

## **vCJD STATEMENT**

**17 MARCH 2003, 2:30**

Members will recall that on the 18<sup>th</sup> December I drew their attention to a single incident in England where, for the first time anywhere in the world, it appeared that variant CJD might have been transmitted by blood transfusion. At the time, I said that the Advisory Committee on Microbiological Safety of Blood and Tissues (MSBT) had been asked to look comprehensively at whether any further precautionary measures needed to be taken in the light of this incident. That request was made with the proviso that such measures should not have an unmanageable adverse impact on the safety or availability of essential blood supplies.

The dangers of a shortage of blood will be obvious to all, so we expected the Committee's recommendation to take account of the balance of risk involved.

The Committee met on 22 January and discussed a number of

options for further strengthening the protection of the blood supply. On the basis of the evidence available, and taking a precautionary approach, the Committee has now recommended that UK blood services should cease to accept blood donations from people who can confirm that they have definitely received a blood transfusion in the UK since the 1<sup>st</sup> of January 1980 – the date after which it is believed people might first have been exposed to variant CJD via the food chain.

As I indicated on the 18<sup>th</sup> December I asked the Scottish National Blood Transfusion Service at that time to anticipate such a recommendation by preparing as a matter of urgency an implementation plan. That has been done and the plan will now be put into effect on Monday the 5<sup>th</sup> of April – the date recommended by MSBT as being the earliest that allowed blood services to put in hand all the necessary work.

Preparatory to implementing those plans it has been necessary to undertake a considerable amount of work to ensure smooth

and safe introduction, and I will outline the most of important of these to reassure Members that we have been addressing this issue vigorously.

Our primary concern has been to take measures to secure the blood supply – so that operations and essential treatment were not jeopardised by the loss of blood donations from the group of donors who will no longer be able to give blood as a result of adopting the Committee's recommendation.

We expect the new policy will result in the loss of around 4% of current donations, but secondary effects could increase this figure to as high as 10%. To take account of this loss SNBTS will need a large number of extra donors to come forward over the next twelve months– doubling their normal requirement for new donors.

SNBTS has already stepped up their existing donor recruitment campaign. In addition, they have conducted new research into the issues that motivate people to become blood donors and, based on this, will launch a completely new high profile media campaign later this year. SNBTS will be writing to existing

donors unaffected by the new policy asking them to make a special effort at this time – with particular emphasis on the importance of maintaining supplies of 'O' Negative blood that are so important in emergency situations.

Arrangements are in hand to introduce a screening test that will allow an estimated 2500 donors, currently prevented from giving blood because travel abroad to certain countries can involve a risk of contracting malaria, to resume giving blood.

In addition to this essential work, it has been necessary to put in place arrangements to explain the new policy to donors and to other people who might be worried about its implications – including the provision of counselling where this is appropriate.

SNBTS has prepared three new information leaflets specifically for that purpose and has drafted comprehensive briefing for use in call centres where calls from donors will be handled. It has also set in motion the recruitment process for the additional nurses and donor care staff required. In the interim, existing staff will work additional hours to meet the need.

It has been necessary to provide comprehensive training for front line SNBTS staff in both the implementation of the policy and how to inform and support donors who have concerns arising from it.

In outlining this policy and its implications, I should like to emphasise that we are taking this approach on the basis of scientific advice and as a precaution against an uncertain but slight risk. We believe the risk of any individual having been infected with variant CJD as a result of blood transfusion is extremely small. Nevertheless, I realise that individuals may have concerns about how this new policy affects them and may wish to seek advice. Any patient in that situation can contact the dedicated team on the National Helpline number. Also any donor who is deferred under these new arrangements should speak to an SNBTS member of staff at a donor centre or session or alternatively should call SNBTS's own 24 hour donor help line. I would urge people to continue to have a blood transfusion when it is really necessary. Any slight risk associated with receiving blood must be balanced against the

significant risk of not receiving that blood when it is most needed.

As I explained in January, we already have in place a range of precautionary measures to reduce the possible risk of transmitting variant CJD through blood. Since 1999 these have included the leucodepletion of blood intended for transfusion and the importation from the United States and Germany of all plasma used in the manufacture of blood products. More recently – since September 2003 – all the clinical fresh frozen plasma needed for the treatment of newborns, and of children in Scotland who were born after 31 December 1995, the date when exposure to BSE via the food chain ceased, has also been imported from the United States and virally inactivated. This latest measure merely augments those existing measures to provide an even greater degree of safety.

In addition we have a responsibility to both donors and patients to ensure that blood is used as effectively as possible, and that

it is only used in circumstances where it provides essential benefits to the patient that outweigh any adverse effects. To that end the Scottish National Blood Transfusion Service is collaborating with health professionals in NHSScotland to implement the Better Blood Transfusion programme – a key initiative endorsed by the Chief Medical Officers of all 4 UK administrations. Three key areas of transfusion practice are being reviewed – blood ordering and administration; efficient management of blood components; and (crucially) clinical effectiveness and use of the best evidence-based practice in prescribing blood – so that it is only used where there is a real need.

In April 2003 we recruited a full time Programme Director to take this forward in Scotland over the next 3 years. 18 Transfusion Practitioners have also been recruited from various nursing and hospital backgrounds and these are being supported by a designated senior manager in each NHS Board. I believe this to be a very important programme and every effort

will be made to ensure its success.

Obviously, we are very sad to be losing some of our most loyal blood donors and I would personally like to thank them for the commitment to saving lives over the years. It is of course essential that the potential shortfall that arises from this decision is made good and essential blood supplies are maintained. As I have already mentioned the Scottish National Blood Transfusion Service has embarked on a new initiative to recruit additional donors and, based on new research about potential donors, this will be accelerated over the coming months. The effectiveness of this new approach will be kept under close review and if necessary consideration will be given to other approaches such as enhanced blood collection arrangements such as more donor sessions and the use of automated blood collection equipment that allows the equivalent of more than one donation to be taken from each patient without them being exposed to any adverse health effect.



In all of this, I believe it is very important not to lose sight of the key role that blood donations play in providing essential treatment and in saving lives. The statistics around this are very compelling indeed. Approximately 80,000 patients in Scotland receive a blood transfusion every year. At present less than 6% of the Scottish population who could give blood do so. I should therefore like to conclude by emphasising that it has never been more important for people to come forward and regularly donate blood and I urge them to do so.