



## Partner Organization Report

<b>Partner Organization:</b>	AABB
<b>Committee Name (if applicable):</b>	AABB Interorganizational DHQ– HPC Task Force
<b>ISCT Representative(s):</b>	Phyllis I. Warkentin, MD
<b>Role of ISCT Representative:</b>	Task Force Member, representing ISCT and FACT
<b>Last Committee Report Submitted on:</b>	
<b>Date of Upcoming Board of Directors Meeting for Submission:</b>	June 20, 2018

**1. How often has this committee met during the last 12 months?**

This Task Force met in April 2017, September 2017, and May 2018.

**2. What was accomplished during the meeting(s)? (To answer this question, you may attach conference call reports or meeting minutes.)**

The Interorganizational Task Force originally developed the HPC, Apheresis and Marrow Donor History Questionnaire and the HPC, Cord Blood Donor History Questionnaire as a standardized tool to screen allogeneic donors for communicable disease risk factors in accordance with FDA requirements. In addition to the questionnaires, the Task Force developed supporting documents, including Donor Education Materials, Medication List, User Instructions, and Appendices (References, Flow Charts for interpretation of potential donor answers to the questionnaire, Lists of UK and Europe countries for vCJD risk, Africa countries for HIV, group O risk, and areas of increased Zika Virus risk). The Task Force meets periodically to ensure that the documents continue to be compliant with applicable regulations and voluntary standards.

Version 1.8 of the HPC, Apheresis and Marrow Donor History Questionnaire and the HPC, Cord Blood Donor History Questionnaire were published in May 2018 and effective May 30, 2018 to reflect the updated FDA Guidance: [Donor Screening Recommendations to Reduce the Risk of Transmission of Zika Virus by Human Cells, Tissues, and Cellular and Tissue-Based Products \(May 2018\)](#). The major update is to expand the assessment of donor sexual partners at risk for Zika to include both male and female partners, based on review of newer epidemiological data on the length of time Zika virus remains in tissues and the types of tissue in which it has been identified. In addition, throughout the documents, the terminology “Active Zika Transmission Areas” has been replaced with “Areas of Increased Risk for Zika Virus Transmission” to reflect updated CDC and FDA language regarding screening for travel or residence.

**3. What are the key goals and initiatives for the next 6 months to 1 year?**

The Task Force will continue to monitor updates in FDA Guidance and in approval of new donor screening assays to ensure documents are current. A comprehensive document review is also

planned for the next year.

- 4. Are there any activities within this time period that ISCT should be aware of or take part in? Specifically, are there activities that any ISCT Committees can comment on?**

These documents are intended for posting by all participating organizations. It is recommended ISCT post updated documents on it's website as a resource for the membership.

<http://www.factwebsite.org/Inner.aspx?id=742&terms=donor+history+questionnaire>

- 5. Additional comments or feedback:**