

SUPPORTING STATEMENT FOR

Guidance for Industry: Current Good Manufacturing Practice for Blood and Blood Components: (1) Quarantine and Disposition of Units from Prior Collections from Donors with Repeatedly Reactive Screening Tests for Antibody to Hepatitis C Virus (Anti-HCV); (2) Supplemental Testing, and the Notification of Consignees and Blood Recipients of Donor Test Results for Anti-HCV

OMB No. 0910-0388

SECTION A - Justification

1. Circumstances Making the Collection of Information Necessary

The Food and Drug Administration (FDA) is requesting an emergency review and approval from the Office of Management and Budget (OMB) for the information collection requirements contained in a "Guidance for Industry" document entitled "Current Good Manufacturing Practice for Blood and Blood Components: (1) Quarantine and Disposition of Units from Prior Collections from Donors with Repeatedly Reactive Screening Tests for Antibody to Hepatitis C Virus (Anti-HCV); (2) Supplemental Testing, and the Notification of Consignees and Blood Recipients of Donor Test Results for Anti-HCV" (Attachment A).

The information collection recommendations in this guidance and for which approval is requested include donor screening and supplemental testing for anti-HCV, retrospective review of testing records to identify prior collections from donors at increased risk for transmitting hepatitis C virus (HCV) as far back as ten years, notification of consignees to quarantine prior collections from a donor who later tests repeatedly reactive for anti-HCV, and consignee notification and counseling of recipients of blood and blood components at increased risk for transmitting HCV. The recommendations for recordkeeping include the preparation of standard operating procedures (SOPs) for reviewing records of prior donations of blood and blood products from a donor with no previous history of anti-HCV who subsequently tests repeatedly reactive for anti-HCV and the maintenance of quarantine, notification, testing, and disposition records related to such reviews (HCV lookback). The recommendations for reporting (disclosure) indicate that a blood establishment should notify consignees, within 72 hours, of a repeatedly reactive test result so that previously collected blood and blood components are appropriately quarantined. A blood establishment should followup by notifying consignees of a licensed, more specific test result within 45 days after the donor's repeatedly reactive test. The recommendations for reporting related to the retrospective review of testing records dating back 10 years (or 12 months prior to a donor's last negative multi antigen screening test for anti-HCV, whichever is the later date) are very similar to those just described for current testing results for anti-HCV. The recommendations also indicate that consignees should make a minimum of three attempts to notify the transfusion recipient (and/or the physician of record), or, if necessary, the legal representative of the transfusion recipient, who has received a unit that potentially contained HCV.

Because the public health objective in HCV lookback is to prevent the transmission of communicable disease, FDA intends in the near future to issue a proposed rule under the legal authority of sections 351 and 361 of the Public Health Service Act (PHS Act)(42 U.S.C. 262 and

264)(Attachment B) and the provisions of the Federal Food, Drug, and Cosmetic Act (FDC Act)(Attachment C) which apply to drugs (21 U.S.C. 201 et.seq.). Because the "Lookback" efforts described in this guidance are voluntarily ongoing, FDA is issuing this guidance to describe appropriate procedures as an interim measure pending completion of the rulemaking. The paperwork burdens attributed to the proposed rule are expected to be identical to those associated with the guidance.

2. Purpose and Use of the Information

The purpose of this guidance is to help ensure the continued safety of the blood supply. This collection of information will provide important information to consignees and recipients of prior collections of blood and blood components, from a donor who later tests positive for HCV. This will make it possible for consignees to quarantine product that may be at increased risk for transmitting HCV. It will also provide the opportunity for transfusion recipients of such product to seek medical counseling.

3. Use of Information Technology and Burden Reduction

All establishments may use computer tapes or discs, microfiche or microfilm to record and store data and information rather than hard copy records if they choose. FDA is not aware of any improved information technology that could be used to reduce the burden except that unautomated blood establishments could reduce the time required to maintain records with respect to input and retrieval by becoming computerized.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other regulations requiring this information for this purpose. The required information is not available from any other source.

5. Impact on Small Businesses or Other Small Entities

FDA believes that its duty requires the equal application of the regulations to all enterprises. While FDA does not believe it can apply different standards with respect to statutory requirements, the agency does provide special help to small businesses. CBER's Office of Communication, Training and Manufacturers Assistance provides guidance to small businesses concerning regulatory requirements.

6. Consequences of Collecting the Information Less Frequently

The collection of information occurs only as needed, at the time when a repeat donor has a repeatedly reactive test result for HCV. Less frequent collection of information and notification of consignees and transfusion recipients would not ensure the safety of the nation's blood supply. The information provided to consignees and transfusion recipients is necessary to fulfill FDA's statutory responsibility to prevent the spread of communicable diseases. FDA would be unable to fulfill these duties with less frequent information collection.

There are no technical or legal obstacles to reducing the burden.

7. Special Circumstances Relating to the Guideline of 5 CFR 1320.5

There are no special circumstances for the collection of the information requirements.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

A notice providing a 10 day public comment period will be published in the Federal Register. Plans to publish a proposed rule in the Federal Register will also provide another comment period on this agency information collection activity. Publication of this guidance and later a proposed rule will provide the opportunity for comment from all manufacturers in the regulated industry and interested persons.

9. Explanation of Any Payment or Gift to Respondents

FDA has no intention to provide any gift or payment to respondents.

10. Assurance of Confidentiality Provided to Respondents

Information obtained under this program is subject to the regulations implementing the Freedom of Information Act, 21 CFR Part 20, "Public Information," when determining whether documents may be disclosed. After an FDA investigator completes a routine inspection of a blood or blood product manufacturing establishment, the completed report with the results of the inspection become public information, available upon request under the Freedom of Information Act. For example, completed inspection reports that are made available to the public have certain information, such as donor and patient names and addresses which are deleted before the report would be released under the Freedom of Information Act and applicable FDA regulations.

11. Justification for Sensitive Questions

Questions of a sensitive nature are not applicable to this information collection.

12. Estimate of Hour Burden Including Annualized Hourly Costs

Description of Respondents: Blood establishments (Business and Not-for-Profit) and consignees of blood establishments, including hospitals, transfusion services, and physicians.

The total reporting and recordkeeping burden is estimated to be 285,867 hours. However, of this total approximately 268,374 hours would be expended on a one-time basis for establishing the written procedures and doing the one-time retrospective review of records. Therefore, 17,493 hours is estimated as the ongoing annual burden related to this guidance. The total ongoing prospective annual burden for blood establishments is estimated to be 12,630 hours. The prospective annual burden for consignees of blood establishments is estimated to be 4,863 hours.

The burden estimates are based on Health Care Financing Administration and FDA registration records and the following estimates from the Centers for Disease Control and Prevention (CDC). CDC estimates there are approximately 9,750,127 donations from repeat donors per year and the prevalence of HCV among donors is 0.27%. Therefore, CDC estimates that 26,325 repeat donors per year could test repeatedly reactive for HCV. For each of these donors, the recommendations in this guidance call for blood establishments to notify the consignee (transfusion service) two times

(once for quarantine purposes and again with supplemental test results) for a total 52,650 notifications as an annual on-going burden. Based on estimates from CDC, FDA expects that for the one-time review of records, as many as 237,688 blood products would be at increased risk for transmitting HCV. Therefore, FDA estimates that for each of these products, blood establishments should notify consignees to quarantine these products, should report supplemental test results to consignees, and consignees should notify recipients or the recipients' attending physician. The guidance recommends that blood establishments notify the consignees two times (once for quarantine purposes and again with supplemental test results) for a total of 475,376 notifications as a result of the retrospective review. The total annual responses for blood establishments is estimated to be the combined number of notifications (475,376 + 52,650) or 528,026. FDA estimates the amount of time for each notification of a consignee by a blood establishment will be approximately 12 minutes (0.2 hours). Consequently, the total estimated reporting burden hours for blood establishments is (528,026 report notifications x 0.2 hrs) 105,605 hours. However, the on-going annual burden not associated with the retrospective review would be 10,530 hours (52,650 x 0.2 hours).

CDC expects that approximately 2,730 repeat donors who have repeatedly reactive HCV screening test results will confirm positive for HCV each year. Based on CDC's research and information, a donor who confirms positive for HCV will have donated on the average only two previous times and on the average only 1.6 components will have been made from each donation. Based on this information, there could be 8,736 transfusion recipients that should be notified per year (2,730 repeat donors per year that confirm positive for HCV x 2 prior donations per donor x 1.6 components per donation). Thus, the total notifications by consignees is estimated to be 246,424 annually (8,736 annual transfusion recipients plus the estimated 237,688 transfusion recipients identified from a retrospective review). The time estimated for consignees to make a notification is 30 minutes or 0.5 hours on average. This time, which is somewhat longer than for blood establishments to notify consignees, allows for the possibility of having to make up to three attempts to complete the notification process and creates a total reporting burden of 123,212 hours. However, the on-going annual reporting burden for consignees is expected to be only 4,368 hours (8,736 recipients per year x 0.5 hours). According to the Health Care Financing Administration, there are approximately 6,200 consignees that should be responsible for notification.

In the recordkeeping chart below, the 8.75 hours per blood establishment recordkeeper represents 8 hours to develop written procedures for the HCV lookback recommendations and 0.75 hours to update 9 HCV repeat reactive records (frequency of recordkeeping is 10 less 1 written procedure = 9 HCV testing records on average). FDA estimates that it takes approximately 5 minutes to update each record (9 x 5 minutes = 45 minutes or 0.75 hours per recordkeeper). Therefore, the total recordkeeping by blood establishments is estimated to be 24,500 hours. Likewise, the 5.25 hours per consignee recordkeeper includes 2 hours to develop written procedures for the HCV lookback notification process and 3.25 hours to update 39 transfusion recipient records (frequency of consignee recordkeeping is 40 less 1 written procedure = 39 recipient records on average). FDA estimates that it takes approximately 5 minutes to update each record (39 x 5 minutes = 195 minutes or 3.25 hours). Therefore, the total recordkeeping burden for consignees is estimated to be 32,550. The combined total recordkeeping burden for both blood establishments and consignees is estimated to be 57,050 hours. However, based on the prospective number of repeat donors per year and the number that confirm positive for HCV, the on-going annual recordkeeping burden may only be 2,596 hours. Over time we expect the on-going annual recordkeeping burden to decline much as the prevalence of HCV among donors has declined due to the implementation of

screening tests for anti-HCV which helps to reduce the number of donors infected with HCV from the donor pool.

FDA estimates the burden for this collection of information as follows:

Estimated Annual Reporting Burden

Collection Activity	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Blood Establishments	2,800	38	528,026	.2	105,605
Consignees	6,200	40	246,424	.5	123,212
TOTAL					228,817

There are no capital costs or operating and maintenance costs associated with this collection of information.

Estimated Annual Recordkeeping Burden

Collection Activity	No. of Recordkeepers	Annual Frequency of Recordkeeping	Total Annual Records	Hours per Recordkeeper	Total Hours
Blood Establishments	2,800	10	29,125	8.75	24,500
Consignees	6,200	40	252,624	5.25	32,550
TOTAL					57,050

There are no capital costs or operating and maintenance costs associated with this collection of information.

Maintenance costs were not estimated for the additional maintenance of records beyond the current 5 years to the recommended 10 years, because modern storage technology has markedly reduced the space needed to store records.

FDA has requested emergency processing of this proposed collection of information under section 3507(j) of the PRA and 5 CFR 1320.13. Since HCV frequently causes chronic infection of the liver, can cause serious liver injury, and can be life threatening, and because new therapies are recently available, it is essential to the agency's mission of protecting and promoting the public health that this guidance be made available to the public immediately. The information is needed immediately to replace the March 1998 guidance that was withdrawn September 8, 1998. The use of normal clearance procedures could take 180 days or more, during which time guidance would not be in place, thus disrupting or preventing this collection of information.

The estimated annual cost to respondents is \$9,241,304. The estimate is based on a medical technologist who is responsible for recordkeeping and notification of consignees at a pay rate of \$25 per hour. The estimate is also based on notification of a transfusion recipient by a nurse or medical director using an average salary of \$42 per hour. The salary estimates include benefits but no overhead costs.

Cost to Respondents

Activity	No. of Hours	Cost Per Hour	Total Cost
Recordkeeping	57,050	\$25	\$1,426,250
Reporting; blood establishments	105,606	\$25	\$2,640,150
Reporting; transfusion facilities	123,212	\$42	\$5,174,904
TOTAL			\$9,241,304

13. Estimate of Other Total Annual Cost Burden to Respondents or Recordkeepers

There are no capital and start-up, and operation, maintenance and purchase costs associated with the collection of information requirements.

14. Annualized Costs to Federal Government

The total estimated annualized cost to the Federal Government is \$199,207. This cost is based on a GS-12/5 FDA or HCFA investigator pay rate of \$33.23 per hour, who perform the on-site inspections and review of facility records. The salary estimates include benefits but no overhead. The number of hours required to inspect a facility varies depending on the number of anticipated records.

Activity	No. of Recordkeepers	Hrs. Per Recordkeeper	Cost Per Hour	Total Cost
Inspection*	1,540	3.2	\$33.23	\$163,757
Inspection**	1,400	0.75	\$33.23	\$34,892
Inspection***	140	0.12	\$33.23	\$558
TOTAL				\$199,207

*Biennial inspections of one-time recordkeeping (SOPs and retrospective record review). On an annual basis FDA inspects 1,400 blood establishments and HCFA inspects 140 transfusion service facilities.

**Biennial inspection of blood establishment's on-going recordkeeping.

***Biennial inspection of transfusion service's on-going recordkeeping.

15. Explanation of Program Changes or Adjustments

Changes in burden are not applicable at this time, as this is the first submission for these collection of information requirements under this guidance.

16. Plans for Tabulation and Publication and Program Time Schedule

There are no tabulated results to publish for this information collection.

17. Reason(s) Display of Expiration Date is Inappropriate

We are not seeking approval to exempt display of the expiration date for OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to Item 19 of OMB Form 83-I.

SECTION - B Collection of Information Employing Statistical Methods

The collection of data does not employ statistical methods.

[Information Collection Requests](#)

[GUIDELINES TO OBTAIN OMB APPROVAL FOR COLLECTIONS OF INFORMATION REQUIREMENTS](#)