RESPONSES TO OPEN CONSULTATION
on
Draft Technical Requirements for blood and blood components

General Comments

DA **Denmark**	Comments from the Organisation of Transfusion Centres in Denmark (OTCD). OTCD members cover more than 96 % of blood collections in the country. OTCD is a member of EBA. Comments are total in agreement with those of EBA with two additional ones – one for Annex I & one for Annex A.
EL **Greece**	Congratulate Commission on drafts on above issue. The work is highly scientific & very comprehensive. Are glad that the "Guide" of the Council of Europe has been heavily used in drafting of EC Proposal, as this technical appendix to R(95)15 of the Council of Europe continues to be basis for many national guidelines in Europe & this will make things easier for national authorities of EU Member States to adapt to new regulations set by Directive 2002/98/EU. Besides several minor comments on draft annex referring to provisions of article 29 of Directive 2002/98/EC, a general comment has to do with the scope of proposed technical requirements of blood & blood components. Do these technical requirements represent minimal standards for Member States or do they set same requirements for all Member States of EU? Depending on approach for either 'public health' oriented Directive (minimal requirements) or a 'harmonization' Directive (same requirements), various implications at organizational & legal level may arise for Member States as well as different interpretations of articles of Directive 2002/98/EC & amending Directive 2001/83/EC. e.g. if item 3 of Annex I, part B remains as is, foreseeing the use of donor blood or plasma for patients needing transfusion of blood or blood products either in the country where donation is made or in another country, full harmonization of testing parameters & quality specifications between donating country & accepting country is necessary (more stringent protective measures are requested by some countries in comparison with other countries). Pressure from patients' associations & legal action on national authorities & blood establishments should also be considered, as well as complications in future plans for free circulation of blood products in Community, as a result of different specifications concerning quality system for blood establishments. Traceability requirements & Community procedure for notifying serious adverse reactions & events & notification format are welcome.. Established European expertise may be trusted. Other issues that may be developed are quality systems & autologous transfusion. Baden/Vienna Blood Forum in 1998 already identified basic principles of quality management including traceability, audits, measurement, detection of non-conformities & documentation. As regards pre-deposit autologous transfusion, Guide of the Council of Europe mentions selection criteria, preparation, storage & distribution & records, & can be used as a basis for further development.
E **Espana**	Le remito las observaciones y sugerencias realizadas por nuestro Grupo de Expertos en Transfusión (formado por los Dres: Rosario Arrieta, Pedro Madoz, Miguel Angel Vesga, Roberto García de Villaescusa, Francisco Carbonell), en relación a requisitos técnicos propuesto sobre la sangre y sus componentes. Lamento comunicarle que no ha sido posible por la premura de tiempo su traslado al francés o inglés. Como observación general todos los expertos coinciden en la necesidad, en concordancia con el Consejo de Europa, de acompañar a estos requisitos de una "Guía" dirigida a favorecer y no a disuadir el hecho de la donación. En este sentido se adjunta, por si fuera de interés, la Guía "Criterios Básicos para la Selección de Donantes" elaborada por parte de algunos miembros de dicho Comité, y que en el momento actual se encuentra en proceso de publicación, para su posterior difusión en España En caso de cualquier duda, más información o aclaración, le ruego no dude en ponerse en contacto conmigo.

F **France**	Je vous prie de trouver ci-joint les commentaires généraux et les commentaires détaillés de l'Agence française de sécurité sanitaire des produits de santé (Afssaps) relativement aux documents diffusés par la Commission européenne sur son site internet.
L **Luxembourg**	Luxembourg fully supports Comments made by EBA (European Blood Alliance) on Technical Requirements.
NL **Netherlands**	All Draft Technical Requirements & Proposed Changes to Annex 1 / Annex 2. Sanquin, Netherlands fully subscribes to EBA modifications. Justifications given in EBA comments**.**
P **Portugal**	Sending Portuguese position about Annexes & File 2. Translation to Portuguese language of File 1 & 2 isn't totally correct.
S **Sverige**	Annexes & proposed revisions highlight discussion on issue – when are Recommendations optimal & when are Legally Binding Requirements warranted? Importance of Recommendations is that they set quality level that has to be reached, & simultaneously present detailed advice on how good quality can be achieved & maintained. However, they are not necessarily based on indisputable evidence. Instead, they are often decided by a Committee as 'best practice'. It is not mandatory to follow Recommendation strictly, & alternative methods may be used if carefully validated & complying with quality level set up by recommendation. Therefore, Recommendations give flexibility while demanding a high level of quality & safety. Legally binding requirements, especially when applied to transfusion medicine, should be evidence based & indisputable, or given as a framework. Detailed legally binding requirements should be restricted to issues regarding minimum safety of blood product. Issues needing medical assessment, i.e. related to protection of donor's own health & decision upon optimal amount or volume of a blood component should remain as recommendations. These questions are very relevant for current discussions about Legislation in health Care sector in Sweden.
FIN **Suomi /** **Finland**	Finnish Red Cross Blood Transfusion Service (FRC/BTS) acknowledges importance of unique quality & safety standards for blood & products derived from it. Blood directive of European Union adds new aspects to safety & quality of blood & blood components e.g. by requiring common systems for traceability & documentation of all steps in processing of blood. In general, FRC/BTS is of opinion that some technical requirements in the draft are presented in a too detailed form for a legally binding text. They are also already covered by the Guide to the Preparation, Use & Quality Assurance of Blood Components, published by Council of Europe. This guide is updated annually by national experts which is a flexible process when compared to process of updating a Community Directive &/or its annexes. The Guide is followed also by the applicant countries of EU. Article 152 of Amsterdam Treaty on Public Health defines competence of European Community on blood & blood derivatives on setting standards of high quality & safety, meanwhile these measures shall not prevent Member States from maintaining or introducing more stringent protective measures. Furthermore, the article states that the Community shall not affect national provisions on donation. The paragraphs in draft technical requirements which are contrary to this have been pointed out in attached comments. Select Committee of Experts on Quality Assurance in Blood Transfusion Services of Council of Europe (SP-R-GS) & European Blood Alliance have commented on Commission proposal. FRC/BTS comments, which are presented in attached five annexes are largely in accordance with these.
UK **United** **Kingdom** ***UK Joint Professional Advisory Committee***	Detailed comments from UK professional experts are in suggested format in accompanying attachments. UK experts are concerned that there are some serious errors & omissions in these draft proposals. The draft proposal does not take account of Directive 98/79/EC. The storage of blood components, for example, is governed in a large part by Directive 98/79/EC, since such storage requires use of devices approved under provisions of that directive. Specifications in draft proposal are not in conformity with use of such devices as required by Directive 98/79/EC. Certain provisions, such as specifications for quality monitoring, do not reflect current developments in scientific practice of quality control. Omission of several blood components in established use, for example components modified for paediatric use, is very disconcerting, & does not take adequate account of developments in field of blood transfusion in last several years. If draft is not modified to take account of use & development of such products then inevitable consequence will be

	worsening rather than improving blood transfusion services provided for patients. UK experts have constructively addressed these issues, among others in an attempt to ensure that this first series reflects state of the art in terms of quality & safety in collection, testing, processing, storage & distribution of human blood & blood components. UK experts would also like to stress yet again that any Directive detailing technical specifications in rapidly changing environment of blood transfusion will require regular & detailed updating, at least annually.
UK United Kingdom ***UK Forum***	Contents of these annexes are in most cases too detailed & will need to be simplified to allow new developments & knowledge to be incorporated rapidly without recourse to changes in law. Explanations for the changes requested are available but not detailed in this summary.
EMEA	Pleased to provide comments from CPMP & its Biotechnology Working Party (BWP) on Draft Commission Directive establishing a first series of technical requirements for blood & blood components. When it was decided to bring collection & testing of donations used in manufacture of plasma-derived medicinal products within scope of Blood Directive, EMEA highlighted that this could create problems with the use of plasma collected & tested outside of the EU. Great care is needed at this stage to ensure that technical requirements established through this consultation do not result in only EU plasma being acceptable for use in plasma-derived medicinal products, as this would create major supply problems. In our previous correspondence, we indicated that CPMP & BWP would be pleased to nominate experts to join a specialist group developing requirements on donor selection & testing in support of the Blood Directive. If it is still the intention to establish such a group to review requirements, we would again wish to nominate …. One of our other concerns was that there might be a weakening of current requirements for collection establishments & testing sites to comply with Good Manufacturing Practice, & to be inspected & approved by a competent authority of a Member State. According to Article 29 of Directive 2002/98/EC, technical requirements will also have to be established for 'Community standards & specifications relating to a quality system for blood establishments'. We would be pleased to ask the Inspections Working Party to nominate inspectors, who are experienced in inspection of establishments collecting donations used in manufacture of plasma-derived medicinal products, to support you in this task.
WHO	Thanks for inviting comments on Technical Requirements for Blood & Blood Components-Directive 2002/98/EC. In this regard, WHO is an observer-participant in th Council of Europe – Select committee of Experts on Qualify Assurance in Blood Transfusion Services. The committee recently had its meeting on 2-5 Feb 2003 where these technical requirements were extensively reviewed. I represented WHO on this committee & proposed my comments on these draft technical requirements during this meeting. Dr Karl-Friedrich Bopp, Head of Health division, CoE, who coordinated this meeting, will be sending a comprehensive note to the commission on all the amendments proposed in this committee meeting. Therefore, at this stage there are no additional comments to offer on these documents.
WHO Regional Office for Europe	Please find attached some comments related to the draft technical requirements of the Directive 2002/98/EC of the European Parliament & of the Council setting standards of quality & safety for the collection, testing, processing, storage, & distribution of human blood & blood components. Thank you for providing the opportunity of an open consultation process on such an important document.
NO Norway	On behalf of Norwegian Institute of Public Health, the Norwegian Blood Transfusion Council suggests changes to suggested technical requirements in Directive 2002/98/EC described in two attached files.
HU Hungary	In an attached file please find a comment from the Hungarian Blood Service to the draft Commission Directive.
Romania	There are no comments nor modifications to original text of draft requirements (English version)

EBA	The European Blood Alliance (EBA) is delighted to have had opportunity to comment as a stakeholder on the draft Commission Directive establishing a first series of technical requirements for blood & blood safety. A full response was submitted to Commission on 21 March 2003 in the required format. Underlying the EBA comments is a shared belief amongst all of its members that the EC Directive 20002/98/EC, published in OJ on 8 February 2003, has potential to enhance safety & quality of blood supply for European citizens both in existing & future Member States by providing a legally binding framework for specific activities within transfusion medicine. However, EBA members' experience is that technical specifications related to maintenance & improvement of quality & safety of blood supply require regular & detailed updating in response to rapidly evolving blood transfusion environment, to scientific advance & to technical innovation. In this context, EBA members are seriously concerned that the draft Commission Directive presents some technical requirements in too detailed a form for a legally binding text. The EBA has strongly supported the need for consistency between requirements of the EC Directive & expert guidance in Council of Europe's Guide to Preparation, Use & Quality Assurance of Blood Components, which is updated annually by national experts. EBA members recognise that achieving appropriate linkages between legally binding requirements & expert guidance is not without its initial difficulties; but remain fully supportive of need to achieve & to maintain this outcome. In submitting its own detailed comments, EBA has sought consistency with the 9th edition (2003) of the Guide & would wish to respond to updates as they are published. It is arguable that some elements of the Commission draft are contrary to Article 152 of Amsterdam Treaty on Public Health, which defines competence of the European Community on blood & blood derivatives as setting standards of high quality, whilst not preventing Member States from maintaining or introducing more stringent measures. EBA members believe that the need for more regular & frequent updating of detailed technical requirements than is achievable when the detail itself is legally binding & subject to a lengthy change procedure must be recognised. This would result in a framework that is properly founded on appropriate legal requirements but remain responsive to regular &, where necessary, rapid updating. As well as these general concerns, the EBA comments raise a number of specific points on detailed issues, including: provisions that are either inaccurate or already out-of-date; omission of several blood components that are now in established use; non-conformity with provisions of Directive 98/79/EC where they apply (for example, in connection with the storage of blood components). The members of EBA wish to work with the Commission & with other parties interested in the quality & safety of the European blood supply, including Health Ministries of Member States, Council of Europe, European Plasma Fractionation Association, European Haemovigilance Network & Euronet – Transfusion Medicine Societies
EPFA	Comments from EPFA on the Draft Commission Directive 'establishing a first series of technical requirements for blood & blood components". In our comments we concentrated only on issues related to plasma (for fractionation), with the understanding that EBA would submit comments on blood & blood components. In addition to specific comments on the Technical Annexes, there is one general question raised regarding plasma for fractionation: how does the technical requirements apply to plasma collected outside the EU & used to make products in the EU? Further clarification on this issue would be appreciated.
EUCOMED	Please find attached the response form as completed by Eucomed regarding the draft technical requirements for blood & blood components. Additional detailed information is also attached as follows: * Eucomed technical comments * Eucomed comparative tables for Council of Europe 9th Edition & proposal for an EC Directive based on 2002/98/EC. This subject is of high interest to a number of our members &, if possible, we would be delighted to have an interactive discussion of these comments with you. If possible, we would also be most grateful if you could let us know * Who the members of the committee for the comitology procedure are * When they will hold their next meeting * Whether it would be possible for Eucomed &/or its expert members to be invited to participate in these meetings

IFBDO	On behalf of the International Federation of Blood Donor Organizations (IFBDO/FIODS) I enclose our preliminary comments to the draft proposal for Technical Requirements for blood & blood components in the electronic format from your homepage. The IFBDO would, as stakeholder in this Directive, be very happy to receive ongoing information on the development of this new Commission Directive.
SFVTT **(Société Française de vigilance et de thérapeutique transfusionnelle)**	Some quick comments (time was very short) concerning the first technical annexes of the directive. They were made by colleagues in France, members of the executive of the French Society for vigilance and transfusion therapeutics. Quid des banques de sangs rares qui ne peuvent certainement pas tourner sur dix ans.
PPTA	We thank you very much for giving us the opportunity to participate in the consultation phase with DG SANCO on the proposed series of technical requirements for blood & blood components. PPTA, represents 90% of European industry collecting plasma for fractionation by apheresis & herewith provide you with their comments in the requested format (6 files, one for each annex). As a general comment, we would like to emphasise that the proposed annexes could be made clearer & we noticed that some requirements appear to be in contradiction with already well established & harmonised European pharmaceutical legislation & regulation, such as several CPMP documents & monographs of the European Pharmacopoeia. Furthermore, the definitions of blood components are not consistent through the different annexes & the fact that requirements for plasma for fractionation are not listed separately make the annexes unnecessarily complex, as in many circumstances, plasma destined solely for fractionation have to be specifically excluded from requirements listed. PPTA therefore strongly recommends inclusion of a separate & new annex exclusively relevant to plasma for fractionation. Finally we would like to share our 4 major concerns which are included in our response: 1. For regular plasma donors, we propose the introduction of an abbreviated donor questionnaire, as is already being successfully used in some European Member States. 2. A time interval of 2 weeks between 2 donations has been proposed in the draft document. This is not compatible with actual practice in some European countries. Plasma donation is safe & as the body replaces donated plasma usually within 24 to 48 hours if the donor keeps a healthy diet with an adequate amount of fluids & proteins, we believe that an interval of 48h is appropriate (with max. 2 donation within 7 days). 3. No limit of volume of plasma donation has been defined in the proposal. Based on extensive experience in the US & referring to the intermediate result of the SIPLA study, we propose to set a limit at 850 ml of plasma per donation, including anticoagulant. In any event, practices by other competent authorities, for example US FDA, should be accepted. 4. The health and welfare of the donor is an important priority for successful plasma collection programmes. It is important that this Directive recognises accepted donor protection requirements set by other competent authorities. Requirements proposed in the new draft Commission Directive do not currently provide this recognition, but must do so to avoid a serious disruption to the availability of plasma derived medicinal products. We hope that you will find our comments constructive and helpful. We remain at your disposal for further discussions.
Baxter	<u>General considerations about pathogen inactivation (PI) techniques</u>: As mentioned in preambles 2 & 29 of blood directive 2002/98/EC: 1) 'to prevent transmission of infectious diseases, all precautionary measures need to be taken, making appropriate use of <u>scientific progress</u> in detection & **inactivation** of transfusion transmissible pathogenic agents.' 2) 'review process should also take due account of scientific advances in detection, **inactivation** & elimination of pathogens.' In other words pathogen inactivation is contained in the 'spirit' of text & should therefore also be reflected somewhere in 'Technical Annexes'. The Council document on 'Pathogen inactivation of labile blood products' (2001) mentions under heading 'Procedures under development' that some pathogen inactivation techniques are still under development, but document does not mention yet that some of these techniques became available on the European market & received a CE mark recently, which enables their marketing throughout the EU. <u>This is factual information that should not be ignored</u>. As this Council document will not be updated in the very near future, it might be worth considering stating the latest developments in the Technical Annexes to the blood directive. In Article 29 of blood directive are mentioned the 'Technical requirements & their

	adaptation to technical & scientific progress, also regarding quality & safety requirements for blood & blood components.' Therefore, we suggest adding a small paragraph about pathogen inactivation in Annex B to the labelling & **testing requirements**. Although PI techniques can not be considered as a generally accepted requirement yet, it should however be mentioned in the text that: 'PI techniques became available on the market recently, although being it only for the treatment of labile blood components such as donor platelet solutions. It is at the discretion of the national competent authorities to decide if & when PI techniques should be added to the tests that are being carried out on their territory today. These techniques should guarantee an even higher safety level of labile blood component solutions regarding transfusion transmissible pathogenic agents.' The Technical Requirements should reflect "scientific progress" & as the draft Annexes are a compilation of adopted documents of which some (see above) are not updated according to the latest scientific developments, it seems reasonable, to our opinion, that the above-mentioned paragraph (in bold) should be added to the text, at least as a footnote. In directive 2002/98/EC, it is said that nothing prevents Member States to implement more stringent requirements if they deem necessary. Therefore if Member States would like to start using pathogen inactivation on their territory, it would be more than welcome to have at least a definition of pathogen inactivation, pathogen inactivated platelets & pathogen inactivated plasma & blood components. PI should also be mentioned in the labelling section, similar to leucodepleted blood components that are defined & described while leucodepletion is actually not mandated by the directive. This would avoid that Member States that want to implement PI technology are not faced with a non-defined or a non-existing product status. General remarks about Annexes: - A more consistent approach in level of details definition would be better: either everything is spelled out in detail, in that case, a lot is missing, or definitions remain general, in that case, there is too much in some area. - There is also inconsistency between different annexes. For example virus inactivated plasma pops up in the labelling while it was not defined as a product in the other sections (also the case for quarantine plasma & apheresis red cells). - Considering that the list of existing or future practices is not exhaustive, what is going to be the process to update the list? Is the list of blood products exclusive of any other product or can the member state define other products to be used only on their territory? Minimum of 200 X 10E9 per donation: minimal donation should correspond to a minimal therapeutic dose for single donor platelets. Was it considered? Would that number be acceptable as minimal therapeutic dose in all countries? PH: is it 22°C or 37°C measurement? The minimal pH of 6,8 at end of shelf life is not currently enforced in all countries. Also the maximal pH of 7,4 has no scientific justification. ANNEX A Labelling requirements: is it always the case the blood components must be administered through a 170-200µm filter? What is definition of virus inactivated or quarantined plasma? Red cell, apheresis: are not mentioned in product definition, only in labelling, so what can be labelled as red cells from apheresis?
Ortho	Attached you will find our feedback on the proposed technical requirements for Blood & Blood Components. We wish to thank you for this opportunity