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"Fw: vCJD Risk Assessment Notiiccation to Patients"

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Ailsa Wight/PH6/DOH/GB
09/06/2009 15:40

To Mark Noterman/CQEG/DOH/GB GRO-C
cc
bcc
Subject Fw: vCJD Risk Assessment Notiiccation to Patients

Our discussion earlier refers, and my email yesterday.
Suggest very short note tomorrow to Comms, CMO, David etc, just giving brief summary of CJDIP final advice and current actions, including analytical team paper publication (unless Peter had already briefed on that, but I don't think I've seen anything?)
Thanks

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----- Forwarded by Ailsa Wight/PH6/DOH/GB on 09/06/2009 15:36 -----

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09/06/2009 15:04

To "UKHCDO Membership" <Lynne.Dewhurst GRO-C "UK Haemophilia Centre Directors" <Lynne.Dewhurst GRO-C
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Subject vCJD Risk Assessment Notiiccation to Patients

EMAIL FROM DR CHARLES HAY, CHAIRMAN UKHCDO

Dear Colleagues,

In February, you were notified of a patient with haemophilia who was found to have vCJD prion protein demonstrated by western blotting in his spleen at autopsy. He had died in his seventies from an unrelated cause and there was no other clinical or histological evidence of vCJD.

This case has now been fully investigated and a probability assessment has been conducted to assess the most likely route of transmission. The Department of Health will publish this risk assessment on Tuesday as part of a written answer to an enquiry raised by Lord Archer following the report of the Archer Enquiry. We expect the Haemophilia Society and possibly the press to pick up on this.

I attach two letters from myself and HPA describing this risk assessment more fully. The first letter is for doctors. I also attached a copy of the risk assessment.

The second letter is intended for those patients who have been treated with pooled blood products manufactured from plasma of UK origin during the period of risk. I should be grateful if you could send a copy of this letter to all patients currently considered at public health risk for VCJD as soon as reasonably possible and file a copy in the patient's notes.

You will note that the risk assessment concludes that the vCJD was probably contracted from factor VIII concentrate but that it was probably contracted from one of the batches NOT known to contain a donation from a donor known to have developed vCJD (non-implicated batch), even though the patient was known to have been treated with two implicated batches, one containing a donation taken from a patient only 6 months before the donor developed clinical signs of vCJD.

This surprising conclusion is based on an analysis that admits that the relative risk from implicated and non-implicated batches is unknown but which assumes that there is a calculable risk from both. Since far more batches of non-implicated than implicated batches were administered to this patient, they conclude that the risk MAY be greater from the non-implicated than from the implicated batches.

Although this does not change the public health advice offered to these patients, this assessment is bound to be alarming for patients who had only received non-implicated batches during the period of

risk and who may have derived some degree of relative reassurance from the fact that they had not been treated with any implicated material.

The only way we may be able to clarify these issues is by careful follow-up of our at-risk patients and I would ask that you complete the notification of all patients who have received implicated batches.

With best wishes,

Charles Hay
Chairman UKHCDO
