Microbiological Safety of Blood and Tissues for Transplantation
vCJD Subgroup

Tuesday 8 April at 2pm
Room 136B, Skipton House, Elephant and Castle

Chairman's Briefing – 1pm rm 629B

Expected at the briefing:
Vicki King, Linda Lazarus, Sara Johnston, Charles Lister, Pip Edwards, John Stephenson

Welcome and Chairman's introduction

1. Welcome members to the meeting. Professor James Ironside (National CJD Surveillance Unit) has accepted an invitation to join the group but unfortunately is unable to attend today. [Clinical issues that arise can be referred to Prof Ironside as actions]

2. Inform members that a very useful set of presentations from the Canadian Consensus Conference is being tabled, with apologies for the bulkiness, and recommend that members take them away to read.

Apologies for absence

3. Dr Philip Mortimer (HPA) is unable to attend and Dr Jonathan Clewley is deputising.

Minutes of the last meeting

4. Ask Members if they have any comments and if they are content to approve the minutes as an accurate record of the meeting.

   - Can NBS provide an answer to the query at para 31? [From Pat Hewitt's Canadian presentation, I think the answer is Oct 2001.]

   - [NB Dr Turner kindly sent an amendment to para 10 that has been implemented – that it is mRNA expression of EDRF that decreases, not protein and mRNA as originally minuted.]

Matters arising

5. Actions from the 1st meeting (listed on page 10 of the minutes) appear under matters arising – if little discussion envisaged – or as agenda items – where discussion is likely. The remaining actions either required no feedback (9 and 10) or can be dealt with by short oral reports.

   Action 1(1): Declaration of interest forms. **[Sara to request outstanding forms]**

   Action 2(1): Update on DH "Seminar on the Ethical and Social issues Surrounding a Diagnostic Test for CJD"
   [Check at briefing meeting with Rowena/Pip whether **Mary Holt** has any progress to report to the group e.g. provisional date]

Action 3(1): Legal position on disclosure by MDA to DH of IVD registration of a vCJD blood test (MDA/MHRA)
Ask **Jill Dhell** to update. [MDA/MHRA has only just finalised instructions to Counsel. It may be some time before we have a definitive position on this subject.]

Actions 4 -8: To be discussed later.

Actions 9 and 10 (R&D): Check with John Stephenson at briefing meeting whether he wishes to say anything here.

Actions 11-14: To be discussed later.

Other matters arising on the agenda

6. **Item 4.3: Kit Evaluation Group (NBS) [8/4/03 – 1]**
   Action 8: Dr Eglin has supplied a short paper/overview. Are there any questions e.g. what role is envisaged for the KEG in evaluating vCJD kits? Will they actually carry out the evaluations or just assess the results?

7. **Item 4.4: Risk Assessment: rationale for full containment Level 3 facilities (NBS)**
   Action 13: Nothing received from NBS in relation to this action. Ask Dr Eglin if he has anything to table/give verbal feedback.

MAIN AGENDA ITEMS

8. **Item 5: Blood screening for vCJD: implications of test results (NBS/EOR)**
   Ask Dr Eglin and Dr Bennett to present this paper [8/4/03 – 2]. [N.B. Conference presentation from Dr Vamvakas includes step-by-step guide to specificity, sensitivity and predictive values with various scenarios based on 1 million donations. Need to scale up by 2.5 for number of donations in England]

9. **Aim** (with reference to Table 1 scenarios): to agree what are acceptable parameters for a potential screening test in terms of: (i) quantity of blood/number of donors we can afford to discard/defer (and related issue of how many donors we could cope with informing that they may be harbouring vCJD); (ii) the latest estimate/most reliable estimate of prevalence (or prevalence range).

10. **Item 6: Mechanism for amendment to Annex II List A of the IVD Directive (MDA/MHRA)**
    Action 7: The purpose of this action is to ensure that the subgroup has formally considered the criteria for including a marker on Annex II List A. At the first meeting (as minuted at para 17), the subgp supported the inclusion of vCJD on List A without considering the criteria set out in Article 14 of the Directive.

    Ask Jill Dhell to take the subgroup through the requirements for consideration and criteria (listed in paper [8/4/03 – 3]).

    Aim: To ensure we have robust justification for seeking to include vCJD on Annex IIA by documenting the ways in which a device for vCJD screening would meet the criteria in Article 14. [This should lead to an action for the Secretariat to get this decision endorsed by MSBT.]

11. **Item 7: Draft case for amending Annex II List A of the IVD Directive: risks and barriers (MDA/MHRA)**
Invite Jill Dhell to take us through her paper [8/4/03 – 4] and open up discussion.

Ask Charles/NBS whether the potential risk identified "confidence in blood imported from within the EU which had already been screened for vCJD and was not further tested for this in the UK" is likely to arise (expectation is that UK will lead the way).

What about the converse situation of products (e.g. albumin, clotting factors Ig) derived from plasma from unscreened European donors (and licensed for use in Europe) being used in the UK after the introduction of screening for donors in UK?

Are there are other issues that need to be covered when putting the case to Minister e.g. any perceived disadvantages to following this route (to amend Annex IIA) – so as to give a balanced view?

Action: MHRA to incorporate key points from today's discussion into a draft submission. **[DN: need to involve devolved administrations to ensure MHRA is acting for whole of UK]**

12. **Item 8: Contract for the supply of test kits and associated equipment for the detection of vCJD: Draft Technical Specification (NBS) [8/4/03 – 5]**
This paper was prepared by NBS in fulfilment of action 5 from the previous meeting. Ask Dr Eglin to speak.

Questions:
Are the other UK Blood Services content with this document? [Possible action: UK Blood Services to agree the draft technical specification so that it can be included as an annex to ministerial submission?]

Would this constitute a customer specification (as envisaged in Jill Dhell's document) that could provide an interim solution until vCJD can be added to Annex IIA? How would this relate to a CTS?

Drafting note on pg 5, at para 3.1 relates back to the question of desirable test parameters discussed at agenda item 5. Does the reference to a repeat reactive rate of 0.1% infer that a second (confirmatory) test is essential before any screening test can be introduced?

13. **Item 9: Matching specimens/sources with likely/promising assay platforms (NBS) [8/4/03 - 6]**
These two tables have been prepared by Roger Eglin in response to Action 12. Not sure if other blood services have had any input. It's not quite what I expected, which was an exploration of possible sources of material for the test assessment panel. Surely it would be better to address the question of what sample will be collected routinely from donors when the blood service is in a position to introduce screening and the format of the test is known.

It might be helpful to go through the specimens and sources table thinking about collecting an assessment panel and which of the obstacles in the comments column are likely to apply (plus others e.g. acceptability to donors, storage temperature for panel, space required). What are the implications of GMP for creating a panel?

Matrix of test parameters: sample source line has been left blank. Do we need to go through identifying which fractions of blood would be suitable starting material for each test platform?

Aim: To identify a means of collecting a test assessment panel with minimum disruption to donor services and maximising use of 'natural' wastage (to overcome need to replace diverted donations). Consider time needed to collect sufficient number of samples.

14. **Item 10: Scenarios for evaluation of a vCJD blood 'screening' test (NBS) [8/4/03 - 7]**
Look at the scenarios and ask Dr Eglin to highlight the key points that need to be addressed in contingency plan.

15. **Agenda item 11 Feedback from Canadian consensus conference on vCJD screening of blood donors [8/4/03 – 8]**
Ask Dr Edwards to provide additional feedback from the conference. Ask other members if they have anything to report back from their colleagues.

16. Item 12: Next steps

Aim: To build from this paper into a holistic contingency plan identifying the steps that can be put in train with immediate effect on approval of project costs (e.g. seeking MREC approval, drafting information for donors, sourcing control materials (animal and human materials)) and longer-terms plans that retain flexibility to respond to changing needs.

Action: produce a draft/outline contingency plan for discussion at the next meeting.

Agenda item 13 Any other business

Agenda item 14 Date of next meeting

The next meeting will be on 16 May 2003 at 10.30am-1.30pm in 125A Skipton House