EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

5 February 2021
EMA/CHMP/BWP/76987/2021
Committee for Medicinal Products for Human Use (CHMP)

CHMP position statement on quality and safety assessment for the Plasma Master File (PMF) certification with regard to donor deferral criteria for sexual risk behaviour

1. Introduction and discussion

Commission Directive 2004/33/EC[1] ("the Directive") establishes specific technical requirements for the collection and testing of human blood and blood components in order to prevent the transmission of diseases by blood and blood components, to ensure an equivalent level of quality and safety and to ensure a high level of human health protection.

Amongst others, Annex III of the Directive sets out permanent and temporary deferral criteria for donors of allogenic blood donations depending, for example, on high risk factors such as sexual behaviour that puts persons at high risk of acquiring severe infectious diseases that can be transmitted by blood, versus behaviour or activity that places persons at risk of acquiring infectious diseases that may be transmitted by blood. In the former case, permanent deferral should be applied and in the latter, the deferral for a determined period after cessation of risk behaviour, and by the availability of appropriate tests, is required. Besides the distinction between "high risk" and "risk", no further distinction is provided in the Directive regarding sexual behaviour or definition on what those risk behaviours are. It is therefore the responsibility of Member States to define such risks and specify suitable deferral criteria. According to the European Court of Justice judgment[4] in the Léger case (Case C-528/13 - Geoffrey Léger/Ministre des affaires sociales et de la santé et Établissement français du sang), deferral criteria need to be proportionate, based on an assessment of whether the sexual behaviour puts a person at a high risk of acquiring severe infectious diseases based on and taking account of current medical, scientific and epidemiological knowledge and data.

As a consequence, different deferral criteria for permanent or temporary deferrals can be applied in countries from where the plasma originates depending on the estimated level of risk and risk mitigation requirements in place (e.g. scientific and epidemiological data for assessing "risk" or "high risk", donor testing, donor education and selection strategies, follow-up measures)[2]. Competent National Authorities for collection of blood and blood components should, therefore also define different periods of deferral based on an assessment of the local risks, taking account of local epidemiological factors. Over the last years, many of these EU national competent authorities have in particular reduced deferral periods for blood and plasma donation by men-having-sex-with-men (MSM).

Official address Domenico Scarlattilaan 6 ● 1083 HS Amsterdam ● The Netherlands
Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us
Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000 An agency of the European Union

Plasma-derived medicinal products authorised in the European Union originate from donations of plasma collected in blood establishments located in Member States or third countries, e.g. USA. All starting materials for medicinal products should comply with the requirements as laid down in Directive 2001/83/EC. This includes compliance with the standards of the European Pharmacopoeia and requirements of good manufacturing practice (GMP).

Annex I of Directive 2001/83/EC, amended by Directive 2003/63/EC, lays down specific requirements for the starting material of plasma-derived medicinal products. The concept of Plasma Master File (PMF) has been introduced in Annex I and the principles, content, evaluation and certification are described.

The PMF contains common information on plasma, from collection to plasma pool, relevant to the manufacture of all intermediate fractions including cryoprecipitate, all constituents of the excipient and all active substance(s), which are part of medicinal products or medical devices, for which this PMF is applicable. The acceptability of plasma is subject to a regular evaluation of epidemiological data of the donor population of each blood establishment, as well as the tests used for donor screening, mini-pool as well as manufacturing plasma pool testing within the PMF certification procedure, in order to ensure product safety. Further, and in accordance with Directive 2002/98/EC,[3] regular inspections of the collection facilities, testing laboratories and their activities are performed by European competent authorities in order to establish that adequate control measures are in place.

2. Concluding remarks

Within the PMF certification procedure the use of plasma for fractionation collected in countries where either permanent or temporary donor deferral criteria is applied to persons whose sexual behaviour puts them at risk, can be justified, provided that the decision making of countries where plasma for fractionation originate includes:

1) a risk assessment that takes into consideration factors that have influence on the risks and evidence e.g. local epidemiological data;

2) risk mitigation measures; and

3) monitoring adherence to donor deferral criteria.

Therefore, given differing risk level and risk mitigation measures in countries from which the plasma for fractionation originates, differing donor deferral criteria and periods of deferral for at risk donors can be justified.

3. References

1 Commission Directive 2004/33/EC implementing Directive 2002/98/EC of the European Parliament and of the Council as regards certain technical requirements for blood and blood components, OJ L 91, 30.3.2004, pp.25-39.

2 Council of Europe CM/Res(2013)3 on sexual behaviours of blood donors that have an impact on transfusion safety and explanatory reference European Committee (Partial Agreement) on Blood Transfusion (CD-P-TS), Technical Memorandum TS057: Risk behaviours having an impact on blood donor management, EDQM 2011.

3 Directive 2002/98/EC of the European Parliament and of the Council of 27 January 2003 setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components and amending Directive 2001/83/EC.

4 Court of Justice of the European Union. PRESS RELEASE No 46/15 ruling MSM case. http://curia.europa.eu/jcms/upload/docs/application/pdf/2015-04/cp150046en.pdf