

Conclusions

As more health care systems attain the sophistication of treating chronic plasma protein deficiencies to the levels supported by clinical evidence, the supply of plasma needed for fractionation will continue to grow. For this to occur in a balanced and optimal fashion, dedicated collection of plasma at its source is necessary. A diversification of plasma collection to include more countries contributing to the global supply is important. The salutary example of the United Kingdom, which lost its plasma supply after the emergence of a new blood borne infectious agent, demonstrates the need to ensure continued access to plasma and the importance of removing barriers to such access.

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