EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Directorate D - Health systems and products

D4 – Substances of Human Origin and Tobacco Control

Brussels,
SANCO D4/IH/ ARES (2013)

Meeting of the Competent Authorities on Blood and Blood Components

11 and 12 October 2012

Summary Report

Participants

All Member States (MS), except Cyprus, Hungary, Luxemburg, Slovakia, Spain, and Romania were present at the meeting. Norway and Turkey, as well as the European Centre for Disease Prevention and Control (ECDC), WHO Europe, WHO Headquarters Geneva, Council of Europe (CoE), and the European Medicines Agency (EMA) also attended the meeting. Other participants represented the European Blood Alliance (EBA), Sanquin, Creativ Ceutical and the CATIE project.

European Commission – SANCO D4:

Chairman: Mr Dominik Schnichels

1. ADOPTION OF THE AGENDA

The agenda was adopted without any changes.

2. SURVEILLANCE AND VIGILANCE: UPDATE ON INFECTIOUS DISEASES

2.1. variant Creutzfeldt-Jakob disease (vCJD)

The Commission presented a proposal for the preparation of a consensus list of neurosurgery procedures and transplants for which blood donors should be deferred, based on ICD nomenclature.

MS' comments focused on the need to balance between (1) a too general deferral, e.g., deferring all patients after surgery on peripheral nerves, which would lead to too many unnecessary deferrals and missed donations and (2) a too detailed list of deferral criteria which would be impractical and hard to implement for staff in blood collection centres.

It was concluded that it is a MS decision, a.o. in function of the local epidemiological situation, whether or not to defer neurosurgeries as well as which types of neurosurgery. There was a general preference to keeping deferral criteria simple.

EMA and ECDC will be asked for more scientific evidence on how to better define, if possible, the recommended deferral criteria in relation to neurosurgery procedures and transplants. Interested MS can also propose national experts to contribute.

2.2. West Nile virus (WNV)

2.2.1. Summary of the 2012 outbreak

ECDC presented a summary of the epidemiological information received during the 2012 outbreak, as well as a risk assessment tool for West Nile virus.

ECDC outlined that it still does not have the complete picture of the outbreak due to reporting differences.

2.2.2. Summary of the outbreaks in Greece, Italy and Romania

Short presentations were given of the 2011 WNV outbreaks in IT, EL and RO. In EL, the outbreak reached Athens, which increases the need for good geographic definitions. Both, IT and EL thanked the Commission for the work done under the Preparedness plan.

2.2.3. EU Preparedness plan on WNV

The Commission presented the main updates to the EU preparedness plan, published on the SANCO website August 2012. The latest update takes account of definitions published in Eurosurveillance about the affected areas for arthropod vector borne diseases.

MS can provide further comments, which will be considered for the 2013 update of the EU preparedness plan. Any additional clarifications on the definition of the geographical limits of affected areas for WNV should also be introduced in the future version of the plan.

The Council of Europe (CoE) proposed that the 18th edition of the *Guide to the preparation, use and quality assurance of blood components* should include the recommendations made in the EU preparedness plan.

2.3. Malaria 2012

ECDC and EL presented the data on the malaria outbreak in Greece. ECDC will also provide some guidance on the definition of affected areas for malaria and for the control measures recommended.

2.4. Dengue 2012

EL reported a case of potential dengue outbreak in Greece. Further laboratory investigation on this case excluded the diagnosis of dengue.

PT reported on the outbreak of dengue in Madeira October 2012. As of October 10, there were 18 confirmed cases of dengue, but all blood donors had tested negative. Donors with symptoms of fever were deferred and checked.

The issue of deferral times for cases of dengue on Reunion Island and in the French Caribbean were also raised. ECDC stated that it would prepare a risk assessment and provide guidance.

2.5. Other

MS were asked whether they had any additional information on infectious diseases to report.

ECDC reported on the Usutu virus cases in Germany and the SARS case in UK, as well as recommended measures.

2.6. ECDC Work plan

ECDC presented activities on SoHO, and summarized the outcomes of the meeting on prioritisation of communicable diseases for risk assessment on SoHO (Stockholm 20-21 September).

Six arthropod-borne diseases have already been prioritized (including malaria, dengue and WNV), and prioritisation criteria to identify additional diseases of interest have also been laid down. Further discussion is needed on which elements should be covered by the risk assessments: (1) risk of the disease, (2) probability of transmission through transplantation/transfusion, (3) risk/benefit analysis of disease transmission versus transfusion/transplantion benefits, and (4) potential preventive and corrective measures.

It was recalled that the work plan would need to address communicable diseases not only for the field of blood, but also for the fields of tissues and cells, and organs where knowledge on risks and transmission of communicable diseases is much less developed.

ECDC explained the reasons for ranking dengue as a high priority disease. MS suggested completing the list with hepatitis E, borelliosis, babbesiosis and bioterrorism. ECDC explained that the current list of prioritised diseases is a result of actual threats, and that diseases such as hepatitis E will also be considered for potential inclusion in the priority list.

The Commission asked MS to provide by 15/11 comments or proposals for additional diseases to be considered in the preparation of risk assessments next year.

3. SERIOUS ADVERSE EVENTS AND REACTIONS (SARE) AND ALERTS ON BLOOD

3.1. SARE reporting exercise 2012. Updates to the reporting template

SANCO D4 outlined the changes to the reporting template for SARE 2012, which were introduced in order to reduce ambiguity in the reporting format, and improve data quality. Further changes may be introduced after the next Haemovigilance Working Group meeting. MS can send additional comments on the template to the Commission.

PL commented that the definition of SAE is unclear and suggested that the wording “any untoward occurrence…” be changed to “real threat”. PL also mentioned that it has introduced an educational campaign enabling blood establishments to limit significantly reporting of threats.

3.2. Annual report 2011– updated report

The Commission presented an updated analysis of the SARE report for 2011 and a preliminary analysis for the 2012 report. Some serious data quality concerns had been raised during the March NCA meeting. Many of these have been addressed, but there are still some open issues including the receipt of partial data or no data at all. SARE data collection must be improved to comply with the EU Directives.

Some MS provided clarifications regarding the data they had submitted. UK also enquired whether it was possible to analyse trends based on the data. The Commission explained that this would be part of the overall aim, i.e. provide lessons for the authorities and actors in the field, but indicated that this is not yet possible with the current data quality.

The Commission will present the results of the analysis in the Haemovigilance Working Group in February 2013.

3.3. CIRCABC. Rapid alert systems for blood.

The Commission summarized the set-up and functioning of the CIRCA platform for rapid alerts on blood. MS welcomed the efforts. The Commission also presented the rapid alert system platform that has been developed for tissue and cells alerts. MS expressed an interest in having a similar platform for blood.

The new platform will address a number of weaknesses in the current system: difficulties uploading alerts, a lack of uniformity in the content of messages, and a high dependence on central Commission staff, which may not always be available or reachable.

DE enquired what kind of alert should be reported through the rapid alert system. EBA stressed the need to communicate in the system and asked to be included in the rapid alert system. These issues will also be discussed in the Haemovigilance Working Group.

In conclusion, MS asked the Commission to develop a tool for the rapid exchange of alerts on blood similar to the one for tissues and cells. It was agreed that the Working Group on haemovigilance would be a good forum to discuss the development of the platform. MS were also invited to send comments on this issue to the Commission.

4. REGULATORY MATTERS

4.1. Legal framework

4.1.1. Transposition checks

The Commission presented the current situation regarding the transpositions checks of EU blood legislation. The main open points regard record keeping, traceability, information provided to donors, eligibility of specific subgroups of donors (minors, under guard) and import.

To date there are no issues with transposition in 19 out of 27 MS. Four pilot procedures are pending, although one will probably soon be closed without an ensuing infringement procedure. The remaining three MS were asked to inform the Commission how they aim to align their legislation. If this information is not forthcoming, the first steps of an infringement procedure will be started. In addition, there are three clarifications and one corrigendum.

4.1.2. Status of the EU Blood Directives

Several MS suggested the need for changes in the current EU legislation on some key topics like: the scope of the mother Directive, definitions, inspection issues, and eligibility criteria of blood donors.

Following additional comments were given: UK suggested that common interpretations should be documented and easily accessible on the Commission website, for further reference and to avoid repetitive questioning. UK also suggested the need for a horizon scanning of new technologies. IT suggested that some aspects of the mother directive should be clarified, and control should be harmonised. AT mentioned that when changing the scope of the legislation it would be worthwhile to define non-substantial manipulation and the borderline with pharmaceuticals, and to clarify the definitions of blood and tissues. It was discussed whether the scope of the directive should be adapted and cover any other intended purpose, but transfusion. Traceability, pathogen inactivation systems and import/export were also mentioned.

The Council of Europe indicated that they will reflect to harmonise their guidelines with EU blood directives.

The Commission asked that MS send additional comments by 15/11. The Commission also mentioned that the (mandatory) implementation survey of the EU Directives for blood will be launched begin 2013. The Commission indicated that blood establishments, as well as stakeholders, would be involved in discussions if the potential need for legal changes is further assessed.

4.2. Interpretation questions

4.2.1. Platelet-rich plasma

There was a questions whether preparation and use of platelet rich plasma falls under the blood legislation. It concerns a simple centrifugation of blood collected at bedside of the donor. The platelet rich plasma is then re-injected in the donor. The Commission indicated that, based on consultation with the SANCO legal service, this procedure could fall under the scope blood directive as it applies "to the collection and testing of human blood and blood components, whatever their intended use …" The NCA's however expressed that in practice it would be hard to make this relatively new procedure comply to the provisions of the 2002 blood legislation. The SANCO legal team indicated that this new practice should be considered in future legal changes.

4.2.2. HTLV.

There is an inconsistency regarding HTLV testing between the mother directive and directive 2004/33. The SANCO legal team indicated that testing for HTLV could be considered in a future legal change.

4.2.3. Clinical aspects of blood cell ageing

Sanquin presented the results of studies regarding safety issues following transfusion of blood older than two weeks. According to these studies, concerns regarding blood older than two weeks are not justified. The Commission agreed to keep MS informed regarding issues in this field and if new concerns come up, will decide on the need to obtain more scientific advice on this topic.

4.2.4. Eye drops manufactured from whole blood

FI presented information on a new procedure to manufacture eye drops from whole blood, and raised the issue of whether this falls within the scope of European legislation on blood.

Three MS outlined that they regulate these products as pharmaceuticals (AT, IE, and UK). In the remaining MS, no market authorisation is required.

The Commission indicated that, based on consultation with the SANCO legal service, this procedure could fall under the scope blood directive as it applies "to the collection and testing of human blood and blood components, whatever their intended use …" The NCA's however expressed that in practice it would be hard to make this relatively new procedure comply to the provisions of the 2002 blood legislation. The SANCO legal team indicated that this new practice should be considered in future legal changes.

4.2.5. Orthokine® system

Pasi Peltoniemi (FI) presented information on this treatment, and asked whether it was considered to fall within the scope of European blood legislation. The Orthokine® system produces cytokine and interleukin rich serum from centrifuged autologous whole blood. The hospital laboratories that store the Orthokine® serum fulfil the requirements neither for BEs nor the industrial production of plasma.

BE and CZ do not consider that this product falls under the EU blood directives. The UK stated that they had received an enquiry about the regulatory status of the Orthokine® system in 2007. They had determined that Orthokine® was not a blood component falling within the scope of Directive 2002/98/EC; it was a non-industrially prepared medicinal product that fell outside the scope of Directive 2001/83/EC. AT compared this technique to eye drops manufactured from whole blood, and considered that it did fall under the EU blood directive.

The Commission indicated that, based on consultation with the SANCO legal service, this procedure could fall under the scope blood directive as it applies "to the collection and testing of human blood and blood components, whatever their intended use …". The NCA's however expressed that in practice it would be hard to make this relatively new procedure comply to the provisions of the 2002 blood legislation. The SANCO legal team indicated that this new practice should be considered in future legal changes.

4.2.6. Apheresis connector harmonisation update

EBA gave an update on apheresis connector harmonisation. The lack of harmonisation of connectors (subject to medical device legislation) has resulted in mix-ups, and even deaths, in the past. This issue was also discussed at the 2011 ABO – Eucomed meeting 2011, where an intermediary step (regulatory convergence before ISO Standard) was proposed.

The next steps in apheresis connector safety standardization will be (1) the review and selection of a new connector, (2) a user consultation, (3) the development of ISO standards

for connections, and (4) the elaboration of regulatory requirements for a fourth connection and connection assignments as a global standard. All stakeholders recognize that the dialogue between haemo- and medical device vigilance has to be improved, and that there is a need for improving a coordinated early warning rapid alert system.

4.2.7. Harmonisation of terminology. Plasma master files (PMF) and EU blood Directives.

EMA presented the latest developments in harmonisation of terminology, and gave a summary of the last meeting with blood inspectors. AT, IE, and UK had indicated at the last CA meeting that inconsistencies concerning terminology, in particular concerning (mobile) collection sites and the applicable inspection regimes, might lead to different interpretations, which may in turn result in confusion and potential safety risks.

EBA presented the results of a questionnaire sent to inspectorates, PMF holders and industry associations regarding definitions, inspection intervals and procedures. Suggestions were made for terms including: blood establishment, blood centre, satellite site, and relocation.

The NCAs agreed to establish a group working on nomenclature and inspection intervals involving UK (lead), DE, IE and AT, together with EMA.

5. RISK BEHAVIOURS FOR DONOR DEFERRAL

The CoE presented the current state of play for the draft resolution on sexual risk behaviours. The potential impact on EU blood legislation was also discussed.

While blood safety remains the NCA's primary objective, it was agreed that the CoE secretariat and CDPTS should also recognize concerns regarding the potential risk of discrimination against donors. Further information and more specific data should be collected on risk factors and behaviours, allowing to limit the risk of discrimination and to avoid future discussions on deferring groups like MSM.

MS supported the adoption of the resolution at ministerial level and of an explanatory statement at technical level (CDPTS). The Commission explained plans to prepare an accompanying EU statement.

6. PRESENTATIONS OF PROJECTS AND ACTIVITIES

6.1. Proficiency testing

CoE presented the latest developments of European Directorate for the Quality of Medicines and HealthCare (EDQM) project on the blood proficiency testing scheme (B-PTS), including their visits and audits of blood establishments.

The aim of the proficiency testing scheme studies is to find a method for measuring the performance of laboratories based on inter-laboratory comparisons. The participation in B-PTS studies provides laboratories with an objective mean of assessing and demonstrating the reliability of the data they produce. The program for visits and audits of blood establishments is an assistance program to help laboratories establish and improve their quality management systems. The visits and audits aim to harmonise quality management policies in Europe.

In 2013, a quality management systems audit will be carried out in 8 blood establishments in EU countries with the aim of improving the safety of blood. After these visits the CoE will give some recommendations to blood establishments.

The NCA's present asked CoE to keep them informed of their plans for such audits in establishments within their respective countries.

6.2. Blood transfusion guide - Quality Assurance Systems for transfusion.

CoE presented the latest developments of the project on quality management systems for blood establishments and hospital blood banks. The aim of the project is the elaboration of common European standards. These should become reference standards for blood establishments to develop, implement and maintain their quality management systems.

Articles 1 and 2 of Directive 2005/62/EC respectively require that MS ensure quality systems in all blood establishments comply with EU standards and specifications, and enable the Commission to develop good practice guidelines.

The objective of the collaboration between the Commission and the Council of Europe is the adoption of a commonly agreed document to constitute a basis for the Council of Europe's *Guide to the preparation, use and quality assurance of blood components*, and for the adoption of specific Commission guidelines on quality systems for blood establishments.

SANCO will check whether and how the CoE guide can be endorsed by the Commission. SANCO will also consult their legal service.

6.3. Blood supply management study

EBA presented the latest developments and next steps of the blood supply management (BSM) study of the Council of Europe.

The objectives of the study are to identify factors affecting the balance between blood demand, supply management and donor management. The project also aims to elaborate a novel methodological approach, including (1) analysis to help to identify the gaps between the present and an optimal situation, (2) the identification of research needs, and (3) a draft Council of Europe resolution proposing action policies supported by technical annexes.

In spring 2013, a CoE book on BSM, containing the symposium report, study report and a good practice document is expected. A resolution of the CoE Council of Ministers on BSM is also expected in December 2013.

6.4. Training programme for inspectors of establishments (CATIE)

A member of the CATIE consortium presented the current state of play and next steps of the project. The first face-to-face session took place at the end of August 2012 in Budapest. The Commission encouraged MS to send participants to the training, with the stated aim of training at least 3 inspectors participating per country (population size allowing).

6.5. Overview of the Blood Market

Creativ Ceutical presented the state of play and next steps of the project. NL requested that MS see which documents the report is based on, as some documents may be outdated. The

Commission stressed the importance of updating the report to include 2011 data from MS. Country reports will be sent to MS for their comments.

6.6. Voluntary Non-Remunerated Donations

EBA presented current work on voluntary unpaid donation.

AT remarked that the term remuneration should be used instead of payment. France argued that it is necessary to clarify the definition on voluntary non-remunerated donation.

7. ANY OTHER BUSINESS

In Vitro diagnostic medical devices (IVDs): the Commission agreed to forward the questions of EBA on this subject to DG SANCO's medical devices unit.

CJD: CZ questioned whether different deferral criteria of donors with cornea transplants (related to Creutzfeldt-Jacob disease) should be deleted from Directive 2004/33.

DOMINIK SCHNICHELS