DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Heart, Lung, and
Blood Institute
Bethesda, Maryland 20892

April 2, 2009

Michael P. Busch, M.D., Ph.D., Adjunct Professor
Director, Blood Systems Research Institute
Vice President, Research and Scientific Programs, Blood Systems
Professor of Laboratory Medicine
University of California, San Francisco
270 Masonic Avenue
San Francisco, CA 94118

Dear Dr. Busch:

Enclosed is the Certificate of Confidentiality **NHLBI 09-13,** protecting the identity of research subjects in your project entitled, **"Risk Factors Reported by Blood Donors Who Are Confirmed to Have Donated a Disease-Marker-Positive Unit."** The Certificate expires on December 31, 2010.

The consent form given to research participants must accurately state the intended uses of personally identifiable information (including matters subject to reporting). The consent form must also state the confidentiality protections, including the protection provided by the Certificate of Confidentiality with its limits and exceptions.

If you determine that the research project will not be completed by December 31, 2010, you must submit a written request for an extension of the Certificate three (3) months prior to this expiration date.

If you make any changes to the protocol for this study, you should contact Ms. Donna Jones, Certificate of Confidentiality Coordinator, National Heart, Lung, and Blood Institute (NHLBI). Any request for modification of this Certificate must include the reason(s) for the request, documentation of the most recent Institutional Review Board approval, and the expected date for completion of the research project.

Please advise Ms. Jones of any situation in which the Certificate is employed to resist disclosure of information in legal proceedings. Should attorneys for the project wish to discuss the use of the Certificate, they may contact the National Institutes of Health (NIH), Office of the General Counsel at 301-496-6043.

All correspondence should be sent to Ms. Jones, NIH/NHLBI, Building 31, Room 5A16, 9000 Rockville Pike, Bethesda, Maryland, 20892-2490. The phone number is 301-496-5931 and the fax number is 301-402-0299.

Sincerely,

Donna Jones

Donna Jones
Certificate of Confidentiality Coordinator

CERTIFICATE OF CONFIDENTIALITY

NHLBI 09-13

Issued to

Blood Systems Research Institute

Conducting Research
Known as

"Risk Factors Reported by Blood Donors Who Are Confirmed to Have Donated a Disease-Marker-Positive Unit"

In accordance with the provisions of section 301(d) of the Public Health Service Act 42 U.S.C. 241(d), this Certificate is issued in response to the request of the Principal Investigator (PI), Michael P. Busch, M.D., Ph.D., to protect the privacy of research subjects by withholding their identities from all persons not connected with this research. Dr. Busch is primarily responsible for the conduct of this research.

Under the authority vested in the Secretary of Health and Human Services by section 301(d), all persons who:

1. are enrolled in, employed by, or associated with the **Blood Systems Research Institute**, and its contractors or cooperating agencies; and,

2. have in the course of their employment or association, access to information that would identify individuals who are the subjects of the research pertaining to the project known as **"Risk Factors Reported by Blood Donors Who Are Confirmed to Have Donated a Disease-Marker-Positive Unit,"**

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

Project Aims and Research Methods:

OVERVIEW

Currently, information on risk factors for virus acquisition is not systematically collected in the United States. Donors are counseled individually, and this information becomes part of individual blood donation records. Thus aggregation and analysis of this information does not occur. Yet this information would help safeguard the nation's blood supply by providing blood centers with information to improve the pre-donation screening process.

Risk behaviors may change over time, which is why monitoring epidemiological trends in virus acquisition is vital for understanding which questions to ask donors on the donor history questionnaire and how to phrase those questions in order to obtain the most accurate response.

Moreover, this information would also help to guide donor counseling, as donor counselors would be able to provide more relevant advice to the donor to prevent spread of infection based on the risk factors the donors disclose.

In order to obtain a large, nationally representative sample of self-reported risk factors for donors who test positive or false-positive for human immunodeficiency virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV), and human T-cell lymphotropic virus (HTLV), researchers will administer a risk-factor questionnaire across three major U.S. blood centers: the American Red Cross (ARC), Blood Systems, Inc. (BSI), and the New York Blood Center (NYBC).

These blood centers collectively supply over 60% of the nation's donated blood and blood products.

AIMS

1. To catalog known risk factors for the purpose of understanding how donors became infected with transfusion-transmissible virus. While the likely risk factors for infection acquisition are known, the relative frequency of such risk factors in blood donors from the United States is not well known.

2. To begin to build a basic hemovigilance system with respect to blood donors across several different blood centers using a common instrument.

3. To compare risk behaviors between confirmed-positive and unconfirmed (false positive) donors.

DEMOGRAPHICS AND CONSENT

The verbal consent will always be obtained *after* disease marker notification, but *before* the risk-factor questionnaire is administered. The timing of consent relative to notification will vary depending on how and where notification occurs.

There are three routes of subject contact for this study:

1. In-person interview when a donor returns to the blood center for counseling is expected to be the case for HIV counseling, but donors positive for other viral markers could also seek in-person counseling. False-positive donors may also seek in-person counseling.

2. Donor-initiated telephone contact following receipt of disease marker testing results and counseling materials sent to the donor via standard mail (HCV, HBV, and HTLV notifications only). Donors who are notified by mail, whether confirmed or false positive, are encouraged to call donor counselors to discuss the results and any additional questions the donor may have.

3. Donor counselor initiated phone contact in which the donor counselors contact the donor to follow-up to see if the donor received the notification letter and counseling materials. Donor counselors will attempt to contact donors by telephone call, up to two (2) times by telephone. If researchers are unable to reach a donor after two (2) attempts, the donor will be classified as lost to follow-up.

Donors who are confirmed positive **("virus" (+))** for one of the four (4) viral infections and also donors who test repeat reactive but do not confirm positive based on supplemental/confirmatory testing **("virus" (□) donors)** for the same infections will be interviewed, depending on the study design to be used at each center. The unconfirmed (false positive or **("virus" (□)**) donors will serve as a comparison group to the confirmed positive donors.

Note that researchers have observed the distribution of confirmed-positive blood donors by gender and race/ethnicity, using data obtained from a study focused on molecular surveillance for viral subtypes in which all three blood collection organizations are currently participating.

Unfortunately, however, the viral subtypes study reporting race/ethnicity is not required. Nor are HTLV infections included in this study.

The end result is that researchers cannot provide precise estimates of the distribution by gender or race/ethnicity for these infections. Nonetheless, they expect the demographics in the risk-factor-interview study to be similar to those provided below.

Demographic characteristic	% of HIV+ donors	% of HCV+ donors	% of HBV+ donors
Gender			
Female	22	37	35
Male	78	63	65
Race/Ethnicity			
Not Reported	21	26	24
Asian	2.6	1.1	27
Black	37	13	17
Hispanic	7.7	6.5	4.8
Native American	0.4	0.8	0.4
More than one race	1.4	0.4	0.8
Other	2.3	1.3	4.9
White	28	51	21

The number of participating subjects, for each infection are similarly projected, given an expected participation proportion of 50%. Such estimates reflect approximately half of the combined confirmed-positive donations from all three blood collection organizations per year.

Subject Type	HIV	HCV	HBV	HTLV
Case (True positive)	120	1200	550	200
Control (False positive)	240	2400	1100	400

For those centers that will interview false positive donors (BSI and the ARC), researchers will sample false positive donors in at least a 2:1 ratio compared to confirmed positive donors.

Protection of Subjects' Identities:

Subjects' identities are protected because data collected by donor counselors or physicians will be coded with a data key that is kept separately and securely. Additionally, the electronic data are password-protected. Researchers will not have access to identifying information, such as name, address, or contact information. Furthermore, privacy will be maintained because the researchers who will analyze the data will not have access to any donor who has tested confirmed positive or false positive for one of the aforementioned infections.

Reason for Requesting a Certificate of Confidentiality:

Researchers are requesting a Certificate of Confidentiality to legally certify the permanent classified nature of the donors' responses to the questionnaire. The risk factor questionnaire inquires about illegal activities, such as but not limited to, injection drug use, and giving and receiving money for sex. Researchers believe donors will be more likely to divulge such information if a Certificate is granted. Moreover, not only will having a Certificate protect the questionnaire's respondents but the guarantee of confidentiality could also ensure more honest and accurate responses from participants, especially related to the more sensitive questions.

This research is underway and is expected to end on December 31, 2010.

As provided in section 301(d) of the Public Health Service Act 42 U.S.C. 241(d):

> "Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals."

This Certificate does not protect you from being compelled to make disclosures that: (1) have been consented to in writing by the research subject or the subject's legally authorized representative; (2) are required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), or regulations issued under that Act; or (3) have been requested from a research project funded by the National Institutes of Health or Department of Health and Human Services (DHHS) by authorized representatives of those agencies for the purpose of audit or program review.

This Certificate does not represent an endorsement of the research project by the DHHS. This Certificate is in effect and will expire on December 31, 2010. The protection afforded by this Certificate of Confidentiality is permanent with respect to any individual who participates as a research subject (i.e., about whom the investigator maintains personally identifiable information) during any time the Certificate is in effect.

Date: 4/2/09

Elizabeth G. Nabel, M.D.
Director, NHLBI