is advised to warn her that this cannot be given. Unlike blood transfusion, donor insemination is not lifesaving and the patient has the option to decline such treatment.

IMPORTANT INFORMATION FOR SEMEN DONORS

Why are semen donors required?

Infertile couples can sometimes fail to achieve a pregnancy because of abnormality or absence of sperm in the male partner's semen. Artificial insemination using donor semen is the only method of treatment available when such couples wish to have a family. In many hospitals and clinics which offer such treatment the limiting factor is the availability of suitable donors and therefore most centres are grateful for offers from men wishing to be semen donors.

What would determine your suitability to be a semen donor?

Donors are required to be fit and healthy. You should have no serious medical disability and your family should be free from any known inherited disorder. All potential donors are interviewed and this will include a review of your medical and family history.

What tests are required before you can become a semen donor?

Your blood group will be determined and a blood sample tested for infection with hepatitis B, syphilis and the virus of AIDS. These procedures are routine for all donors. You will be asked to provide a semen sample for examination. Potential donors must be aware that after examination a proportion of semen specimens may fail to fulfill all the required criteria.

Who should NOT become a semen donor?

Occasionally donors may unknowingly carry the AIDS virus in their bodies. Transmission of this virus is not yet fully understood but it is known that a possible means of transmission is through semen. Furthermore, an infected woman may transmit the infection to her baby with serious consequences. Because of this people in high-risk groups should NOT donate semen. If you belong to any of the following groups (or have at any time indulged in such practices since 1977) you must NOT donate semen:

- (1) Homosexual and bisexual men
- (2) Drug abusers who inject drugs
- (3) Haemophiliacs who have been treated with blood products
- (4) People who have lived in areas where AIDS is very common, such as Haiti and Central Africa (Zaire, Chad, Congo, Central African Republic, Rwanda, Burundi, Gabon, Uganda, Tanzania, Malawi, Zambia and Kenya).
- (5) Sexual contacts of people in any of the above groups.

Donors are anonymous and no acknowledgement is made of any ensuing pregnancies. If you would like to be considered as a potential donor you will be asked to fill in and sign the form on the back of this pamphlet and present it to the doctor at interview.

Infertile couples can sometimes fail to achieve a pregnancy because of abnormality or absence of sperm in the male partner's semen. Artificial insemination using donor semen is the only method of treatment available when such couples wish to have a family. This pamphlet and advice which offer such treatment the first time donor is the availability of suitable donors and the importance of genetic counselling before you decide to be a donor.

Donors are required to be fit and healthy. You should have no medical abnormality and your family should be free from any inherited abnormality. All potential donors are interviewed and this will include a review of your medical and family history.

(Donor's letter) will be sent to you after you have been accepted as a donor.

What tests are required before you can become a donor? Before you can become a donor you will be required to undergo a series of tests. These include a physical examination, a blood test, a urine test, a semen analysis, and a genetic counselling session. You will be asked to provide a sample of your semen for analysis. Potential donors must be aware that after examination a proportion of semen specimens may fail to meet all the required criteria.

What should NOT become a donor?

Occasionally donors may unknowingly carry the AIDS virus in their bodies. Transmission of this virus is not yet fully understood but it is known that a possible mode of transmission is through sexual intercourse. An infected woman may transmit the infection to her baby with serious consequences. Because of this people in high-risk groups should not donate semen. If you belong to any of the following groups you will not be included in such practices since 1977: you were 15-24 years of age

- (1) Homosexual and bisexual men
- (2) Drug abusers who inject drugs
- (3) Hemophiliacs who have been treated with blood products
- (4) People whose lives in areas where AIDS is very common, such as Haiti and Central Africa (Zaire, Chad, Congo, Central African Republic, Senegal, Somalia, Tanzania, Uganda, Zambia, Zaire, and others).

(5) Sexual contacts of people in any of the above groups.

I have read the pamphlet "Important Information for Semen Donors" and I am willing to become a semen donor. I understand that homosexual and bisexual men and others in the AIDS-risk groups listed must not donate semen. I also understand the significance of the tests described.

NAME

ADDRESS

.....

.....

SIGNED DATE

To be completed by the doctor in the presence of the donor

I have made sure that has read the pamphlet on AIDS and Artificial Insemination and understands the implications of being a donor.

Signed



