BLOOD TRANSFUSION, CLOTTING FACTOR CONCENTRATES AND VARIANT CREUTZFELD-JACOB DISEASE (vCJD)

DRAFT

Chronological Summary of Events

1996

1996, 21 MARCH

- Parliamentary statement by Secretary of State for Health (Stephen Dorrell) announcing 10 cases of vCJD, probably due to consumption of BSE infected foodstuffs.

1996, 9 APRIL

- A special meeting of the UK Blood Transfusion Services/NIBSC/PHLS was held with Dr James Ironside of the CJD Surveillance Unit to consider the implications of vCJD for the UK transfusion services. SNBTS was represented by J D Cash, E Follett, B Dow, J Gillon, P L Yap, M Bruce and P R Foster.

EXTRACT FORM THE MINUTE OF THE MEETING

4. It was agreed that it is essential to ensure that accurate information is obtained to identify whether identified CJD patients have ever donated blood, and that this would require information to be provided to Transfusion Services to enable interrogation of donor databases.

Action: Dr Angela Robinson to raise this issue at MSBT.

5. It was agreed that there is a need to consider what action should be taken when a new case of CJD is identified in a current, or lapsed, donor, and that the feasibility of introducing a form of lookback to assist in identifying the transmissibility of this agent by blood needs to be assessed. The group recognised that the transmission characteristics of the classical and variant forms might differ. It was felt important that information should be accumulated on both forms of the disease.

Action: This will require careful consideration, involving relevant experts, to enable recommendations to be developed for submission to MSBT.

6. It was agreed that there was a requirement to investigate systematically whether reported cases of CJD have received transfusions of blood or blood products. This may require the initiation of carefully structured case control studies.

Action: An active collaboration with the CJD surveillance unit will need to be developed.

1996, 16 APRIL

- Update to SNBTS Board by J D Cash.

1996, 26 APRIL – 1997, 19 NOVEMBER

- **Seven Meetings of PFC Steering Group on CJD (minutes available).**

1996, 10 OCTOBER

- Submission to Lothian Research Ethics Committee by Bob Will to conduct "A retrospective study to examine any possible link between CJD and Blood Transfusion". Within this submission it was proposed that recipients of potentially affected products should NOT be notified.

1997

1997, 6 JANUARY

- Reply from Lothian Research Ethics Committee approving the study and also explicitly approving the approach to recipient notification.

1997, 19 NOVEMBER EXTRACT FROM THE MINUTES OF THE PFC STEERING GROUP ON CJD

2. Opinion from the MCA is now that identification of a donor suffering from nvCJD should result in a product recall. PFC has not yet been formally notified of this although in effect the practice has now been established in the UK by the BPL recall. There is no change in the policy as regards classical CJD. **A recall would not be followed up by notification to any patients who had already received product from the recalled batches.**

1998

1998, 6 FEBRUARY

- Letter from Dr Graham Winyard, Director Health Services to NHS Trust Medical Directors. Records Department of Health's view on what patients who have received nvCJD-implicated blood components or products should be told. The advice which the Department has received from ethics experts and other advisory bodies is that there is no need to inform patients.

1998, 23 FEBRUARY

- **First Meeting of SNBTS CJD Steering Group**

3.1 The CJD Surveillance Unit, under the directorship of Dr Bob Will, had been asked by the Department of Health in London to notify new cases of vCJD to SNBTS. However Dr Will intended that this would be only be done with the consent of relatives and SNBTS would only be informed of those cases who had resident history in Scotland.

The chairman pointed out his concern about the issue of consent, while appreciating Dr Will's position as a clinician, and also his preference to receive notification of all UK cases. Notification of new cases was required so that SNBTS could fulfil it (sic) statutory requirement to quarantine and recall plasma products which contained a donation from a proven, or recently strongly suspected cases of vCJD.

1998, 25 FEBRUARY

- European Agency for the Evaluation of Medicinal Products (CPMP) recommends that batches of plasma derivatives be withdrawn if a donor is suspected or confirmed as having vCJD.

1998, 31 MARCH

- **Second Meeting of SNBTS CJD Steering Group**

5. <u>CJD Surveillance</u>

IMF reported that both donor and patient links of the surveillance study are operating. So far three patients have been identified – none of whom are locatable on SNBTS donor files. One patient had received a transfusion in 1997.

1998, 2 JUNE - EXTRACT FROM MINUTES OF MSC

8.1 OUTCOME OF 05 MAY MEETING (NBA / SNBTS / CJD SU)

8.1.1 MSC discussed D 57/98 and the following emerged:

(i) If SNBTS becomes aware that a donor is deferred for CJD risk criteria, CJD SU can be approached to establish whether that person is under investigation.

(ii) CJD SU will notify SNBTS (UKBTS) of any cases of classic CJD where the individual donated blood within the previous year.

(iii) Re nvCJD, CJD SU will now notify relatives that UKBTS have been informed (ie no longer required to seek consent).

(iv) MB will translate the NBA policy regarding recipients of 'CJD' components into an SNBTS draft policy. **MB**

1998, 1 SEPTEMBER - EXTRACT FROM MINUTES OF MSC

7.1 **ITEMS TO BE CARRIED FORWARD**

A number of items will be carried forward to the next MSC - ie:

- nvCJD;
- Dissemination of medical information;
- Professional leadership for SNBTS nursing staff.

1998, 13 OCTOBER - EXTRACT FROM MINUTES OF MSC

98.6 4 **vCJD**

98.6 4.1 IMF indicated the CJD steering group had met recently and agreed to circulate a note of the meeting. **IMF**

98.6 4.2 CVP tabled a paper summarising R&D interactions with NBA.

98.6 4.3 RJP had previously circulated a paper recording the change in the US position regarding CJD which now mirrored that of CPMP. He had also circulated a paper which set out the US position on sale of plasma outwith the US, ie - prohibited when US supplies are low.

98.6 4.4 **SPIKING STUDIES**

4.4.1 Peter Foster's paper predicting the partitioning/effect of fractionation on the CJD agent had been accepted by Transfusion Medicine.

4.4.2 Q1 Biotech studies were progressing satisfactorily. A definitive report was not yet available but results to date broadly supported Peter Foster's predictions.

4.4.3 The European CRAFT Biomedical study had been funded and would commence in January 1999.

4.4.4 An EAMA workshop on vCJD, BSE etc was planned for the New Year. P Foster was involved.

4.4.5 BMcC/IMF to produce a paper for publication, outlining the implications of a test for (v)CJD on the wider transfusion industry - possibly BMJ and should submit a presentation for the forthcoming EAMA meeting (see 4.4.4). **BMcC IMF**

1998, 12 NOVEMBER - EXTRACT FROM MINUTES OF MSC

98.7	7.1	UPDATE

7.1.1 It was noted there have now been 29 cases of vCJD in the UK, - 6 new cases this year.

7.1.2 PFC have been asked to comment to the BSE Inquiry concerning their interaction with MCA on BSE/CJD matters.

98.7	7.2	SPIKING STUDIES

7.2.1 Almost all this work was complete. Of 18 steps, only 2 have not been completed and preliminary results were available for these. QI Biotech are finalising a draft report but the findings appear to confirm the removal of prion agent across the fractionation process. (Albumin best; Defix worst).

7.2.2 MSBT are very interested in the concept of removing prion by fractionation and may have funding to support research. IMF/CVP/RJP to pursue. **IMF/CVP/ RJP**

1999

1999, 18 MARCH - EXTRACT FROM MINUTES OF MSC

99.2 4.9 **POSITION STATEMENT RE CJD**

4.9.1 MSC discussed D27/99 and noted this NBA position statement.

4.9.2 A number of MSC members were unaware that the SNBTS position statement was being revised. MB agreed to ask Elsbeth Girvan to send a copy to MSC members. **MB**

4.9.3 IMF advised he has asked Aileen Keel to request that the UK Deputy Chief Medical Officer authorises the notification of all UK vCJD cases to SNBTS (for donor database search purposes).

4.9.4 Regarding the issue of whether vCJD patients (or recipients of blood from patients who subsequently developed vCJD) can be registered on Progesa (to prevent any future donations being used), IMF indicated that the NBA had taken legal advice which indicated that such an approach could be justified on public health grounds but that the BTS has a duty of care to counsel the donor. IMF to seek legal advice on the position in Scotland. **IMF**

1999, 20 APRIL - EXTRACT FROM MINUTES OF MSC

99.3 3.6 **REMOVAL OF ABNORMAL PRION PROTEIN BY PLASMA FRACTIONATION**

3.6.1 PF joined the meeting for this item and presented his data.

3.6.2 PF explained that the primary objectives of this work were:

i) To better understand the risks to which recipients of UK derived plasma products may have been exposed.

ii) To identify process steps which can reduce the quantity of abnormal prion and, potentially, infectivity and to use the resulting data to convince regulatory authorities of its provenance.

3.6.3 PF indicated that he had presented the data in D39/99 to a meeting of CPMP in January 1999. Significantly, CPMP reviewed, and decided not to change, their position with reflect to vCJD, ie they have not progressed beyond banning the use of UK derived albumin as an excipient.

3.6.4 It was noted that at a meeting in London on 16 April 1999, the Director of the Lisbon Blood Transfusion Service indicated they now had a case of vCJD in Portugal.

1999, 27 MAY

- Original notification to SNBTS of a donor with vCJD (fax sent to Prof. Franklin at GRI from CJD Unit. This fax was forwarded from GRI to Head Office on 28/05/99).

1999, 31 MAY

- Request to Russell Graham to search Dobbin and Progesa databases and to Phil Yates and Susan Lumley to search local bone donor records. No bone donations found.

- SNBTS donor database search: two donations recorded; 07/11/86 RBC not used/plasma to PFC 25/02/87 RBC to Southers General/plasma to PFC.

1999, 1 JUNE

- Martin Bruce e-mailed Bruce Cuthbertson informing two plasma donations from donor strongly suspected with nvCJD.

- Bruce Cuthbertson e-mailed Martin Bruce recording that the PFC would start the trace immediately.

- Martin Bruce e-mailed Dr Rachel Green detailing the two donations collected in Glasgow region. Request for Dr Rachel Green to contact Dr Anne Morrison, Southern General asking details of recipient of red cell donation collected on 25/02/99.

1999, 2 JUNE - EXTRACT FROM MINUTES OF MSC

99.4 4.3 **PROCEDURE FOR RESPONDING TO INFORMATION PROVIDED BY THE CJD SURVEILLANCE UNIT**

4.3.1 With regard to J Gillon's comments (JG correspondence in D55/99), IMF clarified that the requirement to search SNBTS databases and trace recipients of blood from donors who subsequently develop vCJD was an operational matter, mandated by DoH. The TMER project was a separate scientific study.

4.3.2 Various suggested changes were proposed for QAD 004 d2 (D55/99) and MB agreed to incorporate these in a revised version which would be circulated to MSC and Donor Consultants for comment. **MB**

1999, 7 JUNE

- Letter from Dr Rachel Green to Dr Anne Morrison, Southern General requesting a database check to trace the recipient of 25/02/87 red cells – "policy is to trace potential recipients to identify if they have been blood donors themselves, or if they appear on the vCJD registry. We are not informing those recipients on these matters."

1999, 8 JUNE

- Martin Bruce e-mailed Bruce Cuthbertson informing that he had not identified dates of despatch to PFC.

- Request from Martin Bruce to Dr Sam Rawlinson requesting a search of Dundee tissue donor database.

1999, 10 JUNE

- Dr Sam Rawlinson e-mailed Martin Bruce to report nil found in Dundee search.

- Bruce Cuthbertson e-mailed Martin Bruce reporting that PFC had found plasma box records.

1999, 17 JUNE

- Letter from Dr Anne Morrison to Dr Rachel Green indicating that a search of their paper records would be difficult and that they did not have sufficient manpower.

1999, 24 JUNE – EXTRACT FROM MINUTES OF THE ANNUAL MEETING OF THE SCOTLAND AND NI HAEMOPHILIA DIRECTORS, SNBTS DIRECTORS AND SEHD

4.3 Update on SNBTS Product Range

Dr Perry tabled his report and spoke briefly on it. The exchange of products manufactured from UK plasma with those manufactured from non-UK derived plasma had taken place. All UK derived products had been recovered and destroyed in line with the recommendations from the Committee on Safety of Medicines (CSM).

Dr Ludlam asked why, if an actual risk had been perceived, the Haemophilia Directors had not been informed. Dr Perry emphasised that there were no data on which to base whether there was an actual or theoretical risk and SNBTS were only doing everything in their power to act responsibly and following the advice of the CSM.

1999, 16 JULY

- Dr Rachel Green e-mailed Martin Bruce to enquire whether SNBTS had the resource to wade through Southern General records.

1999, 26 AUGUST - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2. vCJD – MEL TRANSMISSION

MEL would be issued within the next few days.

1999, 22 OCTOBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

11. Deferral of donors implicated with vCJD

Mr Palmer reported that policy officials and lawyers at DH(E) and the NBA had concluded that:

- a UK-wide system to exclude implicated donors by 'flagging' them should be implemented as soon as possible; and

- that the NBA had a duty to tell implicated donors why they were being deferred.

He confirmed that views had been sought from SEHD solicitors. Depending on the advice received, SNBTS would need to prepare to implement as appropriate.

ACTION: SEHD

1999, 11 NOVEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

7. Deferral of donors implicated with vCJD

Dr Keel explained that NBA was aware that NBA was aware of 3 patients who had received donations from patients implicated with vCJD. Previous thinking was not to tell these patients.

Legal advice to DH(E) was that under the current Data Protection Act it would not be wrong to flag up such individuals on a database, which would be shared across the UK Blood Transfusion Services. What happens thereafter was a matter for the clinician involved based on the clinicians 'duty of care'. Dr Keel suggested Dr Franklin should be involved with the NBA in the development of guidance on what these patients should be told.

Miss Teale stated that during an earlier discussion with Mrs Towers, Sol Office, she had been advised that if the patient asked about the flag they would have to be told the truth. In view of the DH(E) legal advice Dr Keel undertook to seek further views on this matter from Mrs Towers.

ACTION: Dr Keel/SNBTS

1999, 18 NOVEMBER - EXTRACT FROM MINUTES OF MSC

99.6 3.13 **PRIMARY IMMUNODEFICIENCY ASSOCIATION**

CVP indicated J Pelly/IMF had met with PIA some time ago and we promised to provide an update on vCJD. This has not yet happened. CVP to draft and would welcome input. **CVP ALL**

1999, 16 DECEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

6. Deferral of donors implicated with vCJD

Dr Keel advised she had sought further advice from Solicitors Office and was awaiting a response.

Dr Keel suggested that Professor Franklin contact the NBA to ensure that SNBTS were involved in the development of guidance on what patients should be told.

ACTION: SEHD/SNBTS

2000

2000, 13 JANUARY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

6. Deferral of donors implicated with vCJD

Dr Keel explained that the current policy was that individuals should be flagged on the databases but should not be told why they have been deferred on the basis that there was no diagnostic test for vCJD, and no treatment available. She reported that DH(E) was drafting a protocol for dealing with donors and that she had had sight of and commented on a draft letter which had been prepared for issue to the NBA. A revised draft had now been received together with the legal advice given to DH(E) and she was concerned that they issue the letter quickly. She stressed the need for Scotland to prepare guidance on what patients should be told and explained that she was awaiting advice from Solicitors Office on the definition in Scotland of the clinician's 'duty of care'. Dr Keel advised that a joint WG charged

with looking at vCJD issues and chaired by Don Jeffries would meet on 25 January. It was not clear whether the situation might change.

Professor Franklin advised that SNBTS were due to meet within the next couple of weeks to discuss this issue and that there was a strong professional view that donors should be told why they have been deferred.

ACTION: SNBTS/SEHD

2000, 20 JANUARY - EXTRACT FROM MINUTES OF MSC

7.1.3 POL 98 031.01: CJD Deferrals and Notifications

i) IMF advised that discussions were ongoing at a senior level (UKBTS and DoH) regarding action to be taken when a person who is or may become a donor has been transfused with blood components from a donor who goes on to develop vCJD.

ii) Meantime, the measures set out in POL 98 031.01 will be implemented. MB to add 'do not call the person to donate'. **MB**

iii) A SEAC subgroup, chaired by Dr Don Jeffries, is developing an information pack for such individuals.

iv) Further discussion will take place at the UKBTS Chief Executive/NMD meeting in Edinburgh on 26 January 2000.

v) MB to produce an SOP to cover implementation of POL 98 031.01. **MB**

2000, 17 FEBRUARY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

7. Deferral of donors implicated with vCJD – EC proposals

Ms Dora explained that she was seeking further information from DH(E) on the EC proposal to conduct a travel survey to push a feasibility study on deferral of donors who had visited or lived in the UK during the BSE epidemic. Ian Franklin advised that he would be attending a meeting in Luxembourg on 18 February where this issue would be discussed. He agreed to provide DR Keel with an update after the meeting.

ACTION: Prof Franklin

2000, 2 MARCH - EXTRACT FROM MINUTES OF MSC

00.2 8.2 **vCJD**

8.2.1 It was noted that a case of 'strongly suspected' vCJD had been identified in France. If confirmed, this would bring the number of French cases to date to 3.

8.2.2 A possible case of what might represent vertical transmission of vCJD has been identified in the UK.

2000, 17 MARCH - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

4. Deferral of donors implicated with vCJD – EC proposals

Prof Franklin reported that there had been a lot of opposition to the EC proposals from experts and calls had been made for the travel survey questionnaire to be simplified.

It was agreed that SNBTS in conjunction with the NBA should dram up a protocol for dealing with deferral of donors implicated with vCJD ad that this should be sent to the Jeffries Committee for consideration.

ACTION: Prof Franklin

2000, 11 APRIL - EXTRACT FROM MINUTES OF MSC

00.3 5.1 **MANAGEMENT OF RECIPIENTS OF BLOOD COMPONENTS, BONE OR TISSUES FROM A DONOR WHO SUBSEQUENTLY DEVELOPS vCJD**

5.1.1 MSC discussed the algorithm produced by MB (D00/34) and a few minor changes were agreed, most notably treating the person as a 'Medical Hold', ie allowing donations to be taken.

5.1.2 MB to make these changes and forward to IMF. IMF will send to AK with a covering letter to include the MSC view that, at present, SNBTS has no mandate to follow up any 'patient who has received components from such recipients'. **MB IMF**

5.1.3 Regarding recipients who are/become donors, IMF asked that MB ensures the algorithm (D00/34) includes a requirement that on receipt of their first donation (ie after notification and placing on Medical Hold), IMF would write to the 'Jeffreys' Committee advising them of the position and asking for their guidance. **MB**

5.1.4 MSC agreed that a full donation from such recipients should be retained as it may be of considerable medical/scientific value. CVP will make enquiries as to whether there might be specific storage requirements and will report back. **CVP**

5.1.5 CVP advised that phase II of the 'Collinge fresh appendix' study may be less stringently anonymised, ie it may be possible to trace named individuals in this study. It was agreed that if notified of individuals who have "positive appendix results" for vCJD, these should be dealt with as per the algorithm for transfusion recipients unless SNBTS is advised otherwise. **MB**

2000, 4 MAY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

4. Deferral of donors implicated with vCJD

Prof Franklin reported that a protocol was being drawn up in consultation with the NBA. It was hoped it would be completed by end May and would then be submitted to the Jeffries Committee for consideration. He agreed to provide a further update at the next meeting.

ACTION: Prof Franklin

2000, 16 MAY - EXTRACT FROM MINUTES OF MSC

00.4 3.1 **MANAGEMENT OF RECIPIENTS OF BLOOD COMPONENTS, BONE OR TISSUE FROM A DONOR WHO SUBSEQUENTLY DEVELOPS vCJD**

1. MSC discussed the revised algorithm produced by MB and the following were agreed:

   i) IMF to agree the actual wording of the Lab Comment and what, if anything, is printed.

   ii) The Lab Comment should, if possible, be accessed only by Medical officers.

   iii) The system must ensure that the donation is not processed nor discarded and is held in "Biohazard Quarantine"..

iv) The algorithm should include a requirement for IMF to contact the 'Jeffrey's Committee' (a sub committee of SEAC) for guidance on the first occasion such a 'recipient' donates.

2. MB agreed to make the relevant changes and advised that, with minor additions such as definition of responsible persons, the final algorithm would become the SOP. **MB**

3. With regard to the anticipated guidance from the Jeffrey's Committee, IMF had concerns that this committee were presently focusing on issues of higher priority. Consequently, he had discussed with A Robinson an alternative means of reaching an agreed position with SEAC. Dr P Hewitt has been asked to prepare a proposal for consideration by SACTTI. Once/if approved, this will be presented to the Joint Executive Liaison Committee (JELC) for consideration. Once approved by JELC this will be submitted to the Jeffrey's Committee to:

- acknowledge that their committee have a remit to advise on this matter;
- advise that whilst awaiting their guidance, the UK Blood Services have developed an interim position;
- advise that in the absence of definitive guidance, the UK Blood Services plan to implement their interim position;
- enquire whether the Jeffrey's Committee consider this course of action, and the UK BTS proposal is acceptable.

00.4 6.2 **OPTIONS FOR OPTIMISING THE SAFETY OF PLASMA COMPONENTS**

6.2.1 MSC discussed the helpful and comprehensive paper produced by CVP (D00/49) and agreed/noted the following points.

6.2.2 That efforts should be made to reduce the usage of FFP and cryo through hospital transfusion committees and SNBTS promoting effective use. IMF to discuss with the Clinical Users Group. **IMF**

6.2.3 As there is currently no licensed fibrinogen product in the UK, MCA have advised that efficacy data would be required. M Turner will be bringing forward a paper for the next (13 June) MSC. **MT**

6.2.4 Regarding virus inactivation (VI) of plasma components, MSC acknowledged that this was the internationally accepted standard for plasma products. Whilst it would be difficult to estimate the increased margin of safety that would result from universal VI of plasma components, it was agreed this would be very small. Nevertheless, MSC considered that universal VI of plasma components was worth pursuing, not least because experience of HCV NAT testing was producing evidence that anti-HCV positives were slipping through the screening net.

6.2.5 Regarding the theoretical risk of vCJD and switching to non-UK sources for plasma components, MSC reached the following consensus:

i) The recent study from the Institute of animal Health (injection of plasma from a BSE infected mouse into the brain of other mice caused some to develop BSE) was noted but considered to be a predictable outcome which added no new evidence to the decision making process.

ii) Blood components imported from outwith the UK are likely to be from donors where the epidemiological profile for current mandatory markers is different (higher). This could introduce increased risks from microbiological agents currently screened for in the UK.

iii) The logic for importing plasma components but not platelets or red cell components is highly questionable. Many more patients receive red cells compared with plasma components and most patients receiveing plasma components also receive red cells (patients for whom VIP would be indicated are the obvious exceptions).

iv) If the UK Government take the view that plasma components should be derived from non-UK sources, then strenuous efforts must be made to also reduce the plasma content of platelet and red cell components.

2000, 18 MAY – EXTRACT FROM MINUTES OF THE ANNUAL MEETING OF THE SCOTLAND AND NI HAEMOPHILIA DIRECTORS, SNBTS DIRECTORS AND SEHD

4.3 Update on SNBTS Product Range

Dr Perry tabled his report. He confirmed that plasma for manufacture of plasma products would continue to be sourced from Germany and the USA and SNBTS is in the process of negotiating longer term contracts with the suppliers to ensure continuity of supply. In addition, SNBTS continues to play an active role in development of procedures for prion removal.

2000, 8 JUNE - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

3. Deferral of donors implicated with vCJD - protocol

Prof Franklin reported that he and Angela Robinson had had concerns that the Jeffries Committee was concentrating on surgical instruments and had put some pressure on Pat Hewitt to prepare a protocol to be endorsed as the current professional position. This had however been overtaken by events as Pat Troop had established a Group which would meet for the first time on 16 June. Dr Keel confirmed she had been invited to attend and she agreed to report back.

ACTION: Dr Keel

2000, 13 JUNE - EXTRACT FROM MINUTES OF MSC

00.5 3.1 **MANAGEMENT OF RECIPIENTS OF BLOOD COMPONENTS, BONE OR TISSUE FROM A DONOR WHO SUBSEQUENTLY DEVELOPS vCJD**

3.1.1 MB tabled a Progesa parameter change request with relevant e-mail correspondence (D00/57 for reference). MSC approved this approach.

3.1.2 Regarding advice for such individuals who become (or are) donors, IMF advised that the Deputy CMO for England is convening a group to take this forward.

3.1.3 GG advised that the Tissue Trace software would need to be amended to include the 'TMER' result in the weekly interaction between Tissue Trace and Progesa (high risk donor upgrade). GG to progress. **GG**

2000, 3 JULY

- Martin Bruce e-mailed Dr Bruce Cuthbertson noting that he had no record of the PFC search.

2000, 27 AUGUST

- The CMO announced the establishment of the CJD Incidents Panel.

2000, 19 SEPTEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

3.1 Protocol for deferral of donors implicated with vCJD

Mr Macmillan Douglas agreed to discuss with Prof Franklin and e-mail Ms Dora and Dr Keel updated position.

ACTION: SNBTS

2000, 10 OCTOBER - EXTRACT FROM MINUTES OF MSC

00.6 6.4 **STRATEGY FOR vCJD / BLOOD COMPONENTS AND TISSUES**

This item was taken out of sequence to allow discussion whilst AK was present.

6.4.1 There was general discussion on this item during which MB reminded the MSC that MSBT had previously approved a change in UKBTS practice to provide "safer" components for neonates. BMcC/MB to review the background papers for that change to identify issues that might be of relevance to the vCJD discussion. **BMcC/MB**

6.4.2 It was agreed that a Working Group would be set up (comprising BMcC, CVP, MB, P Foster, GG, RJP) to develop a paper on actions that might be taken to further diminish the theoretical risk of transmitting vCJD with blood components or tissues. **BMcC/CVP/ MB/GG/RJP/ PFoster**

6.4.3 The group to include:

- Donor selection strategies, eg screen for "surrogate markers" (Codon 129 MET homozygosity; 14.3.3 Glyol protein); select donors who have recently moved to UK; identify donors who have had previous transfusions, surgery etc.
- Alternative sources of donor material, eg import clinical plasma, cellular components, bone.
- Alternative patient management strategies, eg use of EPO, iron, TPO.
- Specific patient groups who might benefit/for whom alternative sources might be feasible.
- "Removal/inactivation" strategies feasibility.

6.4.4 Draft paper to be prepared for the 14 November 2000 MSC.

6.4.5 AK strongly supported this initiative and envisaged taking the final SNBTS document to MSBT and thence to SEAC. In any event, AK would be taking forward the bone/vCJD risk reduction issue.

2000, 14 NOVEMBER - EXTRACT FROM MINUTES OF MSC

00.7 6.7 **STRATEGY FOR vCJD/BLOOD COMPONENTS**

6.7.1 MSC reviewed the various submitted papers.

6.7.2 CVP advised that the expected DNV risk assessment into plasma for direct clinical use was not being progressed. DoH were now examining the risks involved and the NBS "SPIC" Group were interacting with DoH in this regard. Document D00/100 would form the basis of the NBS submission.

6.7.3 It was noted that the NBS have analysed the vCJD risk for bone collected in England. GG to obtain a copy of this analysis for circulation to MSC. **GG**

6.7.4 Regarding various international bans on UK visitors/residents, it was noted that Cees van der Poel had estimated that the vCJD risk for Dutch donors who had visited the UK was less than that for members of the Dutch population who had been exposed to imported British beef products.

6.7.5 It was noted that BMcC's group had met and produced D00/97 for discussion. Comments to be submitted to BMcC. WH to draw D Conner's attention to those actions pertaining to the Supply Chain. **WH**

6.7.6 It was agreed that BMcC's group should continue to develop D00/97. GG to input on bone. **BMcC/CVP/ MB/PF/GG**

6.7.7 IMF to arrange a meeting of the "Testing/Pathogen Inactivation" options group. **IMF**

6.7.8 It was agreed that, until agreed otherwise, there should be a standard MSC agenda item on vCJD. P Foster/M Turner to be in attendance. **MB**

6.7.9 IMF/MB/CVP to schedule dates for discussion of such "blood safety" issues. **IMF/MB/CVP**

6.7.10 IMF to consider setting up SNBTS one day seminars on "current" topics such as vCJD. **IMF**

2000, 11 DECEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

3. BSE report/vCJD/Blood Safety

Ms Dora requested the recently issued *Guidance on the Microbiology Safety of Human Organs, Tissues and Cells used in Transplantation* be checked for any mention or action in respect of vCJD.

ACTION: Mrs Falconer

(Note: Table 5 "Clinical conditions affecting eligibility of the donation" and Annexe 2 "Information requirements for assessing donor infection risks" contains advice on the checks which should be made when assessing the suitability of a donor and this includes the risk of transmissable spongiform encephalpopathies.)

2001

2001, JANUARY/FEBRUARY

- SNBTS meetings held (dates unknown) to discuss notification procedures.

2001, 16 JANUARY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.1 BSE report/vCJD/Blood Safety

Mrs Falconer agreed to provide Prof. Franklin with details of the package being offered to those infected with vCJD.

ACTION: Mrs Falconer

2001, 29 JANUARY

- Mrs Falconer e-mailed Angus Macmillan Douglas updating him on some of the actions from the 16/1/01 meeting. vCJD – No formal announcement has yet been made on the care package being offered to those infected with vCJD.

2001, 23 JANUARY - EXTRACT FROM MINUTES OF MSC

01.1 5.3 **STRATEGY FOR vCJD / BLOOD COMPONENTS**

5.3.1 MSBT

1. BMcC reported back on the MSBT meeting of 22 January 2001.

2. MSBT acknowledged that a "National Incident Panel" had been constituted to provide guidance, eg on action to be taken if a patient has been infected with blood from a vCJD donor. IMF advised that this was a subgroup of the Jeffreys Committee (a SEAC subcommittee) and thought that P Hewitt is a member or has advised the group from time to time.

3. Should SNBTS need to contact this group, the route would be through IMF to A Keel.

4. MSBT acknowledged the various papers submitted and concluded that the issues were very complex and required more detail and discussion before advice could

be given to ministers.

5. With regard to plasma importation, the risk assessment and the assumptions on which it was based were broadly acceptable to MSBT. There was a view that provided it was feasible, sustainable and did not introduce any significant new risks then importation of plasma for clinical use was likely to be recommended.

6. NBS were asked to extend their feasibility studies to establish whether suitable, sustainable supplies of plasma could be obtained from voluntary non-remunerated donors. VI treatment of such plasma would be a pre-requisite.

7. Some possible contingencies were discussed, such as collecting and setting aside a stock of UK plasma, but these require to be "worked up".

8. RJP had succeeded in ensuring MSBT understood the potential for decisions on new preventative measures to destabilise the world plasma industry, eg if advice was given that clinical plasma for UK use should not be procured from any European country (eg Germany).

9. MSBT now had a clearer understanding of the impact a "plasma import" decision would have on the provision of platelets and red cells in the UK.

10. Regarding donor exclusion, the NBS team had undertaken a large study which suggested 7-15% of donations may be lost if previously transfused donors were excluded. This study also highlighted the fact that much work would be needed before any such change could be introduced. MSC acknowledged there was a need for SNBTS to start working up detailed planning for implementation (including costs). There was an expectation that this precaution may be ready for implementation in early 2002. **DC/MC**

11. The SNBTS paper submitted by BMcC had given MSBT cause to think about drivers for changing clinical practice. It emerged that preparatory work was on going to establish an "English Blood Safety Committee", chaired by the CMO with key user representation. This committee will also draw on existing NBS structures/resources. It was agreed SNBTS should keep a close interest in this development. **IMF/BMcC**

12. Discussions that took place for blood were also relevant to tissues.

13. MSBT offered no guidance on which countries plasma/cellular components could be procured from.

14. The next MSBT meeting was being brought forward to March/April 2001 and it was anticipated that additional, more detailed information will be available (from UK BTS) for consideration.

15. Re HTLV: SACTTI had submitted a paper to MSBT recommending the introduction of HTLV donor screening. No decision was taken.

5.3.2 SNBTS PROJECT TEAM

CVP advised that the above team met on 19 January 2001. CVP had prepared an action list, summarising the tasks and SNBTS personnel responsible for developing more detailed vCJD contingency planning. This was tabled at the meeting (D01/03 for reference) and MSC agreed to review this and submit comments to CVP to allow a revised document to be presented to the SNBTS Board on 30 January 2001. CVP agreed to add "autologous transfusion" to the list. **ALL** **CVP**

5.3.3 DONOR SELECTION/EXCLUSION CRITERIA

1. Regarding exclusion of donors with a history of transfusion, MT suggested that a history of surgery may serve as a "surrogate" marker of transfusion.

2. SNBTS are presently exploring the possibility/impact of excluding donors with a history of surgery and MT suggested that operations such as appendectomy or tonsillectomy may be of greater significance.

3. There was a discussion on the exclusion of donors with a history of endoscopy, as endoscopes cannot be effectively sterilised and Council of Europe guidelines recommend the exclusion of such donors.

4. It was agreed there was a need to be guided by SEAC on what conditions/operations might be considered of potentially higher risk in the theoretical context of vCJD. It was thought SEAC may also be able to advise on the content of donor selection questions. IMF to prepare a letter and ask A Keel to send this to SEAC. **IMF**

5.3.4 TESTING

1. MT advised there was nothing available or in development that was close to clinical applicability. He did not anticipate such a test for at least two years.

2. MT advised that their research group now have ethics approval to begin testing "assays" with blood from vCJD patients before the end of 2001.

3. IMF suggested that SNBTS should establish a group to consider issues around the implementation of testing and its potential impact on donors. It was agreed this would be added to the "Blood Safety Day" agenda (see 5.3.6).

5.3.5 SCOTTISH EXECUTIVE INVOLVEMENT

Prior to the MSBT meeting, A Keel had met with AMD/IMF/CVP/BMcC/MB and expressed a view that the Scottish Executive would wish to review the outcomes of the MSBT meeting and work with SNBTS in developing/implementing appropriate risk reduction strategies for Scotland.

5.3.6 "BLOOD SAFETY DAY"

This idea had previously been promoted by MSC and it was agreed that IMF/CVP would draft a programme and make some suggestions about the intended audience. Suggested dates were 21-23 March 2001. **IMF/CVP**

5.3.7 "CALENDAR OF EVENTS / CHANGE CONTROL REGISTER"

CVP tabled a document (D01/04 for reference) which set out key dates for HCV NAT testing and leucodepletion. It was agreed this should be developed and controlled. Comments and proposals for inclusion to MB. **ALL**

2001, 30 JANUARY – EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD

4.1(b) <u>BPL Products</u>

RJP reported on recent events surrounding a donor who had died from vCJD and batches of plasma product by BPL. SNBTS had investigated the matter thoroughly and been given an assurance from BPL that SNBTS had not purchased or supplied any of the implicated batches. A letter explaining SNBTS's position had been sent to the Haemophilia Directors. Agreed to discuss matter with SE.

AMD

Noted that a meeting of the Coagulation Factor Working Party would be held to discuss a co-ordinated response to, for example, the 1980's case in Scotland.

In light of recent events surrounding vCJD, it was agreed that SNBTS's archiving policy should be reviewed and recommendations made to the Management Board.

2001, 13 FEBRUARY

- Draft SNBTS Policy 97 111 0008 04 "Release or recall of PFC products derived from a donor with a possible CJD association".

- **EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING**

2.4 Implications for SNBTS of BPL incident involving products manufactured from donor later found to have CJD

Dr Perry confirmed that SNBTS had been assured that it did not receive any of the implicated batches from BPL. It was acknowledged however that consideration needed to be given to what SNBTS would do if a similar incident was experienced in Scotland and what advice should be given to clinicians. Dr Keel and Dr Perry were due to meet soon with the Haemophilia Centre Directors to discuss this issue.

Professor Franklin agreed to check on the revision of the donor information leaflets.

(Note: DH(E) interim guidance was circulated for comment. It was agreed to wait for a more detailed framework from the CJD Incident Panel before issuing similar guidance in Scotland. The interim guidance amended where necessary would be available for issue quickly in the event that Scotland experienced a similar incident.)

2001, 22 FEBRUARY

- Letter from Prof. Franklin to Dr Bob Perry requesting detail by the end of February 2002 of plasma products manufactured from the 2 CJD associated donations.

2001, 26 FEBRUARY

- Report prepared by Dr Bruce Cuthbertson. Lists the PFC products manufactured from the two donations from a donor with a subsequent possible diagnosis of nvCJD.

- Prof Franklin e-mailed Bruce Dr Cuthbertson acknowledging receipt of Dr Bruce Cuthbertson's report. Records that he had notified Dr Keel and Morris McClelland. He planned to speak to Chris Ludlam as soon as Angus Macmillan Douglas and SEHD had seen Dr Bruce Cuthbertson's report. Asked that this be discussed at the SNBTS Management Board on 27th February.

2001, 27 FEBRUARY

- Prof. Franklin e-mailed Dr Bob Perry, Dr Bruce Cuthbertson and Martin Bruce. Proposes informing Chris Ludlam and new NI Haemophilia Director later that week of PFC products associated with CJD donations.

2001, 1 MARCH

- Notification to MCA.

2001, 2 MARCH

- Verbal response received from MCA that no further action required by them, other than to notify NIBTS and ask if any product sent to Eire. Briefing note summarising sequence of events sent by Bruce Cuthbertson on 2/3/01.

- Meeting held between BC/MB/RJP/IF to discuss further action.

- Letter from Prof. Franklin to Dr A Keel informing her of the fate of donations from vCJD donor. Also informed her of forthcoming meeting with the Haemophilia Directors. Notes potential difficulties in tracing the fate of donations issued to hospitals but contends that an attempt should be made.

- RJP sent letter to Aileen Keel.

2001, 6 MARCH - EXTRACT FROM MINUTES OF MSC

01.2 5.2 **STRATEGY FOR vCJD / BLOOD COMPONENTS**

5.2.1 CVP/MB had met with K Reid/B Cuthbertson on 21 March 2001, to discuss clinical plasma imports.

5.2.2 CVP advised that the programme for the "Blood Safety Day" (23 March 2001) was being issued. The objective was to promote better communication and have an open discussion on current thinking/options.

5.2.3 There was a series of meetings scheduled for 27 March 2001 to obtain an update on progress with developing the additional information required for the April MSBT meeting.

5.2.4 MB agreed to explore the possibilities for importing red cells/platelets (for neonates/exchange/IUT). **MB**

5.2.5 SR (TF/RG) to progress the Technical Information Leaflet (to back up the PIL on transfusion). **SR**

- Bruce Cuthbertson sent e-mail to Morris McClelland, NIBTS advising of details of batches supplied from implicated donor.

2001, 8 MARCH

- RJP sent out e-mail summarising his discussions with Clive Dash at BPL.

2001, 12 MARCH – EXTRACT FROM MINUTES OF THE CFWP

4. vCJD Notification Strategy

The strategy to be adopted should a donor be identified with vCJD was discussed.

Patients identified with vCJD by the CJD Unit are traced to determine if they are donors and whether they have donated. Any implicated plasma pools are then identified, batches of product traced and the MCA notified. The EU Guideline states that any in date product should be recalled and SNBTS has procedures in place to comply with this. However, if the implicated product had expired the current policy is of non-disclosure.

It was felt that there had been a problem with the way BPL had handled the situation as there had been confusion over the number of donors involved and a lack of clarity in the information supplied. The manufacturer's responsibility is to provide clear information to the Trusts who have received implicated product and also to notify all other Trusts. It is then up to them how they wish to notify individual clinicians and patients.

IMF felt the point of this meeting was to make a prospective decision on what to tell and to whom. AK told the meeting that there is, at present, a lack of consensus as to what should be disclosed. This issue is currently under consideration by the Banner Committee (Critical Incidents Panel), a sub-committee

of SEAC, with a view to issuing guidance on how much information should be disclosed at patient level.

The present policy is that, once a diagnosis of vCJD is made by the Unit, only the Medical Director of the Blood Service where the patient is resident is notified. All cases resident in Scotland are notified to SNBTS who can examine the donor database to determine if the patient has given blood. Recipients of the donation are identified and this information goes back to the CJD Unit. If a recipient subsequently presents to donate blood this will be flagged and the donation taken but not used. The donor will be deferred after 3 donations and counselled in line with current SNBTS policy. As matters currently stand, SNBTS has no duty of care to patients who receive an implicated donation but if they return to donate then they have.

CAL asked for clarification of his understanding that, at present, the HDs would not be informed except in the case of a product recall. This was confirmed by IMF and AK. CAL asked if the policy in England was to proactively notify primary customers and, if so, whether Scotland would follow suit. RJP agreed to find out. It was agreed to wait until draft guidance had been prepared and then to meet again to take the matter forward.

2001, 20 MARCH - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.4 SNBTS incidents involving products manufactured from donors later found to have vCJD

Dr Keel advised that the CJD Incident Panel was due to meet on Monday 25 March and to consider generic guidance on action to be taken in response to incidents involving blood and blood products. Prof. Franklin expressed his disappointment in the length of time taken for the Panel to reach a decision and provide advice on this. It was agreed that Mrs Falconer would prepare brief details of the two incidents involving SNBTS products and clear this through Dr Keel before passing to DH(E) for the Incident Panel.

ACTION: Mrs Falconer

(Note: Paper prepared and passed to Dr Keel on 21 March)

2001, 17 APRIL - EXTRACT FROM MINUTES OF MSC

01.3 5.1 **STRATEGY FOR vCJD / BLOOD COMPONENTS**

5.1.1 BMcC summarised the SNBTS submission for the 19 April 2001 MSBT meeting which was tabled. (D01/25 for reference).

5.1.2 Some key comments offered, included:

i) In section 3, SJU queried whether the risk calculations should be based on patients (ie not donations).

ii) Phil Rossi's report for NBS on the procurement of FFP from the USA indicates a potential pack breakage of 10-20%.

iii) Regarding importation of components for neonatal use, on the basis of doing as much as possible, MB proposed that we would continue to procure such components from SNBTS donors. These would then be available to be used as a contingency stock in the event of shortages of imported components.

iv) The importance of promoting and achieving effective/judicious use of components was noted and agreed.

v) MB advised the draft plasma procurement specification has a mean factor VIII level of 0.8 IU/ml. However, it is known that most US centres do not test for factor VIII (they meet the FDA specification of freezing within eight hours) and that it will be difficult to obtain only eight hour plasma. As this may impact on the quality of FFP Methylene Blue Treated, MB recommended we make some trial components (Methylene Blue Treated/Removed FFP and cryo) from US plasma. CVP suggested assaying some "plasma for fractionation" and will progress with PFC/WH. **CVP/WH**

vi) BMcC will circulate details of the RCP Edinburgh Consensus Conference on **BMcC**

"Red Cell Substitutes" once this is to hand.

2001, 4 MAY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.5 CJD incident panel consideration of generic guidance

The absence of any advice from the vCJD incident panel was causing SNBTS concern. Dr Keel explained that the panel had been inundated with requests with more pressing incidents taking priority. Dr McClelland was concerned about the way haemophiliacs had been dealt with but DR Keel advised that the Haemophilia Directors had indicated that they were content with the approach being taken.

(Draft interim guidance had since been received from DH(E) and this had been amended to reflect the Scottish position and issued by Mrs Falconer for comments from SNBTS with a view to including it on the agenda for the Haemophilia Directors meeting on 13 June. However at a meeting of the CJD incident panel on 4 June further revision of the DH(E) document was discussed. It is therefore proposed to await the revised version form the DH(E).)

2001, 11 MAY – EXTRACT FROM MINUTES OF THE CFWP

3. Matters Arising

The new CMO, Dr Armstrong, has agreed to attend and Chair the Annual Meeting on Wednesday 13th June 2001 at 2pm at the SNBTS Protein Fractionation Centre, Edinburgh.

CAL asked if there had been any developments on the vCJD notification strategy. AMD reported that he had checked with AK last Friday and the Banner Committee has not yet completed their consideration of this issue. RJP had ascertained that BPL will notify their primary customers in the event of a further donor being identified with vCJD. It is their intention to notify all customers that product is being recalled but only those customers who have received implicated product will receive details of the batches involved. GDOL wondered whether the procedure would be the same in Scotland and asked for the matter to be included on the agenda for the Annual Meeting.

JA had highlighted at the Haemophilia Directors' meeting earlier that some patients have concerns over Bavarian plasma. AMD informed the meeting that the policy for sourcing plasma had been reviewed following unconfirmed rumours of vCJD in Germany. Based on careful consideration of the balance of risk and the imperative to secure a plasma supply, it had been decided to continue to import plasma from both sources at present, subject to continuing review.

CAL asked RJP whether SNBTS still reserve the right to mix plasma from Germany and the US. RJP confirmed that current policy is not to discriminate between the two sources. The HDs pointed out that it is now the view of some patients that product manufactured from US plasma is safer.

2001, 22 MAY - EXTRACT FROM MINUTES OF MSC

01.4 4.1 **STRATEGY FOR vCJD / BLOOD COMPONENTS**

4.1.1 MSC noted the papers from BMcC (D01/31) and CVP (D01/32).

4.1.2 MMcC advised that last week he had sight of a letter from Pat Troop (MSBT Chair) to Martin Gorham (CE, NBS) and copied to the four Departments of Health, advising them to actively plan for the importation of FFP for adults and neonates.

4.1.3 RJP agreed to contact Charles Lister at DoH for information. **RJP**

4.1.4 Regarding progress with SNBTS (NIBTS) FFP importation, RJP advised we are formally in "exploration mode" with Bavarian/ US suppliers.

4.1.5 Bavaria can meet the SNBTS draft specification. B Cuthbertson has recently returned from a round of US audits and found one centre to be particularly poor and most unable to fully meet the SNBTS draft specification.

4.1.6 RJP to ask B Cuthbertson to produce a summary document, if possible for the 29 May 2001 Board meeting. **RJP**

4.1.7 Fibrinogen Clinical Trial

i) The MCA blockages have now been removed and practical feasibility is the rate limiting factor, ie is causing much deliberation and debate.
ii) MSC agreed that P Clark should develop a clinical trial plan based on acquired deficiency.
iii) PC to develop a proposal/implementation plan for the next MSC (10 July 2001). **PC**

4.1.8 There was some discussion on the need for cryoprecipitate. It was noted that cryo is not used in Holland, Finland or Germany. Cees van der Poel will be attending the next RAG and CVP/IMF will make enquiries. **CVP/IMF**

01.4 7.1 **INTERIM GUIDANCE RE vCJD PATIENTS WHO HAVE HAD IMPLICATED PRODUCTS**

7.1.1 IMF advised that N01/10 was for information only as the letter has not yet been issued.

7.1.2 IMF reminded MSC there had been a Scottish donor who donated once each in 1986 and 1987 who subsequently developed vCJD. IMF to clarify the position with the Scottish Executive prior to meeting with Haemophilia Directors on 13 June 2001. **IMF**

7.1.3 RJP to report to the May 2001 Board on the BPL position with regard to blood donors who contributed plasma to fractionated products. **RJP**

2001, 13 JUNE – EXTRACT FROM MINUTES OF THE ANNUAL MEETING OF THE SCOTLAND AND NI HAEMOPHILIA DIRECTORS, SNBTS DIRECTORS AND SEHD

5. vCJD NOTIFICATION STRATEGY

Dr Keel informed the meeting that MSBT had met on Monday to discuss draft guidance and an interim guidance note on blood products would be issued in the next few weeks. This will run in parallel with the Critical Incidents Panel who are developing substantive guidance across the whole range of implications which will include a section on blood and blood products.

At the last meeting of the CFWP the recommendation had been not to notify patients but this has now changed and is reflected in the interim guidance. Professor Lowe asked if the Scottish Haemophilia Directors (HDs) could have copies. Dr Keel indicated that this had already been agreed shared with UKHCDO but agreed to allow them to see the guidance before it was circulated. Dr Armstrong asked for a co-ordinated response from the HDs.

2001, 15 JUNE - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

3.1 MSBT

Dr Perry also advised that the Critical Incident Panel had presented a draft paper to MSBT covering a range of vCJD risks including categorisation of patients who had received blood implicated with vCJD, with recommendations on the level of follow up action to be taken in each of the categories. Dr Keel indicated that Haemophilia Directors were keen to comment on the paper and that she would ask to see the next draft before circulating the document.

ACTION: Dr Keel

2001, 26 JUNE – EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD

1.4 Coagulation Factor Working Party 13 Jun 01

SNBTS is urging the Government for policy direction on notification of recipients of donations from donors subsequently diagnosed with vCJD. This is a UK issue.

AMD/IMF

2001, 10 JULY - EXTRACT FROM MINUTES OF MSC

01.5 4.1 **STRATEGY FOR vCJD / BLOOD COMPONENTS**

4.1.1 IMF advised that SNBTS had submitted a paper to the Scottish Executive on Friday 06 July 2001 that set out the SNBTS position on plasma (FFP) import, anti-HTLV screening and HIV NAT testing. An informal response suggested that the minister would be asked to approve FFP importation fairly soon.

4.1.2 CVP advised that on 06 July 2001, the USFDA announced further vCJD precautionary donor deferral criteria that are likely to impact on the availability of plasma from USA.

4.1.3 NBS (Michelle Ashford) had suggested to MB that there was an opportunity for SNBTS/NBS collaboration regarding the creation of a UK, MBT treatment facility by Grifols. **RJP**

4.1.4 CVP/MB had met with AMD and the PFC Management team (08 July 2001) to discuss plasma import. At this meeting, P Foster agreed to develop risk analysis documents for importation of plasma and cellular components.

4.1.5 MB advised that he now had responses from a number of countries concerning the **potential** supply of cellular components. Most significant to date were:

- the response from the German Red Cross who indicated they could meet all of our needs neonatal components and platelet components
- the response from the Dutch (Sanquin) which indicated they could provide 150,000 red cell donations within 1 year.

MB agreed to compile a report for the 15 August 2001 "Board" Blood Safety Day. **MB**

4.1.6 IMF will ask AMD to invite MM^{C}C to the "Board" day on 15 August 2001. CVP to check with PF that his risk assessment documents will be available for the 15th August 2001 meeting. **IMF** **CVP**

2001, 13 JULY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.6 vCJD

Bob Stock reported that there was no date yet for issuing any interim guidance on follow up action for patients who had received blood implicated with vCJD. This was an unsatisfactory position, and Bob Stock agreed that SEHD should write to Charles Lister. IMF suggested that the draft paper, which had been presented to MSBT, could be circulated in the interim.

ACTIONS: Bob Stock

2001, 31 JULY – EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD

4.1 CFWP

AMD reported that SNBTS had made clear to the Deputy CMO its concerns regarding the delay in reporting by the Banner Committee.

2001, 21 AUGUST - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.3 Critical Incident Panel: generic guidance and interim guidance on blood products

Dr Keel indicated that a decision had been taken not to issue interim guidance. She advised that the generic guidance was being finalised for ministerial approval before issue for consultation. Haemophilia Directors had been informed.

Dr Keel highlighted that the issue of patient confidentiality in Scotland was still under consideration. Legislation in England would allow the recording of patient details on databases without their consent but this was not the case in Scotland.

(Note: Extracts on blood from the draft framework document were passed to SNBTS for comment on 5 September for reply by 12 September.)

2001, 11 SEPTEMBER - EXTRACT FROM MINUTES OF MSC

01.6	4.1	**STRATEGY FOR vCJD/BLOOD COMPONENTS**	
01.6	4.1.2	Noted that SNBTS had submitted a paper to the Scottish Executive detailing SNBTS's position on plasma (FFP) imports. An updated draft paper on EUB had also been submitted by SNBTS. The Scottish Executive had suggested a number of key areas in the EUB paper, which required further clarification.	
01.6	4.1.3	CVP updated the MSC on discussions in the NBS vCJD Intelligence R&D Group: i NBS had appointed Helen Lee? to head blood safety. ii Work progressing on vCJD test. Looking for funding from DoH. iii Discussions on donor policy for vCJD positives.	
01.6	4.1.4	CVP to provide MC with a membership list for the NBS Donor Group.	**CVP**
01.6	4.1.5	CVP advised that three new posts had been created in the Economics & Operational Research Division (EOR) of the DoH. Remit to include action on EUB. Unclear as to who these individuals would report to.	
01.6	4.1.6	MB advised that he had received a number of further responses concerning the potential supply of cellular components. Need decision on what, if any, further action should be taken by SNBTS. MSC agreed to take to SNBTS's Management Board.	**MB**
01.6	4.1.7	MSC noted that in light of the draft guidance prepared by the CJD Incidents Panel, which discusses among other things, when to inform people about possible CJD exposure through medical interventions, a special edition of the television programme 'Panorama' was planned. This programme was likely to be screened in 10/01.	

2001, 19 SEPTEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

2.2 Critical Incident Panel: generic guidance

Mrs Falconer confirmed that the comments received from SNBTS on the extracts from the pre consultation document had been relayed to Dr Donaghy on 14 September for onward transmission to DH(E).

Mr Stock confirmed that John Hutton had agreed that the document should be issued for consultation.

2001, 10 OCTOBER

- CJD Incidents Panel issued consultation document 'Management of possible exposure to CJD through medical procedures'.

2001, 30 OCTOBER – EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD

5.1 vCJD Precautionary Measures

Noted that the CJD Incidents Panel had issued a consultation paper "Management of possible exposure to CJD through medical procedures". The Panel's proposals addressed such matters as informing people who had potentially been exposed, and how to deal with the surgical instruments thay may have been used. A recent issue of the ABC Newsletter provided a useful summary on this, and a copy would be circulated.

Responses to the Panel's proposals had to be submitted to the DoH by 15/1/02. Agreed that IMF should co-ordinate SNBTS's response.

IMF

2001, 1 NOVEMBER

- RJP e-mailed SNBTS Management Board advising that he had spoken to Charles Lister (DoH) and had been advised that SNBTS should report incident to CJD Incidents Panel.

2001, 2 NOVEMBER

- E-mail correspondence on advisability of reporting to incidents panel, culminating with conclusion by Ian Franklin that they should be notified subject to ratification by SEHD (Dr Keel) at following week's meeting.

2001, 22 NOVEMBER

- Professor Ian Franklin wrote to Prof C L Ludlam, Chairman of the Coagulation Factor Working Party, confirming that there were two episodes of plasma production batches which included a donation from a person subsequently diagnosed as having strongly suspected vCJD.

2001, 27 NOVEMBER – EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD

5.1.3 CJD Incidents Panel

Members were reminded that IMF would be co-ordinating SNBTS's response tot he CJD Incidents Panel consultation paper and that any comments should be submitted to IMF.

Noted that IMF had written to Chris Ludlam, Chairman of the Coagulation factor Working Party, notifying him regarding episodes of SNBTS plasma production batches which included a donation from a person subsequently diagnosed as having strongly suspected vCJD. IMF would wait until the final guidance was published by the Banner Committee before making available the specific batch numbers of product involved.

Regarding the issue of batch notification by he English BTS, BMcC would discuss SNBTS's policy with IMF.

BMcC/IMF

??????????

- Incidents Panel notified via Scottish Executive. Date not in Bruce Cuthbertson's file.

2002

2002, 28 JANUARY - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

1.1.4 CJD Incidents Panel Consultation Paper

Ian Franklin confirmed he had responded and had copied his letter to Dr Keel.

2002, 7 FEBRUARY – EXTRACT FROM MINUTES OF THE CFWP

4.2 The CJD Incidents Panel document was discussed and it was agreed that it should be considered a consultative document at this stage. It was generally felt that it was ill thought out in terms of helping people who may have been exposed to all types of CJD and did not give clear guidance for reporting incidents. IMF had tried to report the incidents associated with SNBTS donors using their system and it had not proved satisfactory. This information had therefore been given to AK for communication directly to the Department of Health.

RJP reported that the categorisation of risk was based on the original assessment which did not take into consideration any clearance of prions in the manufacturing procedure which is the one area where there is scientific data. An updated assessment has been compiled by DNV which is to be subject to peer review including MSBT and SEAC. A small expert group is to consider how the risk associated with plasma products should be amended to account for the results from clearance studies and the risk category may change in the light of this. The risk category is critical in determining the action to be taken and it is possible that many plasma products may fall into the low risk category.

Now the CJD Incidents Panel document has been released for consultation, IMF has notified them and the HDs of the 2 donations affecting batches of factor VIII, DEFIX, IVG and albumin manufactured during 1986 and 1987. The batch numbers had not been included in his letter but IMF agreed to write formally to each HD providing this information. The HDs agreed that they would circulate a letter with some urgency to patients notifying them of the situation. HDs to send comments on the draft letter to GDOL by 15th February 2002.

The HDs agreed that this letter should be sent to all patients treated with factor VIII and IX concentrates between 1st January 1987 and 31st December 1989. HDs to construct lists of patients treated in this window from their own records and from the UKHCDO database. GDOL would draft an additional letter to be sent to all other patients. These letters to be ready around 18th February 2002 with the aim of sending them out at the end of the month. Each HD would write to Dr Frank Hill to seek information from the UK database. CAL would write and notify Dr Hill to expect these letters.

The HDs and SNBTS would prepare press responses for release in answer to any media coverage and for providing information for Trusts. The Haemophilia Society would be notified just before the letters are sent out. An SOP for dealing with any future events to be drafted and discussed together with any feedback received from this situation at the Annual Meeting.

2002, 27 FEBRUARY

- Received letter from CJD Incidents Panel requesting data on one of the batches of FVIII. (Responded to on 7 March 2002).

2002, 7 MARCH

- Responded to CJD Incidents Panel request of 27/2/02 for FVIII data.

2002, 12 MARCH - EXTRACT FROM MINUTES OF MSC

0.2	4.3	**CJD INCIDENT PANEL**	
0.2	4.3.1	With reference to the SNBTS donor who donated in the 1980s and subsequently developed vCJD, RJP advised he had been attempting to follow the vCJD Incidents Panel procedure and was faced with a number of difficulties.	
0.2	4.3.2	As required, RJP had notified Haemophilia Directors of the batch numbers of implicated products and one Haemophilia Director had subsequently notified the Incidents Panel who in turn had contacted RJP for further information.	
0.2	4.3.3	RJP considered it almost impossible to trace the end fate of Defix product (when used for Warfarin reversal). Whilst IMIgG and Albumin were considered of low risk, their fate also would be very difficult to trace.	
0.2	4.3.4	RJP's proposed approach was agreed as was his assertion that we needed an SOP for complying with the vCJD Incidents Panel requirements and need to feedback our difficulties to the Incident Panel. BMcC recommended taking advice from CLO on the proposed approach.	**RJP/IMF/GI**
0.2	4.3.5	It was noted that of the two donations made by the donor (5.3.1), one had been sent to the Southern General in Glasgow and, presumably had been transfused. SGH had indicated they did not have the resource to trace the recipient. IMF to report this case to the Incidents Panel.	**IMF**
0.2	4.3.6	GI advised there are two National SOPs governing notification of vCJD cases and these are presently under review by IMF.	**IMF**
0.2	4.3.7	GG advised he had prepared a summary of the Incidents Panel document and agreed to circulate this to MSC for information.	**GG**
0.2	8.2	LINES-TO-TAKE	
0.2	8.2.4	IMF asked that 'virus inactivated platelets' and 'vCJD Incidents Panel notification process' be included in the chart.	**LK**

2002, 24 APRIL - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

1.6.3 Red Cells/platelets

Dr Perry advised that details of the vCJD-implicated products had been given to the CJD incident panel. Dr Keel indicated that she and Pip Edwards (CJD Incident panel) had been trying to persuade Professor Ludlam to hold off writing to patients until the panel considered this information.

2002, 14 JUNE – EXTRACT FROM MINUTES OF THE ANNUAL MEETING OF THE SCOTLAND AND NI HAEMOPHILIA DIRECTORS, SNBTS DIRECTORS AND SEHD

7. vCJD NOTIFICATION STRATEGY

The Incidents Panel is still awaiting further advice from the Committee on Safety of Medicines (CSM), the Spongiform Encephalopathy Advisory Committee (SEAC) and the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT).

Professor Franklin observed that although no decisions have yet been made on notification strategy, everything possible has been done as far as Public Health is concerned.

Professor Ludlam summarised the current situation. All patients in Scotland had been written to following the incident in England and a further letter had been prepared after SNBTS had notified the Haemophilia Directors of incidents involving Scottish products. The Incidents Panel has not issued

any advice to date and so far the letter has not been sent. As an increasing number of people are aware of the incidents and it is only a matter of time before patients ask or it gets into the media. The Haemophilia Directors have prepared a press statement on behalf of the Trusts to be used in this situation as a precaution.

Dr Anderson reported particular problems in Belfast with one patient who had been in receipt of the implicated batches needing haemodialysis within the next six to eight weeks and another who had received the BPL batch requiring tonsillectomy. The advice from the Incidents Panel had not been the same as that given to the ENT surgeons.

Dr Armstrong agreed to raise the issue at the meeting of the Chief Medical Officers and put the questions to the Incidents Panel. He felt that an appropriate panel should be convened in Northern Ireland to discuss the haemodialysis issue. Professor Ludlam would highlight the Haemophilia Directors' concerns in a memo to Dr Armstrong and include copies of the letters for patients. He would also send a copy of the results of the UKCDO surveillance survey on tonsils to Dr Ironside.

2002, 9 JULY

- Received letter from CJD Incidents Panel requesting data on the batch of DEFIX. (Responded to on 11/7/02).

2002, 11 JULY

- Responded to CJD Incidents Panel request of 9/7/02 for DEFIX data.

2002, 26 AUGUST

- Letter from Prof. Franklin to Dr Anne Morrison, Southern General requesting a trace of the recipient of the CJD associated red cell donation.

2002, 28 AUGUST

- Letter from Dr Anne Morrison to Prof. Franklin. Reports that a search had been carried out but unable to find any paperwork relating to the red cell donation.

2002, 26 SEPTEMBER - EXTRACT FROM NOTE OF SNBTS GENERAL ISSUES MEETING

3. Banner Committee

Ian Franklin expressed his concern at the lack of progress and advice produced to date by the Banner Committee. He explained that he had been unable to co-operate with the Epidemiology Review and the identification of the people transfused with blood from a CJD patient because there was no ethical way of providing this information. He had contacted his Defence society and had been advised that the only way he would be required to release this information would be if ordered to do so by the Courts.. Ian Franklin also described a situation whereby four patients (who remained healthy) had donated blood to a person who subsequently died of vCJD. Under current procedures there was no requirement to defer these donors but he felt that on a precautionary principle all four should be deferred.

Aileen Keel suggested that the Committee was still working on the responses received to their consultation. She was of the opinion that in any case recommendations from the Banner Committee would not overrule clinical opinion.

Bob Perry also indicated that he had provided product batch information 4 months ago and to date no advice had been received from the committee.

2002, 29 OCTOBER

- Letter from Dr Keel to Professor Gordon Lowe advising that if Haemophilia Directors feel from a clinical and professional point of view that patients should be told about the SNBTS concentrate

used for treatment between 1987 and 1989, then they should proceed to inform them, with appropriate counselling.

- **EXTRACT FROM MINUTES OF SNBTS MANAGEMENT BOARD**

1.2.4 Banner Committee

IMF had expressed his concern to the Scottish Executive over the lack of progress and advice produced to date by the Banner Committee. The Deputy CMO had suggested that the Committee was still working on the responses received to their consultation. Her opinion was that in any case recommendations from the Banner Committee should not overrule clinical opinion. The Management Board considered the potential consequences for SNBTS and media interest following the proposed notification on 4/11 by Haemophilia Directors to patients who may have received blood or plasma products from donors who were later diagnosed as having vCJD. Following a discussion on how SNBTS should approach this sensitive issue it was agreed to hold a separate meeting during lunch. AMD would report back to the afternoon session of the Management Board.

4.2.1 Banner Committee

The Management Board was reminded that the CJD Incidents Panel (Banner Committee) and the doctors looking after the two patients who received red cell concentrate from a donor who was later diagnosed as having vCJD, were informed in 11/01 (when the Banner Committee published its interim guidance). The decision on whether to inform these patients was viewed by the Management Board as a decision for the attending doctor. They, like the Haemophilia Directors, have been waiting for advice from the Banner Committee on whether patients should be informed, and if so, what they should be told. These two patients would not be eligible to be blood donors. SNBTS would inform SEHD of SNBTS's position.

AMD/IMF

2002, 14 NOVEMBER - EXTRACT FROM MINUTES OF MSC

02.4 7. **TISSUES**

GG reported on the 12th November joint meeting of SACTTI and SAC Tissues:

- The Banner committee was being written to in view of the lack of policy on tissue donations in respect of vCJD. — GG
- On possible screening assays, the option of brain prion assays on cadaver donors was referred to M Turner's CJD subcommittee of SACTTI. — MT
- NBS had informed that the DoH EOR group was addressing the risks associated with bone donations but were not considering other tissues at this time.
- NIBSC had developed a nucleic acid extraction procedure that gave a much reduced rate of false positive tests for HCV NAT tests on cadaveric donations.
- EU are considering reducing the follow up test on tissue donations from 6 months to 6 days. SACTTI to debate this.
- There was also discussion on the practice of storing tested and untreated samples in one Vivostat. MSC affirmed that segregated storage was the preferred route and if this was not done destruction of the entire Vivostat contents in the event of a test positive was the logical outcome. NBS assessing the protective value of double over-wrapping, but this would seem to depart from current standards of practice.

2002, 14 NOVEMBER - EXTRACT FROM DRAFT NOTE OF SNBTS GENERAL ISSUES MEETING

1.2.5 Blood donor later diagnosed as having vCJD/Haemophilia Directors' letters to patients/Banner Committee

Aileen Keel advised that she had spoken to Chris Ludlam and he had now indicated that the letter would not now issue before week commencing 25 November. She thought perhaps 26 or 27 November. Angus Macmillan Douglas felt it would be immensely helpful to have a joint statement on this.

Aileen Keel agreed to contact Lynne Kidd once she had had a response from Chris Holme in Press Health on how this should be handled. She confirmed that Michael Banner had written to CMO as anticipated indicating that if clinicians felt that patients should be told then the clinicians should inform them. CMO had passed this information to Chris Ludlam.

ACTION: Aileen Keel

(Note: Letters were issued by the HDs on 26 Novemeber. A joint statement has been agreed for use in the event of media enquiries.)

Dr J Anderson
Dr E M Armstrong
Martin Bruce
Bruce Cuthbertson
Clive Dash
Dr Donaghy
Ms Dora – Health Care Policy Division, SEHD
Pip Edwards – CJD Incidents Panel
Mrs Sandra Falconer – Planning & Performance Management Directorate, SEHD
Professor Ian Franklin – National Medical & Scientific Director, SNBTS
Russell Graham
Dr Rachel Green
Pat Hewitt
Dr Frank Hill
Chris Holme – Press Health
John Hutton
Don Jeffries
Dr Aileen Keel – Deputy Chief Medical Officer, ME, SEHD
Lynne Kidd – Head of Public Affairs, SNBTS
Charles Lister
Professor G D O Lowe
Professor Chris A Ludlam
Susan Lumley
Mr Macmillan Douglas – National Director, SNBTS
Dr Anne Morrison
Dr Brian McClelland
Morris McClelland
Mr Michael Palmer – Healthcare Policy Division, SEHD
Dr Bob Perry
Dr Sam Rawlinson
Dr Angela Robinson
Bob Stock – Planning & Performance Management Directorate, SEHD
Miss Thea Teale – Healthcare Policy Division, SEHD
Mrs Towers – Solicitors Office
Pat Troop
Bob Will
Dr Graham Winyard
Dr Phil Yates

BPL
Banner Committee (CJD Incidents Panel)
CFWP - Coagulation Factor Working Party
CSM - Committee on Safety of Medicines
DNV – Det Norske Veritas
Jeffries Committee
LREC - Lothian Research Ethics Committee
MCA
MSBT - Microbiological Safety of Blood and Tissues for Transplantation
MSC – SNBTS Medical and Scientific Committee
SEAC - Spongiform Encephalopathy Advisory Committee
UKCDO