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2 EMA/CHMP/BWP/4/2024  
3 Biologics Working Party (BWP)

## 4 Concept paper on the revision of the Guideline on 5 epidemiological data on blood transmissible infections 6

Agreed by Biologic Working Party	10 April 2024
Adopted by CHMP for release for consultation	15 April 2024
Start of public consultation	30 April 2024
End of consultation (deadline for comments)	28 June 2024

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8 The proposed guideline will replace 'Guideline on epidemiological data on blood transmissible infections'  
9 (EMA/CHMP/BWP/548524/2008 rev 1).  
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Keywords	<b>Plasma Master File, epidemiology, alert limit calculation, methodology</b>
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### 13 1. Introduction

14 The guideline on epidemiological data on blood transmissible infections (EMA/CHMP/BWP/548524/2008  
15 rev 1) outlines the scientific data requirements for epidemiological data on blood transmissible  
16 infections to be included in applications for Plasma Master File (PMF) certification or annual  
17 recertification submitted to the EMA.

18 The guideline requires that a system of alert limits for epidemiological data should be in place to  
19 identify individual blood/plasma collection centres with viral infections rates outside the normal range  
20 for the given donor population in the PMF (outliers) and to be able to take appropriate corrective  
21 actions, if needed. This is an essential part of the measures taken to ensure that donations do not  
22 come from donors with a high risk of being infected with blood transmissible agents.

23 In 2022, as part of a Q&A for PMF holders (PMF-Hs) (EMA/CHMP/BWP/721411/2022) additional  
24 guidance encouraged the usage of parametric models for establishing alert limits although clarified that  
25 non parametric models might be acceptable, if sufficiently justified.



26 In 2023, in view of the experience gathered during the review of the alert limits information in recent  
27 PMF annual updates (AU) and the requests from the plasma fractionation industry for further guidance,  
28 the need to expand the information for PMF holders on the approach and the statistical method for the  
29 appropriate calculation of alert limits was identified.

30 The revision and expansion on the alert limit calculations of the epidemiological guideline is proposed  
31 as part of the 3-year BWP workplan 2024-2026.

## 32 **2. Problem statement**

33 The current guideline establishes that the criteria in place used by the PMF holder to establish alert  
34 limits for epidemiological data, and the system to identify individual blood/plasma collection centres  
35 reporting data above the alert limits, should be described.

36 In order to establish limits that are sufficiently discriminating, the basis for calculation of alert limits for  
37 "repeat tested donors" should be kept separate from that for "first time tested donors".

38 The assessment of the data provided by PMF holders on alert limits since the publication of current  
39 guideline has required several rounds of assessment often on several PMF AU procedures for different  
40 PMFs, impacting in the PMF certification timelines and resources for all stakeholders. This has  
41 prompted the need to revise the Guideline to provide further guidance how alert limits should be  
42 established.

## 43 **3. Discussion (on the problem statement)**

44 Additional guidance on suitable statistical models that could be used in the definition of alert limits was  
45 published in an EMA Q&A (EMA/CHMP/BWP/721411/2022). However, experience accumulated in recent  
46 years of PMF evaluation reveals that a more detailed guidance for PMF holders needs to be provided on  
47 the calculation of alert limits, which impacts on the information to be submitted in the dossier.

48 This revision will provide guidance in the following aspects:

- 49 - Definition of alerts by type of donor (first time tested/repeat tested donors), recovered/source  
50 plasma centres and country of origin, geographical area and any other factor;
- 51 - Data set on viral marker rates, and time period used for the establishment of the alert limits;
- 52 - Criteria for periodic review/recalculation of reference rates and alert limits;
- 53 - Cut-off levels for each viral marker that allows the identification of outlying centres;
- 54 - Statistical models to calculate reference rates within each PMF as well as alert limits for each  
55 individual centre based on the number of donors;
- 56 - Data to be submitted by PMF holders on the statistical methodology for the calculation of alert limits  
57 necessary for regulatory assessment.

## 58 **4. Recommendation**

59 The BWP recommends the revision of the Guideline on epidemiological data on blood transmissible  
60 infections EMA/CHMP/BWP/548524/2008 Rev. 1 taking into account the issues identified above and  
61 aiming to provide further guidance on the calculation of alert limits.

62 Note: The EMA Q&A (EMA/CHMP/BWP/721411/2022) chapter on Epidemiology may be deleted once  
63 the Guideline is updated.

## 64 **5. Proposed timetable**

65 The revision of the guideline is scheduled to start in 2024 as part of the 3-year BWP workplan. Public  
66 consultation is planned for 2 months. It is anticipated that a draft revised guideline will be released for  
67 external consultation during 2024.

## 68 **6. Resource requirements for preparation**

69 The revision of the guideline will be developed by the BWP delegated PMF expert group, and the MWP.

70 Drafting group meetings (virtual) will be organised, as needed. Monthly teleconferences are foreseen.  
71 Preparation of the draft guideline will require discussion at two to three BWP plenary meetings and at  
72 one to two MWP meetings.

73 A PMF alert limits Drafting Group has been set up and is composed of PMF assessors, including one  
74 Rapporteur, and MWP members for the revision of the guideline.

## 75 **7. Impact assessment (anticipated)**

76 It is anticipated that industry and EU regulators will benefit from the proposed revised guideline, which  
77 can contribute to the harmonisation of data submission and a better understanding of methods used  
78 for the calculation of alert limits. It is expected that the guideline will facilitate the assessment and  
79 recertification of the PMF.

## 80 **8. Interested parties**

81 Interested parties with specific interest in this topic will be consulted during the revision of this  
82 guideline, including:

- 83 • PMF-holders
- 84 • Plasma protein associations (International Plasma and Fractionation Association Comments  
85 (IPFA), Plasma Protein Therapeutics Association (PPTA), European Blood Alliance (EBA), etc)
- 86 • European Commission (EC), European Directorate for the Quality of Medicines (EDQM) and  
87 European Centre for Disease Prevention and Control (ECDC)
- 88 • Coordination Group for Mutual Recognition and Decentralised Procedures (CMDh)
- 89 • Within the European Medicines Agency, there will be consultation with the Biologics Working  
90 Party (BWP), Plasma Master File (PMF)-group, Methodology Working Party (MWP), Haematology  
91 Working Party (HAEMWP) and Committee for Medicinal Products for Human Use (CHMP).

## 92 **9. References to literature, guidelines, etc.**

93 [Guideline for epidemiological data on blood transmissible infections \(EMA/CHMP/BWP/548524/2008 rev  
94 1\)](#)

95 [PMF dossier requirements. Questions and Answers for PMF Holders \(EMA/CHMP/BWP/721411/2022\)](#)

96 [Scientific data requirements for plasma master file - Scientific guideline \(EMA/CHMP/BWP/3794/03\)](#)