

Interview guide

Introduction/warm-up/context building (consent and demographics already obtained)

1. **For donors** - can you tell me a bit about when you first donated blood with Lifeblood/the Blood Service?
2. **For non-donors**— can you tell me a bit about what you know about blood donation or Lifeblood (which you may think of as the Blood Service) in Australia? Have you ever thought about donating blood?

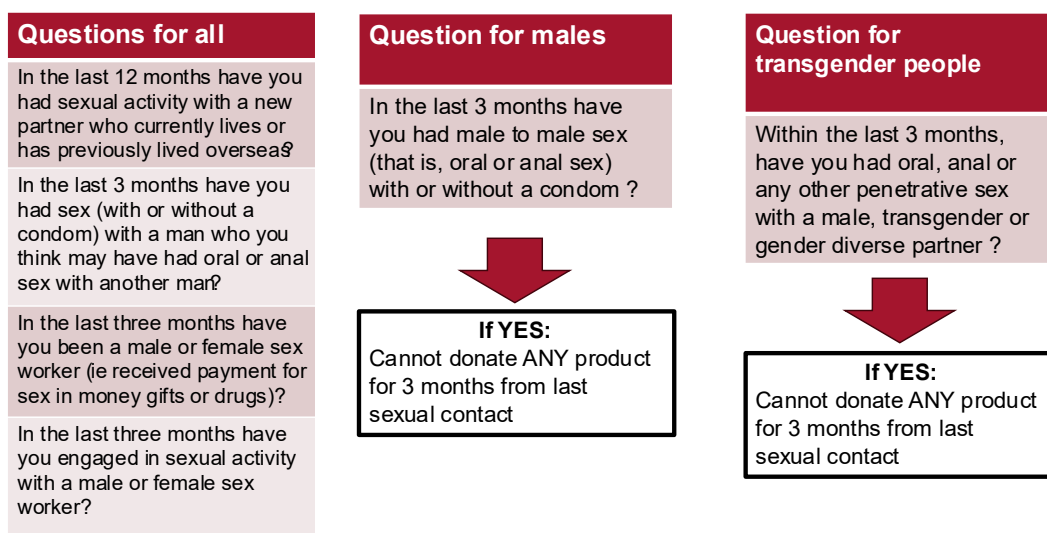
Preamble: As you (may) know, we need blood donors to supply blood for patients and to make blood products. Lifeblood is funded by Australian governments to collect and manage blood donations. To maximise the safety of blood donors and the Australian blood supply, Lifeblood uses a donor questionnaire that every donor completes before they undergo blood donation. This questionnaire asks about the donor's general health and behaviour to work out if it safe for them to give blood.

Current sexual behaviour questions

Currently, in the Donor Questionnaire, there are some questions that focus on sexual behaviour (share slide)

Current approach– sexual behaviour questions

Some questions are the same for all donors and some questions differ



Some of the questions are the same for all donors. Others differ based on the gender of the person completing the questionnaire. For example, only males are asked about male-male sex. Those who answer yes to this specific question are not allowed to donate for 3 months from their last sexual contact.

Sometimes a person's response to other questions on the donor questionnaire may lead to a prospective donor identifying that they are transgender. If this occurs, then this person will be asked an additional question "Within the last 3 months, have you had oral, anal or any other penetrative sex with a male, transgender or gender diverse partner?" If they answer yes to this question, then they are not allowed to donate for 3 months following their last sexual contact.

1. Why do you think Lifeblood asks questions like these before it allows people to donate?
2. What do you think about this approach to determining whether someone is eligible to donate blood? How acceptable do you think this approach is? (probe: why is it acceptable/not acceptable?)

Potential changes to the Donor Questionnaire

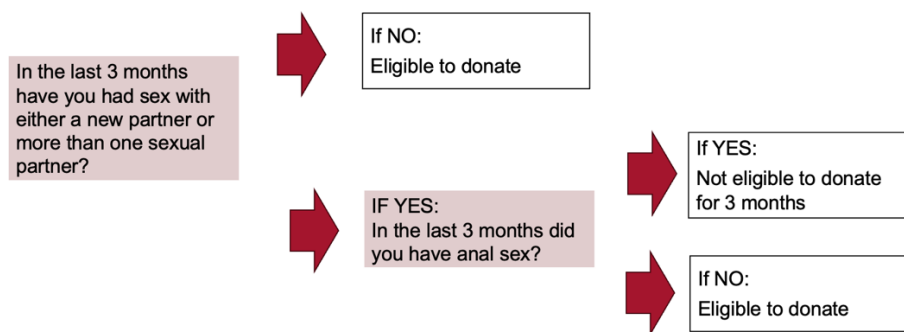
Lifeblood is considering changing the way it assesses eligibility through asking about specific sexual behaviours. This may allow some people who are currently ineligible to donate blood but some versions proposed will also defer people who are currently eligible. I would like to get your views on, some of the options being considered. The new questions would replace all of the questions presented in the previous slide about sexual behaviour.

The three alternative question approaches are presented to participants in randomised order followed by questions.

- a. In this approach all prospective donors would be asked: “In the last 3 months have you had sex with either a new partner or more than one sexual partner”. If they answer no they will not be asked any further questions. If they answer yes, they will be asked “In the last three months did you have anal sex?” If they answer yes to this question, then the prospective donor will be deferred for three months. That means they cannot donate blood for 3 months.

Alternative for sexual behaviour questions

All questions asked will be the same for all donors

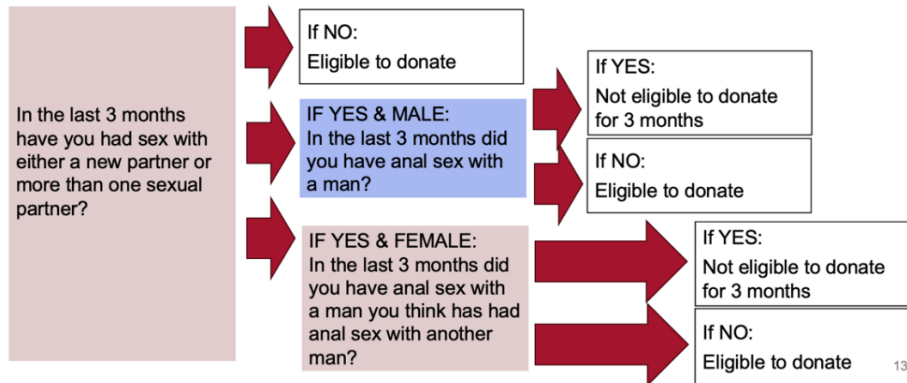


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- b. All prospective donors would be asked: “In the last 3 months have you had sex with either a new partner or more than one sexual partner”. If they answer yes to this, then they will be asked different follow up questions based on their gender. Males will be asked “in the last 3 months, have you had anal sex with a man?”. If they answer yes to this question, then they will be deferred for three months. This means they cannot donate blood for 3 months. Females will be asked “In the last 3 months have you had anal sex with a man who you think has had anal sex with another man?” If they answer yes, then they are deferred for three months. This means they cannot donate blood for 3 months.

Alternative for sexual behaviour questions

Some questions will be different for males and females

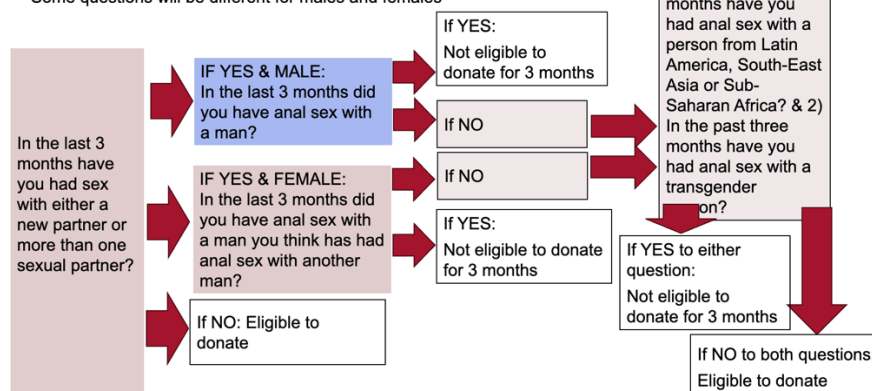


- c. All prospective donors would be asked: “In the last 3 months have you had sex with either a new partner or more than one sexual partner”. If they answer yes to this, then the prospective donor will be asked three more questions with one question different based on their gender and the other two the same for both genders. Males will be asked “in the last 3 months, have you had anal sex with a man?”. If they answer yes to this question, then they will be deferred for three months. This means they cannot donate blood for 3 months. Females will be asked “In the last 3 months have you had anal sex with a man who you think has had anal sex with another man?” If they answer yes, then they are deferred for three months. This means they cannot donate blood for 3 months.

Those who answer yes to the first question and no to the second question about anal sex with a man will then be asked two more questions. These questions will be the same for males and females. These questions are: 1) “In the past three months have you had anal sex with a person from Latin America, South-East Asia or Sub-Saharan Africa? and 2) In the past three months have you had anal sex with a transgender person? If the answer is ‘No’ to both of these questions then the prospective donor is eligible to donate. If they answer ‘yes’ to either question then they are deferred for 3 months. This means they cannot donate blood for 3 months.

Alternative for sexual behaviour questions

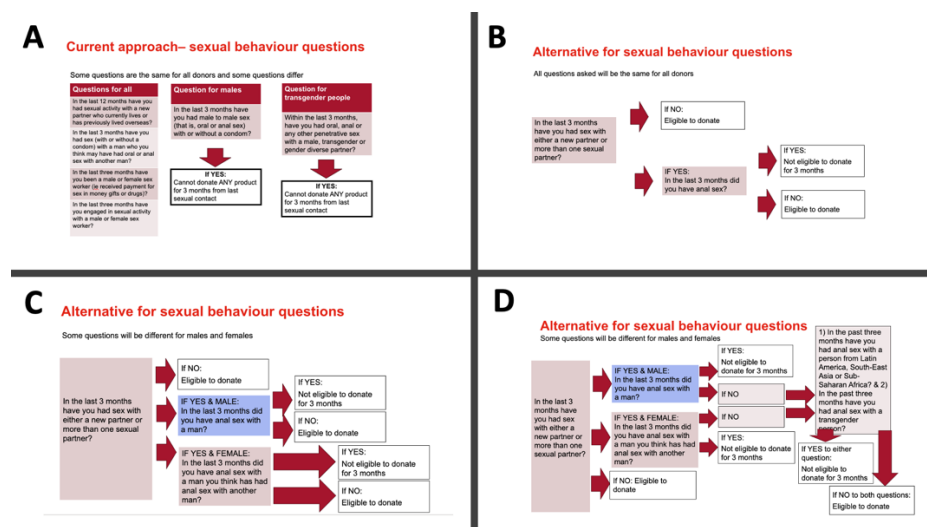
Some questions will be different for males and females



After each scenario the interviewee asked:

1. What do you think about asking donors these questions to determine whether someone is eligible to donate blood? How acceptable do you think this approach is? (probe: why do you think it is acceptable/not acceptable?)
2. How easy do you think it is to understand these questions? (follow-up: why do you think they are easy/not easy to understand)
3. Who do you think would be eligible or not be eligible to donate if this became part of the Donor Questionnaire?)
4. Why do you think these questions are being considered?
5. How comfortable would you be with being asked these questions as part of the Donor Questionnaire and pre-donation process? (follow-up: why are you comfortable/uncomfortable?)
6. How comfortable do you think other people would be with being asked these questions as part of the Donor Questionnaire and pre-donation process? (follow-up: why do you think they would be comfortable/uncomfortable? Can you think of any groups who would be more comfortable with these questions? Can you think of any groups who would be less comfortable with these questions?)
7. What do you think the pros or advantages are of asking these questions to determine who is eligible to donate compared with Lifeblood's current approach?
8. What do you think the cons or disadvantages are of asking these questions to determine who is eligible to donate compared with Lifeblood's current approach?
9. If these questions were to become part of the Donor Questionnaire and pre-screening process, would it change how likely you were to encourage others to donate blood? (follow-up: why?)

Discussion of preferred approach (share slide showing all approaches)



So today we have talked about four potential ways in which we could ask about someone's sexual behaviour to determine their eligibility to donate blood. Those four ways are summarised on the slide that I am currently showing you.

1. Of all of these approaches, which do you prefer?
2. Of all of these approaches, which do you like the least?
3. Can you tell me a little bit about why you decided that approach X was the most preferable? Now can you tell me a little bit about why you liked approach Y least?

Choice post information

Before we finish today, I would like to tell you a bit more about the reasons Lifeblood is considering each of these different approaches.

To protect the safety of the blood supply, Lifeblood currently considers the rates of a number of sexually transmitted infections in certain population groups and those in groups at higher risk are deferred for a period of time.

In Australia, there are two groups who have a known higher risk of having HIV. The first are men who have sex with men (MSM) in particular those who have anal sex with multiple or casual partners. The second are people who have lived in a high prevalence country. Currently we do not allow people in these risk groups to donate blood until three months has passed since their last sexual activity. However, this approach doesn't take into account the type of sex that people have or whether people are in monogamous relationships or have multiple partners. We simply defer based on whether they have had male to male sex or sex with a person from a high prevalence country. Also, there are multiple questions and there is an additional question just for males on male to male sex. This means this approach is not inclusive of donors who are gender diverse or non-binary or of donors who have sex with people who are gender diverse or non-binary.

Lifeblood wants to change to align our approach with the risk in the population using the least restrictive policy.

Earlier we talked through some possible options for change. One of these approaches (GN – option B) is an approach that has been adopted internationally, and that is where we ask everyone the same questions regardless of gender.

In terms of known risk groups and risk behaviours, this approach identifies and defers MSM who have had a new or multiple sexual partners and who have had anal sex in the last 3 months. The questions are the same for all genders so it is inclusive of non-binary donors and partners. Also, it does not rely on a donors knowledge of their partners activity, it does not defer on the basis of group membership, it allows MSM with one partner for >3 months to donate and it defers heterosexual people who engage in anal sex with people from other higher risk subgroups. However, it will defer heterosexual people who have had anal sex with new or multiple partners, despite their lower risk of infection. Under the current system, these people are currently eligible and have not been demonstrated to be a risk to the safety of the blood supply.

Do you have any questions or comments about any of this information?

The second approach we discussed (GN+1; labelled Option C on the slide) is based on the risk of both the sexual activity of concern – that is anal sex – and the rates of HIV in different population groups. It will allow MSM with one regular partner to donate and it does not defer people who do have anal sex with a new or multiple partners of the opposite sex. However, while the first screening question is the same for males and females, the follow up question for those who answer yes is different for males and females. This means this approach is not inclusive of donors of all genders and relies on females having knowledge of their partners activity.

Do you have any questions or comments about any of this information?

The third approach we discussed (GN+2;labelled Option D on the slide) takes into account the actual risks associated with certain groups and behaviours. Like Option C, it would allow MSM with one regular partner to donate but unlike option C it defers people who have had anal sex with someone of the opposite sex who is from a higher risk subgroup, such as people from a high prevalence country, or has had anal sex with a transgender person. As some of the follow up questions are different for males and females this approach is not inclusive of donors of all genders

and relies on donors having knowledge of their partners activity and where they are from. This approach is potentially stigmatising of people from certain regions and of transgender people.

Do you have any questions or comments about any of this information?

Present slide with all four options on them (current + 3). After everything that I have just told you, and looking at the summary of all of that information on the slide, can you tell me:

1. Of all of these approaches, which do you prefer?
2. Of all of these approaches, which do you like the least?
3. Can you tell me a little bit about why you prefer approach X? Now can you tell me a little bit about why you don't like approach Y?
4. If applicable probe about why they have or haven't changed their choices based on the information presented.

Thank you for taking the time to talk to me today. Is there anything else you would like to tell me about any of the topics we have discussed today?