



Association for the
Advancement of
Blood & Biotherapies

AABB Resources to Support FDA's Voluntary Tuberculosis Risk Mitigation Strategies for HCT/P Establishments

September 13, 2023

Purpose and Overview

This Toolkit is:

- intended to supplement your understanding of FDA's September 6, 2023, Safety & Availability Communication, "[Important Information for Human Cell, Tissue and Cellular and Tissue-based Product \(HCT/P\) Establishments Regarding Tuberculosis Outbreaks Linked to a Bone Matrix Product](#)" (Sept 6th Safety Communication)
- an overview of the important information from FDA on the investigation of an outbreak caused by Mycobacterium Tuberculosis (Mtb) and voluntary risk mitigation strategies.

NOTE:

- 1) To support our members with questions, AABB reached out to FDA to confirm that we correctly understand FDA to be providing risk mitigation strategies applicable to all donors of [HCT/Ps](#), as defined in [21 CFR 1271.3\(d\)](#), [including](#) hematopoietic stem/progenitor cells (HPCs) derived from peripheral and cord blood.
- 2) FDA's Sept 6th Safety Communication:
 - Provides risk mitigations strategies that may be considered by the HCT/P establishment's responsible person for voluntary implementation and are *not* issued as formal recommendations in FDA guidance.
 - Focuses on the evaluation of risk and does not mention donor deferral.
- 3) Mtb is not captured as transfusion-transmitted in AABB's [Emerging Infectious Disease Fact Sheets](#)

The Mtb Risk:

From FDA's Safety & Availability Communication, dated September 6, 2023:

"Based on our emerging awareness of Mtb transmission risks, establishments may wish to consider whether an HCT/P donor has:

- *ever had a diagnosis of TB, treatment for suspected TB, or a positive test for TB (i.e., a skin test, blood test, or sputum test).*
- *an increased risk for TB infection due to any of the following:*
 - *was born in, has lived in, or ever traveled to areas of the world where TB is endemic (refer*

- to https://worldhealthorg.shinyapps.io/tb_profiles/External Link Disclaimer
- ever lived with another person who has TB or is currently or has been a close contact of a person with TB
- ever worked or resided in congregate settings (e.g., correctional facility, long-term care facility, homeless shelter)
- has certain medical conditions, or is on medication, that can impair immune function.”

Responsible Person (training and/or retraining):

FDA begins by noting that the HCT/P establishment’s responsible person should have appropriate medical training and be qualified to review clinical evidence consistent with risks for sepsis and tuberculosis (TB) infection and must verify and document that, on the basis of record review, release criteria have been met and they have determined that an HCT/P is available for distribution ([21 CFR 1271.265\(c\)\(1\)](#)).

“Maintaining knowledge and awareness of these outbreaks and seeking additional training and/or re-training will help enable responsible persons to identify risk factors, conditions, clinical evidence, and physical evidence that can be associated with an increased risk for TB (including active TB and latent tuberculosis infection (LTBI) and/or an increased risk of sepsis.”

Supporting Resources:

AABB’s encourages members to:

- Visit the CDC website for additional information. A few of CDC’s many resources are linked here:
 - Tuberculosis <https://www.cdc.gov/tb/default.htm>
 - Basic TB Facts <https://www.cdc.gov/tb/topic/basics/default.htm>
 - Tuberculosis – [CDC Yellow Book 2024](#)
 - CDC Map – [Estimated incidence rates per 100,000 population](#)
 - CDC Table 5-06 - [Estimated proportion of multidrug-resistant \(MDR\) TB cases in countries with high MDR TB burden, 2019](#)
- Review the Additional Resources listed at the end of the [Sept 6th Safety Communication](#).

Donor Screening Considerations:

Based on FDA’s Sept 6th Safety Communication, the HCT/P establishment’s responsible person ([21 CFR 1271.3\(t\)](#)) who has authority for determining and

documenting the **eligibility of a cell or tissue donor** ([21 CFR 1271.50](#)) may wish to consider adding HCT/P donor screening to address the risk for TB.

The following example questions have been developed for those who wish to consider screening HCT/P donors.

1. Have you ever had a diagnosis of TB?
2. Have you ever been treated for suspected TB?
3. Have you ever had a positive test for TB (including a positive skin test, blood test, or sputum test)?
4. Were you born in an area of the world where TB is endemic?
5. Have you ever lived in an area of the world where TB is endemic?
6. Have you ever traveled to an area of the world where TB is endemic?
7. Have you ever lived with another person who has TB?
8. Are you currently a close contact of a person with TB?
9. In the past, have you been a close contact of a person with TB?
10. Have you ever worked in a correctional facility, long-term care facility, or homeless shelter?
11. Have you ever lived in a correctional facility, long-term care facility, or homeless shelter?
12. Do you have a medical condition that can impair your immune system?
13. Are you taking medications that can impair your immune system?

Donor Testing Considerations:

FDA notes that:

- There are currently no FDA-licensed, cleared, or approved donor screening tests available with an indication to screen HCT/P donors for evidence of active TB or LTBI, and
- The agency is actively evaluating the risks and appropriate mitigation strategies, including testing.