

Template Policy

Template Policy:	2013-07: Sperm washing
Issue Date:	October 2015
Review Date:	October 2017

Recommendation:

The Brighton & Hove Assisted Reproductive Technologies Policy & Commissioning Group (ARTPCG) has considered up to date information on current guidance and legislation, a review of the literature, an assessment of the baseline position, views and opinions of stakeholders, equality assessment, and the impact of policy changes on patients and the wider population. Taking these into account, the Group recommends that:

- One sperm washing procedure will be funded within the local NHS for couples where the man is HIV positive and either he is not compliant with HAART or his plasma viral load is 50 copies/ml or greater and where the female partner is HIV negative
- Where the procedure is successful, couples may access IUI or IVF, with or without ICSI, depending on their clinical circumstances, in line with the relevant policy
- In order to access NHS funded sperm washing and subsequent assisted conception treatments, patients will be required to fulfill relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (BHCCG, 2015)

See overleaf for details of supporting evidence and rationale.

NHS Brighton & Hove Clinical Commissioning Group will always consider appropriate individual funding requests (IFRs) through its IFR process.

Supporting documents

KMCS Health Policy Support Unit (2013) *Assisted reproductive technologies – Final report*

KMCS Health Policy Support Unit (2013) *Template Criteria for NHS Funded Assisted Reproductive Technologies – Amended by BHCCG 2015*

NICE (2013) *Clinical guideline 156 – Fertility: Assessment and treatment for people with fertility problems*, Online: <http://www.nice.org.uk/cg156>

Key findings and rationale

What is sperm washing?

Sperm washing is a process that has been developed to minimise the risk of onward transmission of HIV, primarily to the female partner and subsequently the unborn child. The purported utility of sperm washing rests on the premise that HIV-infected material is carried primarily in the seminal fluid rather than in the sperm itself. The technique involves purifying sperm from seminal fluid. The sperm is then used in assisted conception techniques (ACTs) such as intra-uterine insemination (IUI) or in vitro fertilisation (IVF), with or without intra-cytoplasmic sperm injection (ICSI).

What are the indications for sperm washing?

Sperm washing is normally indicated for couples who wish to have a child where the male is HIV-positive and the female is HIV-negative, or to minimise the risk of transmission of resistant virus in HIV seroconcordant couples. The use of sperm washing has also been proposed in couples where the male is hepatitis C positive and the female is negative.

What national guidance exists on fertility?

In February 2013 NICE issued Clinical Guideline 156 (CG156), *Fertility: assessment and treatment for people with fertility problems*. This replaces Clinical Guideline 11 (CG11), which was issued in February 2004. The aim of updating NICE guidelines was to revise recommendations on selected topics in the light of new evidence and, where appropriate, make new recommendations. In addition, the scope of CG156 was wider in terms of the patient groups considered. Treatment of patients with potential for viral transmission was one such new group.

What does NICE currently recommend with regard to NHS provision of sperm washing for couples where the male is HIV positive?

CG156 recommends offering sperm washing to couples where the man is HIV positive and either he is not compliant with HAART or his plasma viral load is 50 copies/ml or greater.

What is the safety and clinical efficacy of sperm washing for couples where the male is HIV positive?

NICE undertook a review of the research literature in relation to sperm washing. The evidence showed that the procedure appears to be very effective in reducing viral transmission; no cases of seroconversion of the woman or the baby have been documented. In comparison with pregnancy outcomes following ACTs without sperm washing, higher live full-term singleton birth rates are seen with IVF following sperm washing. This is likely to be because couples undergoing sperm washing were having ACT to avoid HIV transmission rather than for fertility problems. A comparison of pregnancy outcomes for different ACT methods using washed sperm was also undertaken. Consistent with other studies, IUI cycles had fewer singleton live births than both IVF cycles with and without ICSI, but it also had fewer multiple births. This may reflect the transfer of more than one embryo in IVF cycles.

Why is sperm washing unavailable on the NHS for couples where the male is hepatitis C positive?

NICE CG156 recommends that couples who want to conceive and where the man has hepatitis C should be advised that the risk of transmission through unprotected sexual intercourse is thought to be low.

What are the eligibility criteria for access to sperm washing?

In order to access NHS funded treatment patients will be required to fulfil relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (KMCS HPSU, 2013) prior to accessing sperm washing **and** prior to ACT using washed sperm.

Why are eligibility criteria in place for access to assisted reproductive technologies?

Clinical Commissioning Groups (CCGs) have put in place eligibility criteria for access to assisted reproductive technologies in order to focus resources on groups of patients most likely to have successful outcomes, and prioritise groups of patients who are most likely to have the greatest need.