Plasma Protein Therapeutics Association

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Reference No.: FDAA09015

Division of Dockets Management, HFA-305
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

SUBJECT: Draft Guidance for Industry: Recommendations for the Assessment of Blood Donor Suitability, Blood Product Safety, and Preservation of the Blood Supply in Response to Pandemic (H1N1) 2009 Virus [Docket no. FDA-2009-D-0533]

Dear Sir or Madam:

The Plasma Protein Therapeutics Association (PPTA) is pleased to provide these comments on the Food and Drug Administration's (FDA's) Draft Guidance for Industry: Recommendations for the Assessment of Blood Donor Suitability, Blood Product Safety, and Preservation of the Blood Supply in Response to Pandemic (H1N1) 2009*, [hereinafter; "Draft Guidance"]*. PPTA is the international trade association and standards-setting organization for the world's major producers of plasma-derived and recombinant analog therapies. Our members provide 60 percent of the world's needs for Source Plasma and protein therapies. These include clotting therapies for individuals with bleeding disorders, immunoglobulins to treat a complex of diseases in persons with immune deficiencies, therapies for individuals who have alpha-1 anti-trypsin deficiency which typically manifests as adult onset emphysema and substantially limits 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.

I. General Comments to Draft Guidance

PPTA appreciates the opportunity to comment on this Draft Guidance. PPTA recognizes the importance of this issue and commends the agency for issuing guidance that may assist in pandemic planning for companies. It is only through the Good Guidance Practices (GGPs) process of developing guidance documents that industry and others have the opportunity to comment on the agency's "current thinking". Moreover, it is critical that "current thinking" regarding new criteria be published by FDA for public and industry comment, rather than having those criteria be enforced on manufacturers on a case-by-case basis during the review process of individual Biological License Applications (BLAs).

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II. Specific Comments to Draft Guidance

A. Training of Back-Up Personnel

Draft Guidance: FDA recommends that you have adequate back-up personnel, in the event of anticipatable personnel shortages and where possible, more than one back-up person should be trained for each critical function. Any such back-up personnel should be trained pursuant to your existing training program. We also recommend that as provided in your training program, you document this training and/or retraining.

Recommendation: PPTA recommends that the following line be deleted "more than one back-up personnel should be trained for each critical function." PPTA agrees that back-up personnel are essential for continued business continuity during a pandemic or any other emergency situation. PPTA would like to emphasize that the number of people trained for any one particular function is not important. The key is to have establishments take reasonable steps to assure continued operations, which includes both planning and training. PPTA members consider the function of all employees to be important and have developed and/or are working on individual company plans that reflect this concept.

B. Blood Donor Suitability, Donor Deferral and Product Management

Draft Guidance: You may clarify a donor's response to the donor history questionnaire or obtain omitted response to questions within 24 hours of the collection.

Recommendation: PPTA does not oppose the requirement that donor eligibility be determined on the day of collection and before collection except in the case of short-dated (less than 24 hours) components. We do oppose the interpretation of this requirement to include denying a retrospective eligibility determination (e.g., in the case of missing or incompletely explained questionnaire responses due to GMP error) after the 24-hour window from the time of collection. The current regulatory language has been interpreted by FDA to deny allowing components collected from a donor whose eligibility was not adequately determined within 24 hours of collection to be deemed suitable for use. In Source Plasma donation programs, the donor may return at two-day intervals (although not more than twice in a seven day period), thereby allowing ample opportunity to re-interview the donor. While it is unfortunate that an error occurred in the original eligibility determination, the suitability of the donation, which was collected, should not be linked unless the missing data cannot be reasonably assessed during the dating period of the component. Examples of missing data that can accurately be determined during the dating period of the component are those elements that would not change. These include, but are not limited to, travel history, history of disease, history of transfusion, "living with" someone with hepatitis, and history of CJD. Other data are related to the donor's health and have no bearing on the suitability of the product and are irrelevant after the collection. These include, but are not limited to,

donor's weight, blood pressure and pulse. PPTA requests that this statement be deleted from the final draft or further clarified to include interpretive criteria to prevent the needless destruction of life-saving blood components.

C. Collection and Use of Convalescent Plasma

Draft Guidance: FDA encourages the development of new, safe, and effective therapies for influenza. Because of its experimental nature, collection, and administration of convalescent plasma should be conducted only under an Investigational New Drug Application (IND). Blood establishments that intend to manufacture convalescent plasma should contact FDA to discuss their plans.

Recommendation: PPTA recommends that the word "collection" be deleted from "Because of its experimental nature, collection, and administration of convalescent plasma should be conducted only under an Investigational New Drug Application (IND)." PPTA agrees that any claims of efficacy regarding the administration of convalescent plasma must be conducted under an IND. It is undeniable that any labeling regarding efficacy must be approved by FDA. However, PPTA disagrees that simply the collection of convalescent plasma must be performed under IND. The collection of plasma from donors who have recovered from H1N1 infection and who meet all the donor suitability requirements under 21 CFR 640.63 falls within the scope of the Guidance for Industry: Implementing a Collection Program for Source Plasma Containing Disease – Associated and Other Immunoglobulin g (IgG) Antibodies.

III. CDC Guideline: Interim Infection Control Guidance on 2009 H1N1 Influenza for Personnel at Blood and Plasma Collection Facilities

FDA makes references to the importance of the CDC Guideline: Interim Infection Control Guidance on 2009 H1N1 Influenza for Personnel at Blood and Plasma Collection Facilities [hereinafter, Interim Guideline]. PPTA reviewed the Interim Guideline and will submit comments directly to the CDC. PPTA acknowledges that Department of Health Human Services (HHS) agencies are working in a matrix on this issue and commends HHS on recognition for the need to do so. Therefore, PPTA would like to make FDA aware of the association's concerns regarding the CDC's Interim Guidance.

A. Infection control and environmental management practices

Interim Guideline: Phlebotomy staff should wash their hands with soap and water between contacts with different blood donors, and when gloves are used they should change gloves and cleanse their hands between contacts with different blood donors. Good hand hygiene will help prevent person-to-person spread of 2009 H1N1 influenza and other influenza viruses. Staff and volunteers should also wash hands at other appropriate times, including when hands are visibly dirty or contaminated with

proteinaceous material or are visibly soiled with blood or other body fluids. An alcohol-based hand sanitizer may be used as an interim measure when soap and water are not available and hands are not visibly soiled. (See also: CDC. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51(RR16):1-45); http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf.) With regard to staff safety, the wearing of gloves and hand cleansing are governed by OSHA requirements pertaining to blood-borne pathogens in 29 CFR 1910.1030(c) (3) (ix) and 29 CFR 1910.1030 (d) (iii)–(vi) respectively. With regard to staff safety, the wearing of gloves and hand cleansing are governed by OSHA requirements pertaining to blood-borne pathogens in 29 CFR 1910.1030(c) (3) (ix) and 29 CFR 1910.1030 (d) (iii)–(vi) respectively.

Recommendation: PPTA recommends that the following be deleted "phlebotomy staff should wash their hands with soap and water between contacts with different donors, and when gloves are used they should change gloves and cleanse their hands between contacts with different blood donors." PPTA proposes the following recommendation: "Phlebotomy staff should practice proper hygiene practices in accordance with Occupational Safety & Health Administration (OSHA) requirements, which should be designated clearly within the companies' Standard Operating Procedures (SOP).

PPTA members understand the importance of proper hand hygiene practices in centers. Proper hand hygiene practices should be used at all times. These practices assist in assuring both center employee and donor health. PPTA members delineate hand washing and glove changing practices in their SOPs. Practices delineated by PPTA members in SOPs must be compliant with OSHA regulations for blood borne pathogens. These federal regulations define when gloves should be worn and changed. *29 CFR § 1910.1030 et seq*. According to § 1910.1030(d) (3) of the Code of Federal Regulations, "gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when, their ability to function as a barrier is compromised." *29 CFR § 1910.1030(d) (3) (x)*. Federal regulation does not require employees to change gloves on each donor. Donors are pre-screened before reaching the donor floor to determine whether they are well and healthy. As well, employees are asked to not come to work if feeling ill. These measures assure a healthy environment for employees and donors. Glove changing that includes hand-washing is unnecessary in this type of environment.

Recommendation: PPTA recommends references to the "*CDC: Guideline for Hand Hygiene in Healthcare Settings"* be deleted from the Interim Guidance. The recommendations made in this document are not applicable to Source Plasma centers. These recommendations are specifically directed to personnel in health care settings that treat patients. The data and information used to formulate the recommendations are based on studies that occurred in hospitals or other healthcare facilities that take care of individuals who are sick, i.e. patients. These patients seek treatment for an

illness or medical advice from healthcare workers. Source Plasma centers are not healthcare facilities and donors are not patients. Collection facilities do not provide treatment or medical advice to individuals who donate. To become a donor, a person must pass a vigorous screening process to establish that they are healthy enough to donate. Therefore, only well and healthy people are allowed on the donor floor. As stated above, hand-washing and glove-changing recommendations that are specific to healthcare settings that have patients are not appropriate for Source Plasma centers and do not recognize the purpose and uniqueness of a Source plasma establishment.

Moreover, a requirement for phlebotomist to wash hands in between each donor may pose a greater risk to the donor. At a Source Plasma center a phlebotomist is generally charged with tending to 6 donors within their designated area, sinks are not readily available in the designated area. A phlebotomist would have to leave the designated area to wash hands, causing a donor to be unattended during the plasmapheresis process. A phlebotomist must be available to their donors during the donation process to assess the donor for any possible adverse reactions that may occur.

B. Planning for Implementation of Additional Public Health Measures, if 2009 H1N1 becomes more widespread and/or More Clinically Severe than in Spring/Summer 2009

Interim Guideline: If 2009 H1N1 becomes more widespread and/or more severe than during spring/summer 2009, public health authorities may ask collection facility personnel to institute social distancing measures to help prevent disease spread. These may include:

- Conducting active evaluation of staff, volunteers, and prospective donors for influenza-like symptoms as they enter the collection site. Individuals with influenza-like symptoms should be asked to leave the site to reduce the risk of viral transmission.

- In addition, staff or volunteers should continue to assess themselves for influenza-like symptoms each day before leaving for work and should stay home if they are ill.

To be prepared:

- Collection facility personnel should plan and test ways to institute these social distancing measures during blood collection operations.

Recommendation:

PPTA recommends the following be deleted from the above section:

- Adjusting the physical configuration of collection sites and donor appointment schedules to reduce unnecessary physical contact between donors and between donors and staff.

- Collection facility personnel should plan and test ways to institute these social distancing measures during blood collection operations.

PPTA proposes the following recommendations:

- Collection sites should evaluate ways to reduce the proximity of donors in certain areas. These measures should assist in reducing unnecessary physical contact between donors and between staff and donors.

- Collection sites should develop plans that implement these measures. These measures should be adaptable and recognize that decisions may need to be made on a case by case basis. Decisions should take into consideration local health department recommendations.

Preparedness is vital to maintaining business continuity for Source Plasma establishments. This is true for any emergency situation. Social distancing is an important way to limit the spread of pandemic influenza and may be recommended at times from the local health department. PPTA members work closely with their respective local health departments to follow appropriate recommendations. PPTA believes it would be more appropriate to remove references to physical changes to a collection site and focus on the need to develop plans. It is also important to recognize that during local emergency situations decisions often need to be made quickly and plans need to be adjusted accordingly.

Should you have questions regarding these comments or would like to discuss these issues further, please contact me at the Association. Thank you for your consideration.

Sincerely,

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