22 May 2001

Mr Charles Lister
Health Services Directorate
Room 416
Department of Health
Wellington House
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Dear Charles

Thank you for copying me in on the vCJD and Blood Products Interim Guidance – I am happy with the final version that you produced and e-mailed to me on 18 May.

However, I would like to flag up my concerns about the direction the vCJD Incident Panel is going with regard to patients who routinely receive high doses of blood products. For example, if you take the haemophiliacs as a group, it will be necessary to identify gradations of exposure, i.e. what does 'high doses of blood products' actually mean? This could range from weekly prophylactic doses of Factor 8 in severely affected haemophiliacs, to the occasional treatment, maybe once a year, etc, etc, and as you pointed out, maybe some haemophiliacs who might have been exposed originally but are now on recombinant, or have been on recombinant all of their lives.

If you then turn to all patients who are severely immuno-suppressed being exposed to high doses of blood products, this is going to require patient categorisation. Simple, if it just means congenital immuno-deficiency because they will have been exposed all their lives, regularly, to high doses of IV IGG – but it could include bone marrow patients and, in particular, liver transplant patients who receive large volumes of albumin. Then there are a variety of patients who are exposed to large volumes of albumin during therapeutic plasma exchange procedures, two examples of which are myasthenia gravis and acute inflammatory nephritis. In other words, it is going to be a difficult task to determine gradations of exposure, as well as definition of groups exposed.

Hope this is helpful for your future discussions.

Yours sincerely

GRO-C

Dr E Angela E Robinson
Medical Director

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