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"CJD Incidents Panel-highly transfused-letter to CMO 15.10.08"

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Created by:	**Mark Noterman/CQEG/DOH/GB** on **29/10/2008** at **10:19**

Laura Kennedy/OIS/DOH, <- By default all readers can see document.

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Mark Noterman/CQEG/DOH/GB
29/10/2008 10:19

To David Harper/HPIHSD/DOH/GB@GRO-C
cc Liz Woodeson, Ailsa Wight, Peter Bennett/SAT/DOH/GB@GRO-C, Ben Cole, Mike De Silva/HPIHSD/DOH/GB@GRO-C, Beatrix Sneller/OIS/DOH@GRO-C
bcc
Subject CJD Incidents Panel-highly transfused-letter to CMO 15.10.08

Professor Harper

1. I attach a draft reply, approved by Liz Woodeson, to latest letter to CMO from David Pryer (Word docs below), Chairman of the CJD Incidents Panel, about the highly transfused, which Dr Sneller asked that you have input into :


Highly transfused draft letter 29 Oct 08.doc


DP to CMO highly transfused 6 151008.doc

Copies of earlier correspondence are attached at the end of this email for ease of reference and to give a coherent picture.

This is complicated, but in brief summary, the Incidents Panel/TSEWG have had lengthy deliberations about how to implement CMO's response of 23 April to their initial recommendations. You will wish to note the key points in the current letter are that :

- whilst in June they were uncertain about prospectively notifying the very highly transfused (over 800 donor exposures), they have now advised this is done; and

- whilst in June they were of the opinion that screening at neuro/ophthalmic surgery for those with 80 or more exposures for public health purposes should be taken forward, they are suggesting in the latest letter that moves to a slower track and

priority given to the very highly transfused.

On the first point on the very highly transfused, CMO's letter of 23 April accepted this in principle and requested that the group consider the practicalities of doing so (recommendation 3), so the draft reply **confirms** that we are content with this.
On the second point, the draft reply recommends, in line with the clear steer given in CMO's letter of 23 April (recommendation 1), that they do **not** delay implementation of screening at surgery and move ahead with that now, to complete by spring 2009.

2. In relation to the point, raised by CMO in Dr Sneller's note below, about the respective roles of CJDIP/TSEWG and SaBTO, I can see the scope for confusion but they are not both looking at this currently.

- The Incidents Panel, jointly with the ACDP TSE Working Group (TSEWG), have the specific task assigned by the CMO of developing a strategy to identify and notify highly transfused patients, in line with their remit of identifying and supporting the NHS in managing patients who may be' at risk' of vCJD as a result of possible exposure through surgery or blood component/product transfusion. Highly transfused patients were identified as being 'at risk' following a risk assessment carried out by the DH analytical team, this risk assessment was reviewed by the Incidents Panel, TSEWG, MSBTO and Graham Medley (though not by SEAC as a group). It suggested that those who had received blood from more than 80 donors of blood had a greater than 2% risk of developing vCJD. At CMO's request the Panel and TSEWG have worked together to find practical ways of taking public health risk reduction measures and informing those at highest risk forward, as David Pryer's current letter and that of 17 March explain. This has been a challenging task, as you know and as David acknowledges for various operational reasons, and I attach a draft response for CMO to David's latest letter below.

- SaBTO's role is to advise DH on the safety of blood and components/products, as opposed to providing operational advice to the NHS on the public health risks of onward transmission from certain individual or groups of patients. In line with that role it was appropriate that their predecessor committee MSBTO considered the original risk assessment, and they will also need to be appraised of the Panel/TSEWG's advice. Hester Ward of the NCJDSU has common membership of SaBTO and the Incidents Panel, and although SaBTO has not considered this issue to date, our intention is that SaBTO will be updated of the agreed actions, being implemented by the Incidents Panel and TSE Working Group, when they next meet in January 2009.

I hope this is helpful. Happy to discuss.

David Pryer's letter of 17 March 2008 to CMO

 - DP to CMO highly transfused 4 170308.doc  - highly transfused recommendations-final.doc

CMO's letter of 23 April 2008 to David Pryer

192 follow on 2.pdf

David Pryer's letter of 11 June 2008 to CMO

- DP to CMO highly transfused 5 110608.doc

Kind regards

Mark Noterman
CJD & Branch Co-ordination
Infectious Diseases and Blood Policy
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ext GRO-C
mark.noterman@ GRO-C

----- Forwarded by Elizabeth Woodeson/CQEG/DOH/GB on 15/10/2008 17:36 -----

Beatrix Sneller/OIS/DOH
15/10/2008 16:50

To David Harper/HPIHSD/DOH/GB@GRO-C Elizabeth Woodeson/CQEG/DOH/GB@GRO-C
cc Mike De Silva/HPIHSD/DOH/GB@GRO-C
Subject Fw: CJD Incidents Panel-highly transfused-letter to CMO 15.10.08

David & Liz,

CMO asked me to flag this letter from the CJD Incidents panel to your attention. I have also asked the correspondence secretary to commission a PO response from Mark Noterman copying you both in, which the CMO would appreciate if you could both have input into.

He also would like me to raise his concern with you that both SaBTO and the CJD Incident panel seem to be considering the same issue as two separate groups. See the two emails below, the CJD incidents panel letter in the first and the SaBTO submission in the second.

Kind regards,

Beatrix
Assistant Private Secretary to the
Chief Medical Officer
Department of Health
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t: GRO-C
e-mail: beatrix.sneller@ GRO-C

----- Forwarded by Beatrix Sneller/OIS/DOH on 15/10/2008 16:25 -----

"Helen Janecek"
<Helen.Janecek@GRO-C or
GRO-C

15/10/2008 13:17

To Beatrix Sneller/OIS/DOH@GRO-C
cc <cmo@GRO-C, "Tony Jewell"
<sharon.davies@GRO-C "Michael McBride"
<michael.mcbride@GRO-C "Don Jeffries"
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<Charlie.Mirrielees@GRO-C >, "Nicky Connor"
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Subject CJD Incidents Panel-highly transfused-letter to CMO 15.10.08

<<DP to CMO highly transfused 6 151008.doc>>

Dear Beatrix

Please find attached letter to CMO: I should be grateful if you would acknowledge receipt, please.

Best wishes

Helen

Ms Helen Janecek
Senior Administrator, CJD Incidents Panel and UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses
61 Colindale Avenue, London NW9 5EQ
Tel: GRO-C
Fax: 020 8200 7868

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Dear Griff

Please find attached a submission regarding the forthcoming SaBTO Public Meeting, which is taking place on 21 October. Happy to provide further details if required.

Best regards

Mike

Submission to MS(PH) - SaBTO Public Meeting.doc

Dr Michael Rogers
Secretary to the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)

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