

**3 March 2011**

**Reference: DGSanco11002**

**BY E-MAIL**

[antti.maunu@ec.europa.eu](mailto:antti.maunu@ec.europa.eu)

[entr-gmp@ec.europa.eu](mailto:entr-gmp@ec.europa.eu)

[GMP@ema.europa.eu](mailto:GMP@ema.europa.eu)

Mr. A. Maunu  
Acting Head of Health Law and International  
European Commission  
Directorate General for Health and Consumers  
(SANCO)  
B-1049 BRUSSELS

EMEA  
7 Westferry Circus, Canary Wharf  
London E14 4HB  
United Kingdom

**Subject: Commission Directive 2004/98/EC: Deferral criteria HTLV 1 and 2**

Dear Mr. Maunu,

Recently, during an inspection of a plasma center providing plasma for fractionation to PPTA member companies the EU inspector inquired whether the donor questionnaire includes a question about infection with HTLV I/II. The question was based on the provision of Commission Directive 2004/33/EC, Annex III, Section 2.1 Permanent Deferral Criteria for donors of Allogeneic Donations, where HTLV I/II is not exempted when the donation is used exclusively for plasma for fractionation.

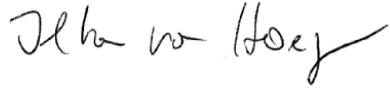
The Human T-lymphotropic virus Type I/II (HTLV-I/II) is a human RNA retrovirus that causes T-cell leukemia and T-cell lymphoma in adults and may also be involved in certain demyelinating diseases, including tropical spastic paraparesis. HTLV I/II infect a wide range of cells, but has been found primarily in CD4+ and CD8+ T-lymphocytes *in vivo*. There are a number of arguments, why HTLV I/II is not relevant for plasma for fractionation. HTLV-I/II-infections are largely restricted to distinct endemic areas and/or subpopulations. The virus is mostly cell associated and can be transmitted through transfusion of infected blood components, while blood plasma is not infectious. Furthermore, an abundance of studies with relevant model retroviruses has shown that the manufacturing process of plasma protein therapies is capable to efficiently inactivate/remove a large amount of retroviruses.

The US FDA Federal Register / Vol. 66, No. 112 / Monday, June 11, 2001 / Rules and Regulations (copy attached) also recognizes that HTLV I/II is not relevant for plasma for fractionation and states on page 31148: *“A deferred donor who tests reactive for anti-HBc or for evidence of infection due to HTLV, types I and II, may serve as a donor of Source Plasma collected for further manufacturing use”*.

In conclusion, we would respectfully like to propose to not require the tests and deferral periods for HTLV I/II when the donation is used exclusively for plasma for fractionation and to indicate this exemption with an asterisk.

We hope that you will find our arguments convincing. We remain at your disposal for further discussion.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Ilka von Hoegen', with a stylized flourish at the end.

Dr. Ilka von Hoegen  
Senior Director, Quality and Safety