

## Questions for the Committee

### **1. United Kingdom**

- a. Are recent data on rates of vCJD in the UK or the potential risk of transmitting vCJD by human blood or plasma sufficient to warrant a change in current FDA policies regarding deferrals of blood and plasma donors based on a history of travel or residence in the UK? Please comment.
- b. Have recommendations of FDA concerning donor deferral for residence in UK had an adverse effect on the blood supply sufficient to consider a change? Please comment.

### **2. France**

- a. Should the FDA recommend deferral of blood or plasma donations by persons with a history of travel or residence in France for an aggregate period of ten years or more after 1980?
- b. If not, which years and aggregate duration of residence, if any, should be of concern?

### **3. Other BSE countries**

- a. Should the FDA recommend deferral of blood or plasma donations by persons with a history of travel or residence in other countries identified by the USDA as having BSE in cattle for an aggregate period of ten years or more after 1980?
- b. If not, which years and aggregate duration of residence, if any, should be of concern?

### **4. Donors potentially exposed in more than one BSE country**

- a. Should the FDA recommend deferral of blood or plasma donations based on a donor's history of travel or residence in more than one BSE country (as identified by the USDA) for some combined aggregate period of time?
- b. If so, which years and aggregate duration of residence should be of concern?

### **5. US military personnel and dependents potentially exposed to the BSE agent**

Should the FDA recommend deferral of blood or plasma donations based on a donor's history of potential exposure to beef or beef products from the UK while serving in the US military or as a military dependent in continental Europe?