December 6, 1985

Food and Drug Administration
8757 Georgia Avenue
Silver Spring MD 20910

TO: In Vitro Diagnostic Reagent Manufacturers

Dear Sir or Madam:

This letter will provide guidance to manufacturers on the labeling of human blood derived in-vitro diagnostic devices (e.g., human serum reagents or quality control materials) in regard to labeling for HTLV-III/LAV antibody testing.

There have been no known reported cases of HTLV-III/LAV transmission by contact with in-vitro diagnostic products. However, the possibility of transmitting HTLV-III/LAV to laboratory employees and others who come in contact with these materials cannot be excluded. In order to minimize the risk of transmission, the Center for Devices and Radiological Health has formulated the following labeling guidelines for these products.

In-vitro diagnostic devices in which human blood or serum components are used and which are subject to the requirements of 21 CFR 809.10 must carry as part of the labeling, information describing the status of the blood or serum used in the reagents, kits, devices. In terms of the potential biohazard risk to HTLV-III/LAV, we suggest additional labeling statements for immediate containers, packages, and package inserts include the following:

1) On the immediate container, packages, and package insert:

Each donor unit used in the preparation of this material was tested by an FDA approved method for the presence of the antibody to HTLV-III/LAV as well as for hepatitis B surface antigen and found to be negative (were not repeatedly reactive).

or

Each donor unit used in the preparation of this material was NOT tested by an FDA approved method for the presence of the antibody to HTLV-III/LAV and therefore the HTLV-III/LAV antibody status of this material is unknown.

2) On the package and immediate reagent container state:
WARNING - POTENTIAL BIOHAZARDOUS MATERIAL

Because no test method can offer complete assurance that human T-lymphotropic virus type III/lymphadenopathy associated virus (HTLV-III/LAV), hepatitis B virus, or other infectious agents are absent, this specimen/reagent should be handled at the Biosafety Level 2 as recommended for any potentially infectious human serum or blood specimen in the Centers for Disease Control/National Institutes of Health manual "Biosafety in Microbiological and Biomedical Laboratories", 1984.

Biosafety Level 2 practices, equipment, and facilities are applicable to clinical, diagnostic, teaching, and other facilities in which work is done with the broad spectrum of indigenous moderate-risk agents present in the community and associated with human disease of varying severity. With good microbiological techniques, these agents can be used safely in activities conducted on the open bench, provided the potential for producing aerosols is low. Hepatitis B virus, the Salmonellae, and Toxoplasma spp. are representative of microorganisms assigned to this containment level. Primary hazards to personnel working with these agents may include accidental autoinoculation, ingestion, and skin or mucus membrane exposure to infectious materials. Procedures with high aerosol potential that may increase the risk of exposure of personnel must be conducted in primary containment equipment of devices.

It is the intention of FDA that once the screening of donor units for antibody to HTLV-III/LAV is required by regulation, and once the current inventories of human reagent or control sera are depleted by attrition, no HTLV-III/LAV antibody positive material would be available or processed for the production of reagents except where allowed by exemption. Specific exemptions will be granted upon request to those establishments who manufacture, for example certain rare coagulation factor test substrates, or positive control material for the HTLV-III/LAV antibody test kits, or special research products. Labeling of these products should follow Center for Drugs and Biologics guidelines.

Products which are shipped in interstate commerce 30 days after the date of this letter are considered subject to this guidance unless specific exemption is granted by FDA.

Any product prepared from human blood, plasma, or serum should be handled cautiously as a biohazardous material according to good laboratory practices. A general education effort by manufacturers, professional associations, and government agencies in the clinical laboratory profession concerning these practices will be helpful in minimizing risks to people using these
materials. With the cooperation of all manufacturers regarding the above recommendations, and the cooperation of laboratory professionals concerning implementation of good laboratory practices, we can assure the public that all appropriate precautions have been taken to minimize the risk of infections from these materials.
No response to this letter is necessary, however, questions may be directed to Jerome A. Donlon, M.D., Ph.D. (301) 427-7234.

Sincerely yours

John C. Villforth
Director
Center for Devices and Radiological Health