



Together, we can save a life

October 29, 2001

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

RE: Draft Guidance for Industry: Revised Preventive Measures to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and Variant Creutzfeldt-Jakob Disease (vCJD) by Blood and Blood Products; Docket # 97D-0318 [66 Fed. Reg. 45683; Aug. 29, 2001]

Dear Docket Officer:

This letter is to provide public comments on behalf of the American Red Cross concerning the Food and Drug Administration's (FDA or Agency) *Revised Preventive Measures to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and Variant Creutzfeldt-Jakob Disease (vCJD) by Blood and Blood Products* (draft guidance or draft).

Red Cross, through its 36 Blood Services regions, supplies approximately half of the nation's blood for transfusion needs. The blood donated by Red Cross volunteers is also recovered and fractionated into plasma derivatives. Red Cross collects approximately 1.2 million liters of recovered plasma, accounting for about 20 percent of the nation's supply of plasma derivatives.

Consistent with our mission to alleviate human suffering, the Red Cross is committed to ensuring a safe, stable and sustained blood supply to meet patient need. In order to protect the blood supply from the potential threat of vCJD we concur with the FDA that an expanded donor deferral is necessary. Thus, the Red Cross fully agrees that a revised deferral guidance is appropriate for donors at risk of transmitting CJD or vCJD. We appreciate the opportunity to comment on the revised deferral guidance. The Red Cross' views, which are discussed in detail in the attachment, can be summarized as follows:

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- Red Cross requests that FDA revise the product retrieval and quarantine recommendations contained in Section V. Clarification of this section will ensure FDA's recommendations are implemented in a consistent manner. Further, we recommend that FDA base retrieval on whether the product is pooled rather than on a differentiation between source plasma versus recovered plasma.
- Red Cross requests that FDA broaden the draft guidance's background section to incorporate information on other modeling assumptions that outline potential impacts on donor deferral.

Thank you for the opportunity to provide comments. We hope our views will serve as constructive input into the revision of the guidance. If you have any questions or require follow-up, please contact me at 703-807-5214 or Anita Ducca, Director, Regulatory Relations at 703-312-5601.

Sincerely,

A handwritten signature in black ink that reads "Gary D. Dolch". The signature is written in a cursive style with a large initial "G".

Gary D. Dolch, Ph.D.
Senior Vice President, Quality and Regulatory Affairs

Attachment

**Comments by
The American Red Cross
On the
Draft Guidance for Industry:
Revised Preventive Measures to
Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and
Variant Creutzfeldt-Jakob Disease (vCJD)
by Blood and Blood Products
Docket # 97D-0318 [66 Fed. Reg. 45683 Aug. 29, 2001]**

The American Red Cross (ARC or Red Cross) is pleased to provide these comments to the Food and Drug Administration (FDA). These comments are identified and ordered according to the section of the draft guidance in which the recommendation appears. However, ARC requests that FDA particularly note our comments on Section V., Product Retrieval and Quarantine.

II. BACKGROUND

The science and epidemiology underlying CJD and vCJD is still in the developmental stages and uncertainties remain. As reported in a meeting with FDA officials and the Red Cross on August 13, 2001 and the Department of Health and Human Services (HHS) Advisory Committee on Blood Safety and Availability of August 24, 2001, the Red Cross completed a survey of its donors to determine the impact of the potential deferral policies on the donor population. The survey results indicate that although the deferral policy the Red Cross is about to implement is more stringent than that of FDA, approximately 4% of current Red Cross donors would be deferred. Even accounting for the margin of error of +/-0.6%, these results indicate a significantly lower additional deferral rate than FDA's estimate of 8%. We respectfully request that this data be incorporated into the final guidance to present a more comprehensive assessment of the expected donor deferral rate.

III. EXPLANATION OF CURRENT vCJD RECOMMENDATIONS

III.D. Recommended Questions for Identifying Donors

The draft guidance indicates that "a trained staff member should administer the revised geographic donor deferral criteria by face-to-face interview." Red Cross recommends making the face-to-face interview optional and providing the flexibility to use other approaches to questioning the donor. Blood establishments may be able to use other effective methods to initially screen donors through a written questionnaire, and revert to a face-to-face interview if there are indications that the donor is ineligible. It should be

noted that the current requirement in the draft guidance could hamper efforts to automate the donor screening process that blood centers are using now or are planning to use in the future.

The Red Cross will ask several simple questions about travel status and transfusion history on the written Blood Donation Record and follow-up with a face-to-face donor interview if there are questionable responses. Thus, Red Cross requests that this portion of the draft guidance be modified to grant flexibility in the administration of the questions using other formats.

IV. RECOMMENDATIONS FOR DONOR DEFERRAL

IV. A. Recommended Donor Deferral Criteria

Deferral Criterion #2 indicates that blood establishments should “appropriately counsel” donors at risk for CJD. FDA has already outlined donor notification requirements in the recently finalized Donor Notification regulation (66 FR 31165, June 11, 2001). The Red Cross believes this should be the basis for donor notification activities because this regulation outlines the responsibility of blood establishments to notify the donor and, where appropriate, provide information concerning “medical followup and counseling.” The Red Cross recommends that this language be used in the final guidance.

IV.D.2. Recommended Questions for Identifying Donors at Risk for Exposure to BSE

In the note to section VI.D.2, FDA indicates that the questions in this section would apply only to donors of “Whole Blood.” It would be appropriate to add the same terms used elsewhere in the draft (e.g. “blood components”) or specifically name different donation types (e.g. platelets and red blood cells).

V. RECOMMENDATIONS FOR PRODUCT RETIREVAL AND QUARANTINE

The Red Cross recommends FDA review and revise this section as its highest priority when developing the final guidance. Several requirements remain unclear and certain terminology needs to be defined. Specifically:

- The draft guidance differentiates between exclusions available for Source Plasma and Recovered Plasma.

- Blood and plasma establishments will be required to base critical decisions upon undefined terms including: “implicated components” and “implicated materials.” While these terms were used in the previous guidance, the additional deferral and product retrieval requirements necessitate greater clarification in the new guidance.
- FDA’s product retrieval and quarantine recommendations do not clearly address the status of previously donated units, including those donated since initial implementation of the November 1999 Guidance and after implementation of this guidance.

Product Differentiation

One of our concerns includes the separation of the retrieval requirements into several sections and the different retrieval requirements for source plasma versus recovered plasma.

- Section V.A. includes Source Plasma in the list of products under the manufacturer’s control that need to be retrieved and quarantined and provides no exceptions to the retrieval requirements (for those donors who have lived in the UK, served on military bases, or injected bovine insulin).
- Section V.B., however, excludes source plasma from the product retrieval and quarantine recommendations if obtained from a donor with a history of 5 or more years of exposure in Europe (excluding France). This section also allows for an exception for recovered plasma if collected prior to donor deferral for those who have resided in Europe for more than 5 years (excluding France).
- Section V.B. appears to give some flexibility for use of recovered plasma if it is “under a CBER approved program”, as “described in section IV.D.2”. The Red Cross points out that such a program is not described in the referenced section.

We recommend that all of the retrieval and quarantine requirements in the final guidance relating to plasma be based on whether the product has been pooled, instead of whether it is source plasma or recovered plasma. It is important to note that once plasma is obtained, it is sent to the same fractionators and manufactured into the same derivatives using the same processing steps. We believe this approach will greatly clarify the retrieval requirements. Moreover, this approach more closely follows the manufacturing process, since the *product* retrieval will be based upon the status of the *product*, not the type of *donation*. Reduced infectivity may occur through partitioning and dilution. However, the uncertainty surrounding vCJD argues for a prudent and cautious approach to product retrieval and quarantine requirements.

Product Identification

The Red Cross points out the need for clarification regarding which in-date products would have to be retrieved. For example, the draft guidance discusses actions required for “implicated components” (VI.A. and C), and “vCJD implicated materials” (VI.C.). The Red Cross requests FDA redefine these terms in light of the new deferral and retrieval requirements. For example “implicated components” is used multiple times without definition and it is unclear whether these components are restricted to in-date and/or distributed components. Similarly, it is unclear which products can be used for research.

VII. LABELING RECOMMENDATIONS

VII.B. Labeling of Non-implicated Products

This section recommends inclusion of warning language in the *Circular of Information for the Use of Human Blood and Blood Components* (CI) regarding the potential risks associated with the CJD disease agent. This section recommends inclusion of warning language in the *Circular of information for the Use of Human Blood and Blood Components* (CI) regarding the potential risks associated with the CJD disease agent. The draft guidance recommends locating the notification under “Side Effects and Hazards” rather than as currently placed under the “Notice to All Users”. The Red Cross recommends retaining the current language and location which is one of the first statements in the CI and, therefore, highly prominent.