Plasma Protein Therapeutics Association

November 22, 2016
Reference No.: FDAA16014

Division of Dockets Management (HFA-305) **VIA WEB**
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

SUBJECT: Blood Donor Deferral Policy for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products; Establishment of a Public Docket; Request for Comments
Docket No. FDA-2016-N-1502

Dear Sir or Madam:

The Plasma Protein Therapeutics Association (PPTA) is pleased to provide these comments on FDA's blood donor deferral recommendations for reducing the risk of human immunodeficiency virus (HIV) transmission as described in the document entitled "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products; Guidance for Industry" ("final guidance") dated December 2015.[1] PPTA understands that FDA has established this public docket to invite interested persons to submit comments, supported by scientific evidence such as data from research, regarding potential blood donor deferral policy options to reduce the risk of HIV transmission, including the feasibility of moving from the existing time-based deferrals related to risk behaviors to alternate deferral options, such as the use of individual risk assessments, as well as comments regarding design of potential studies to evaluate the feasibility and effectiveness of such alternative deferral options.[2] PPTA understands that FDA will take the comments received into account as the Agency continues to reevaluate and update blood donor deferral policies as new scientific information becomes available.[3]

About PPTA

PPTA is the international trade association and standards-setting organization for the world's major collectors of Source Plasma and manufacturers of plasma derived products and recombinant analogues, collectively referred to as plasma protein therapies, which are used in the treatment of several rare diseases. The diseases are

[1] *See* Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products; Guidance for Industry (Final Guidance), http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM446580.pdf accessed Oct. 18, 2016
[2] *See* FR Notice, 81 Fed. Reg. 49673 (Jul. 28, 2016)
[3] *See id.*

often genetic, chronic, life-threatening conditions that require patients to receive regular infusions or injections of plasma protein therapies for the duration of their lives. The therapies include clotting-factor therapies for individuals with hemophilia A and B and other bleeding disorders; immunoglobulins to treat a complex of diseases in individuals with immune deficiencies; therapies for individuals who have alpha-1 anti-trypsin deficiency, which typically manifests as adult onset emphysema and limits substantially life expectancy; and albumin, which is used in emergency-room settings to treat individuals with shock, trauma, burns, and other conditions. PPTA members are committed to assuring the safety and availability of these medically needed, life-sustaining therapies.

General comments

On July 14, 2015, PPTA submitted comments to FDA on the draft version of the final guidance dated May 2015 (Docket No. FDA-2015-D-1211), in which the Association expressed support for the Agency's use of science-based decision-making in determining changes in blood and plasma donor eligibility criteria for men who have sex with men (MSM) and applauded the U.S. Department of Health and Human Services (HHS) for undertaking studies that provided data for consideration. PPTA reiterates its respect of the reduction of the lifetime deferral to 12 months for MSM, as recommended by the HHS Advisory Committee on Blood and Tissue Safety and Availability, providing the change in policy is accompanied by a robust monitoring system to evaluate the impact of the change. PPTA notes that FDA also currently is soliciting comments, due November 29, 2016, on an information collection request regarding risk factors associated with transfusion-transmissible infections (TTI) in blood donors.[4] PPTA understands that FDA intends to use a Donor Risk Assessment Questionnaire to interview blood donors to collect risk factor information associated with testing positive for a TTI as part of the larger initiative called the Transfusion-Transmissible Infections Monitoring System (TTIMS), which is a collaborative project funded by FDA, the National Heart, Lung, and Blood Institute (NHBLI) of the National Institutes of Health (NIH), and the HHS Office of the Assistant Secretary of Health with input from other agencies in HHS including the Centers for Disease Control and Prevention (CDC).[5] PPTA commends FDA for its plan to use these scientific data collected through such interview-based risk factor elicitation of blood donors to monitor and help assess the effect of the change in policy.

Specific comments

Among other comments in its July 14, 2015, letter, PPTA responded to the following language in the draft guidance:

[4] *See* FR Notice, 81 Fed. Reg. 67358 (Sep. 30, 2016)
[5] *See id.* at 67359

> Change to a one-year deferral is also supported by other evidence, including the experience in countries that have already changed their policies to a one-year deferral (Argentina, Australia, Brazil, Hungary, Japan, Sweden and United Kingdom).[6]

PPTA commented that, as the Association had discussed with FDA, including at liaison meetings, member companies supply a global market, and other countries continue to maintain more restrictive deferral criteria that global manufacturers must evaluate and address. At the time of the PPTA letter, in addition to the countries listed by FDA in the draft guidance, the Czech Republic and Finland also had changed their policies to a one-year deferral. However, at the same time, numerous other countries had other deferral times, e.g. 5-year, indefinite, and lifetime deferrals. Accordingly, in its letter, PPTA requested that FDA acknowledge in the final guidance that, in addition to the noted countries that had adopted the one-year deferral period, numerous other countries had other deferral times, including indefinite and permanent deferrals. PPTA also requested that FDA note that manufacturers of blood components, including Source Plasma, that market either the component for manufacturing use or the final fractionated products, may be unable to implement FDA's less restrictive recommended deferral time period.

PPTA thanks FDA for its addition of the following language in the final guidance:

> While a number of countries in addition to Australia have adopted a 12 month deferral policy for MSM, at this time, a number of other countries in Western Europe and the Middle East continue to maintain an indefinite or permanent deferral policy for MSM. To comply with global regulatory requirements on deferral policies, manufacturers of blood and blood components, including Source Plasma, collected in the U.S. and intended for further manufacturing use in other countries, may not be able to implement FDA's recommended 12 month donor deferral policy for MSM and instead may maintain longer deferral policies.[7]

PPTA acknowledges that, since its July 14, 2015, letter, Canada, France,[8] the Netherlands, New Zealand, Serbia, Slovakia, Northern Ireland, and Uruguay have adopted a 12 month deferral policy for MSM; Japan and Serbia have adopted a 6 month deferral policy for MSM. However, as of this writing, no fewer than 24 countries maintain an indefinite or permanent (lifetime) deferral policy for MSM.[9] PPTA reiterates, as it did at the most recent liaison meeting on September 28, 2016, that member companies supply a global market and that other countries continue to maintain more restrictive deferral criteria than the U.S., which global manufacturers must evaluate and address.

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[6] England, Scotland, and Wales only in the United Kingdom
[7] Final Guidance at 6-7
[8] 12 months for blood donation; 4 months for plasma for fractionation
[9] *See* Attachment 1

Conclusion

PPTA appreciates the opportunity to provide these comments on FDA's blood donor deferral recommendations for reducing the risk of HIV transmission and looks forward to continued work with FDA revising the donor deferral recommendations for individuals at increased risk for transmitting HIV infection. PPTA welcomes from FDA any questions regarding these comments or requests for more information.

Thank you for your consideration.

Respectfully Submitted,

Mary Gustafson
Vice President, Global Regulatory Policy
Plasma Protein Therapeutics Association

Attachment

ATTACHMENT 1

MSM donor deferral policies by country[i]
2016 October

Country	MSM donor deferral policy	Notes
Japan	**6 months[ii]**	
Serbia	6 months[iii]	
Australia	**12 months**	• Individual states and territories all had their own version of indefinite deferral • 1996-2000: Rolling introduction of 12-month deferral • Contributing reason for change from indefinite deferral: Harmonizing policy for risky sexual behavior
Brazil	12 months	• Contributing reason for change from indefinite deferral: Harmonizing policy for risky sexual behavior
Canada	12 months[iv]	• 1983: Indefinite deferral suggested; response criticized, suggestion withdrawn • 1985: Indefinite deferral mandated • 2012: 5-year deferral suggested • Contributing reason for change from indefinite deferral (2013): Risk analysis, and extensive consultation with scientific experts and with patient and community groups • August 15, 2016: 12 months
Czech Republic	12 months	• 2008: Indefinite deferral[v] • Contributing reason for change from indefinite deferral: Harmonizing policy for risky sexual behavior
Finland	12 months[vi]	• Contributing reason for change from indefinite deferral (2013): Risk analysis

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France	12 months[vii]	• 1983: Indefinite deferral • In 2012, French Minister of Social Affairs and Health, Marisol Touraine, announced that she would like to remove permanent deferral for men and replace it with criterion related to risk practices[viii] • In April 2015, the Court of Justice of the European Union declared[ix] that the Tribunal administrative de Strasbourg will have to determine whether, in France, in the case of a man who has had sexual relations with another man, there is a high risk of acquiring severe infectious diseases that can be transmitted by blood. For the purposes of that examination, the Tribunal administrative de Strasbourg, will have to take account of the epidemiological situation in France • In October 2015, French Minister of Social Affairs and Health, Marisol Touraine, announced change: By spring 2016, men who have sex with men in France will be able to donate blood if they have not had sex with another man for 12 months. Men in France who haven't had sex with another man in the four months before donating -- or who have had only one partner -- will be able to donate their plasma via a secure quarantine process starting in the spring, the minister said. If the study demonstrates no additional risk, then donation rules for men who have sex with men will be brought into line with those for the general population, she said[x] • August 2016: 12 months for blood donation; 4 months for plasma for fractionation[xi]
Hungary	12 months	• Contributing reason for change from indefinite deferral: Harmonizing policy for risky sexual behavior
Ireland	12 months[xii]	• Previous indefinite deferral • 2016: 12 months
Netherlands	12 months[xiii]	• Previous indefinite deferral • 2015: 12 months
New Zealand	12 months[xiv]	• 1998: 10-year deferral • Contributing reason for change from 10-year to 5-year deferral (2008): Implemented single sample NAT for HIV, HBV, HCV
Slovakia	12 months[xv]	

Sweden	12 months	• 2008: National Board of Health and Welfare proposed that MSM should become eligible to donate blood, but only after 6-month quarantine period after sexual intercourse • From March 1, 2010: MSM were supposed to be allowed to donate blood, after 1 year of abstaining from sex, but blood banks rejected law, causing law to be delayed • Law was finally adopted and allows gay man to donate blood if he did not have any sexual contact in past 12 months with another man; however, corresponding plasma is not allowed to be used for production of pharmaceutical products[xvi] • Contributing reason for change from indefinite deferral: Harmonizing policy for risky sexual behavior
UK (England, Wales, Scotland, Northern Ireland)	12 months	• 1985: Indefinite deferral • Contributing reason for change from indefinite deferral (September 2011): Harmonizing policy for risky sexual behavior • Due to theoretical risk of vCJD transmission posed by UK plasma, plasma is sourced from plasma collection centers in USA, primarily from Life Resources Inc., which is wholly owned by UK Department of Health.[xvii] • Northern Ireland: September 1, 2016: 12 months
USA	12 months	• 1983 • Draft guidance dated May 2015; comments due July 14: 12 months • Final guidance dated December 2015: 12 months (no change from draft) • "While a number of countries in addition to Australia have adopted a 12 month deferral policy for MSM, at this time, a number of other countries in Western Europe and the Middle East continue to maintain an indefinite or permanent deferral policy for MSM. To comply with global regulatory requirements on deferral policies, manufacturers of blood and blood components, including Source Plasma, collected in the U.S. and intended for further manufacturing use in other countries, may not be able to implement FDA's recommended 12 month donor deferral policy for MSM and instead may maintain longer deferral periods." (p. 7)
Uruguay	12 months[xviii]	• Female has sex with MSM: no deferral
Algeria	**Indefinite[xix]**	
Austria	Indefinite[xx]	• According to paragraph 5 of the BSV (Blutspendeverordung), people that have constant risk behavior for infection with sexually transmitted diseases, especially HIV and HBV, are permanently deferred[xxi]
Belgium	Indefinite[xxii]	
China	Indefinite [xxiii]	

Croatia	Indefinite [xxiv]	
Denmark	Indefinite	
Estonia	Indefinite [II]	
French Guinea	Indefinite [II]	
Germany	Indefinite	• Not only MSM are deferred: Any person whose sexual practices involve clearly increased risk, compared with general population: heterosexual persons with high-risk sexual practices, sexual intercourse with frequently changing partners, male and female prostitutes[xxv]
Greece	Indefinite[xxvi]	
Greenland	Indefinite[II]	
Hong Kong	Indefinite	
Iceland	Indefinite	
Israel	Indefinite[xxvii]	• No restriction if last MSM activity was before 1977 • Females who have sex with MSM: no deferral
Lebanon	Indefinite[xxviii]	
Lithuania	Indefinite[xxix]	
Malaysia	Indefinite[xxx]	
Malta	Indefinite[xxxi]	
Norway	Indefinite	
Paraguay	Indefinite[II]	
Philippines	Indefinite	
Slovenia	Indefinite	
Switzerland	Indefinite	
Turkey	Indefinite[xxxii]	
Ukraine	Indefinite[xxxiii]	• Currently an indefinite deferral; potential change to no deferral or no specific policy in 2017[xxxiv]
Venezuela	Indefinite[xxxv]	• Females who have sex with MSM: no deferral
Argentina	No specific policy[xxxvi]	• Changed from 12 months • Assessment of risky sexual behavior, regardless of orientation (2015)
Bhutan	No specific policy[xxxvii]	
Bulgaria	No specific policy	
Chile	No specific policy[xxxviii]	• Assessment of risky sexual behavior, regardless of orientation (2013)
Columbia	No specific policy[xxxix]	

Costa Rica	No specific policy[xl]	
Italy	No specific policy	• Assessment of risky sexual behavior, regardless of orientation
Latvia	No specific policy[xli]	
Mexico	No specific policy[xlii]	• Changed from indefinite deferral • Assessment of risky sexual behavior, regardless of orientation (2012)
Peru	No specific policy[xliii]	
Poland	No specific policy	• Assessment of risky sexual behavior, regardless of orientation
Portugal	No specific policy[xliv]	• Assessment of risky sexual behavior, regardless of orientation (2010)
Russia	No specific policy	• Assessment of risky sexual behavior, regardless of orientation
San Marino	No specific policy	
Singapore	No specific policy[xlv]	
South Africa	No specific policy[xlvi]	• 2001: 5-year deferral instituted by new national blood service • 2006: 6-month deferral instituted • Assessment of risky sexual behavior, regardless of orientation (2014)
South Korea	No specific policy	
Spain	No specific policy	• Assessment of risky sexual behavior, regardless of orientation
Thailand	No specific policy[xlvii]	• Assessment of risky sexual behavior, regardless of orientation

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