June 5, 2020

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

Submitted via http://www.regulations.gov

Re: Docket No. FDA–2015-D-1211, "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products" Guidance for Industry, April 2020

Dear Dockets Manager:

AABB, Plasma Protein Therapeutics Association (PPTA), America's Blood Centers (ABC) and the American Red Cross (ARC) are jointly submitting comments the Food and Drug Administration (FDA) on the April 2020 Guidance, "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products" (the April 2020 HIV Guidance). These comments were reviewed and approved by each organization, including members of AABB's Transfusion Transmitted Diseases Committee, Donor History Task Force, and Regulatory Affairs Committee, and ABC's Quality Blood Regulatory Review Committee.

We would first like to acknowledge the agency's response to our requests for regulatory relief to address blood shortages during the public health emergency related to Coronavirus Disease 2019 (COVID-19).

Our organizations are requesting clarification in three comments.

COMMENT 1: Section II, Background, (page 6, first and second full paragraphs)
These paragraphs from page 6 describe the sensitivity of the NAT assays for HIV, HBV and HCV and their ability to detect each of these viruses well within a 3-month period following initial infection as follows:

> *Data from the two years following effective implementation...''The totality of the surveillance information and the experience with a 3-month deferral in other countries,*

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combined with the uniform use of nucleic acid testing for HIV, HBV, and HCV, which can detect each of these viruses well within a 3-month period following initial infection, leads the agency to conclude that at this time a change to a recommended 3-month deferral is scientifically supported. FDA expects that this change will not be associated with any adverse effect on the safety of the blood supply, and it will continue to monitor the safety of the blood supply using the TTIMS."

In addition…"Based on the experience in the United Kingdom and Canada, along with the detection characteristics of the nucleic acid testing noted above that has been implemented for HIV, HBV, and HCV, the agency has determined that the recommended deferrals for commercial sex work (CSW) and injection drug use (IDU) can be changed from indefinite deferrals to 3-month deferrals. In addition, for similar reasons, the 12-month deferral for a recent tattoo or piercing can be reduced to 3 months. FDA also believes that by aligning many of the deferrals to asking about a 3-month period, donor recall of events will be enhanced, and this could potentially enhance the safety of the blood supply."

Request for clarification:
In light of the technical discussion, quoted above, on "surveillance information and the experience with a 3-month deferral in other countries" along with NAT detection of HIV, HBV, HCV which scientifically supported this update to a 3-month deferral period**:**

- What is the basis for retaining a 12 month deferral for "sexual contact with" or "lived with" a person who has hepatitis?
- What is the basis for retention of a 12 month deferral for a person incarcerated for more than 72 hours or more consecutively?

<u>COMMENT 2</u>: Section III B, Recommendation 4 for deferral for sexual contacts (page 8)
The HIV risk criteria for sexual contact are inconsistently applied, resulting in the deferral of certain donors based on sexual contact with individuals who are themselves eligible to donate.

Recommendation 4 uses the time frame of "EVER" rather than a time-bound risk for sexual contact:

4. *Defer for 3 months from the most recent sexual contact, any individual who has a history of sex with a person who: **has ever** had a positive test for HIV, **ever** exchanged sex for money or drugs, or **ever** engaged in non-prescription injection drug use.*

- **Refer to Table 1** for examples of inconsistent deferral for HIV risk in sexual contacts.
- We agree that a 3-month deferral is necessary for an individual, *such as <u>Donor 2 in Table 1</u>*, who has had sexual contact with an HIV positive person, *Donor 1 in Table 1*.
- We agree that the female, *Donor 4*, should be deferred for 3 months after sexual contact with a person with MSM contact in the past 3 months, *Donor 3*.
- However, as written, a 3-month deferral is also required for:
    - *Donor 6* who had sexual contact with *Donor 5*, an eligible donor who has a history of non-prescription injection drug use, whether the injection drug use was 4 months ago or 20 years ago.
    - *Donor 8* for sexual contact with *Donor 7* who is eligible to donate.

TABLE 1: COMPARING DEFERRAL FOR HIV RISK through SEXUAL CONTACT in Section III B	
CONSISTENT DEFERRAL FOR HIV RISK through SEXUAL CONTACT	
Recommendation 1: Defer indefinitely an individual who has ever had a positive test for HIV DONOR 1 had a positive test for HIV 6 months ago and is deferred indefinitely.	**Recommendation 4:** Defer for 3 months from the most recent sexual contact, any individual who has a history of sex with a person who: **has ever had a positive test for HIV**, ever exchanged sex for money or drugs, or ever engaged in non-prescription injection drug use. DONOR 2 had sexual contact 4 months ago with Donor 1. **DONOR 2 is eligible** because there has been no sexual contact with Donor 1 in the past 3 months.
Recommendation 9: Defer for 3 months from the most recent sexual contact, a man who has had sex with another man during the past 3 months. DONOR 3 has no MSM contact in the past 4 months and is eligible to donate.	**Recommendation 10:** Defer for 3 months from the most recent sexual contact, a female who has had sex during the past 3 months with a man who has had sex with another man in the past 3 months. DONOR 4 has ongoing sexual contact with Donor 3. **DONOR 4 is eligible** because the sexual partner for the past 3 months, **Donor 3**, had MSM contact 4 months ago **but not in the past 3 months.**
INCONSISTENT DEFERRAL FOR HIV RISK through SEXUAL CONTACT	
Recommendation 3: Defer for 3 months from the most recent event, an individual who has engaged in non-prescription injection drug use. DONOR 5 has not used non-prescription injection drugs for 4 months. **Donor 5 is eligible to donate.**	**Recommendation 4:** Defer for 3 months from the most recent sexual contact, any individual who has a history of sex with a person who: has ever had a positive test for HIV, ever exchanged sex for money or drugs, or **ever engaged in non-prescription injection drug use**. DONOR 6 has ongoing sexual contact with DONOR 5 (who is eligible to donate). **DONOR 6 will remain deferred** for ongoing sexual contact with Donor 5 based on Donor 5's HIV risk 4 months ago. Donor 6 is deferred *EVEN IF IT HAS BEEN 20 YEARS SINCE DONOR 5 INJECTED DRUGS.*
Recommendation 2: Defer for 3 months from the most recent event, an individual who has exchanged sex for money or drugs. DONOR 7 has not received payment for sex in 4 months. **Donor 7 is eligible to donate.**	**Recommendation 4:** Defer for 3 months from the most recent sexual contact, any individual who has a history of sex with a person who: has ever had a positive test for HIV, **ever exchanged sex for money or drugs**, or ever engaged in non-prescription injection drug use. DONOR 8 has ongoing sexual contact with DONOR 7. **DONOR 8 will remain deferred** for ongoing sexual contact with Donor 7, based on Donor 7's HIV risk 4 months ago. Donor 8 is deferred *EVEN IF IT HAS BEEN 20 YEARS SINCE DONOR 7 RECEIVED PAYMENT FOR SEX.*

Request for clarification for recommendation 4:
Why are individuals who have personally engaged in HIV risk behavior (Donors 5 and 7 in the example) eligible to donate after a three-month period while their sexual contacts (Donors 6 and 8) are deferred by more stringent timeframes for sex with an individual with HIV risk behaviors at any time in the past?

In addition, there appears to be an inconsistency in identifying the timing of HIV risk in sexual partners. Please clarify why individuals, such as Donors 6 and 8 in the example, are not asked to

identify risk in their sexual partners in the past 3 months in the same manner Donor 4 is asked to identify the risk in the sexual partner related to MSM contact in the past three months.

Suggestions:

- The eligibility assessment should consider the timeframe for the sexual partner's injection drug use or payment for sex:
  - to evaluate the sexual partner's HIV risk in the past 3 months,
  - to be consistent with all other time-bound donor screening questions, and
  - to avoid unnecessary deferral of one partner for the duration of the relationship for sexual contact with a partner who is in fact eligible to donate with a history of HIV risk greater than 3 months ago.

- These questions should be no different - consistent with the screening process:
  - which requires every donor to reflect on the timeline provided in each screening question,
  - to determine specific dates for their risk behavior, travel and health issues, *and timeframes for risk in a sexual partner*.
  - The ability to know the timing of that sexual partner's risk should apply consistently.

- We suggest an evidence-based approach to evaluate HIV risk related to sexual contact, consistently applying the time-bound deferral model deemed effective for use with Donor 4 (a female who had sexual contact in the past 3 months with a man who had MSM contact in the past 3 months) to evaluate other individuals, such as Donors 6 and 8, who have had sexual contact with individuals with a history of HIV risk.

<u>Comment 3</u>: Section III B. Recommendation 8, Deferral for a history of syphilis or gonorrhea (page 9)

The April 2020 HIV Guidance does not reference the recommendations in the September 2014 guidance, "Recommendations for Screening, Testing, and Management of Blood Donors and Blood and Blood Components Based on Screening Tests for Syphilis.

Request for clarification:

Please clarify the September 2014 recommendations in Table 2 that no longer apply after the release of the April 2020 HIV Risk Guidance.

TABLE 2: DIFFERING DEFERRALS IN SEPTEMBER 2014	
3 month donor deferral based on the April 2020 HIV guidance	**12 month donor deferral** based on September 2014 Syphilis guidance
III. B. Donor Deferral Recommendation 8, page 9: Defer for 3 months: After completion of treatment, an individual with a history of syphilis or gonorrhea, or an individual with a history of diagnosis or treatment for syphilis or gonorrhea in the past 3 months.	IV. A. Identification of Donors with a History of Syphilis Recommendation 2, page 6: We recommend that for donors who state that in the past 12 months they have had or have been treated for syphilis or gonorrhea, you defer such donors for 12 months after being told they had syphilis or gonorrhea or after completion of treatment. After this 12-month period, the donor may be eligible to donate again, provided that the donor satisfies all applicable donor eligibility criteria.

Thank you for the opportunity to offer these comments. We look forward to continuing to work with the FDA on patient and donor safety initiatives. Questions concerning these comments may be directed to SCarayiannis@aabb.org and tmattoch@americasblood.org.

Sincerely,

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Senior Director, Regulatory Affairs
AABB

AABB is an international, not-for-profit association representing individuals and institutions involved in the fields of transfusion medicine and cellular therapies. The association is committed to improving health through the development and delivery of standards, accreditation and educational programs that focus on optimizing patient and donor care and safety. AABB membership includes physicians, nurses, scientists, researchers, administrators, medical technologists and other health care providers. AABB members are located in more than 80 countries and AABB accredits institutions in over 50 countries.

The Plasma Protein Therapeutics Association (PPTA) is a dynamic trade and standards-setting association that represents a unique sector of the biologics and biotechnology industry. PPTA represents the private sector manufacturers of plasma-derived and recombinant analog therapies, collectively known as plasma protein therapies, and the over 800 collectors of Source Plasma used for fractionation. Our members produce approximately 80 percent of the plasma protein therapies in the U.S. and 60 percent of those manufactured in Europe. Plasma protein therapies are primarily used in the treatment of a set of rare diseases. These diseases are 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. These therapies include blood clotting factors for individuals with bleeding disorders, immunoglobulins (IG) to treat a complex of diseases in persons with antibody deficiencies and severe autoimmune disorders, 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 to treat individuals with severe liver diseases and, in emergency-room settings, shock, trauma, burns, and other conditions. PPTA members are committed to assuring the safety and availability of these medically needed, life-sustaining therapies.

Founded in 1962, ABC is North America's largest network of community-based, independent blood programs. The network operates more than 600 blood donor centers providing over half of the U.S., and a quarter of the Canadian blood supply. These blood centers serve more than 150 million people and provide blood products and services to more than 3,500 hospitals and healthcare facilities across North America. America's Blood Centers' U.S. members are licensed and regulated by the U.S. Food and Drug Administration. Canadian members are regulated by Health Canada.

The ARC shelters, feeds and provides emotional support to victims of disasters; supplies about 40 percent of the nation's blood; teaches skills that save lives; provides international humanitarian aid; and supports military members and their families. The Red Cross is a not-for-profit organization that depends on volunteers and the generosity of the American public to perform its mission. About 5.6 million units of whole blood are collected from roughly 3.3 million Red Cross volunteer donors, separated into 8 million transfusable blood products and supplied to approximately 2,700 hospitals and transfusion centers across the country for patients in need.