

Updated position - Richard Gutowski is coming in to see you about the outstanding Patsy Carbon / Lord Morris PAs on Weds.

Restricted - Policy

GRO-C

SofS

From: David Harper

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Copies: see attached list

What is
traceable for
asylum for 30/11

vCJD and Blood Donation: Update on Patient Notification

Issue

1. This note updates you on the current position with notification of the patients who received potentially contaminated blood and plasma derivatives, and is for information only.

Background

2. The Ministerial statement on 17 December 2003 referred to 15 people in England and Wales who received donations of blood from donors who subsequently developed vCJD, and made it clear that all would be told and have the opportunity to discuss their case with expert counsellors. The Health Protection Agency (HPA), with the National Blood Service were asked to follow up notification of these individuals as quickly as possible. There were a further two recipients of blood in Scotland.
3. In addition, Ministers noted that there were many patients, including haemophiliacs, who had received lower risk plasma products. The CJD Incidents Panel would advise, on a case by case basis, which of these patients should be contacted, as more information became available.
4. The committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT) was also asked to advise on any further precautionary actions necessary to protect the blood supply. The committee met today and will report to the CMO shortly. The Spongiform Encephalopathy Advisory Committee (SEAC) will be considering any wider implications of the new information at its meeting on 25 February 2004. The recent report of BSE in a cow in the US, and any implications for the sourcing of plasma, was also discussed by the MSBT, and will be on the agenda for the SEAC meeting.

Current Position

5. One of the 15 recipients of blood in England and Wales is known to be dead; the death was not associated with a neurological disease. All of the others have now been contacted, the last of them earlier this week. We are aware that one patient has complained about the manner in which the local GP broke the news, and the lack of support that was available. One of the two recipients in Scotland has been notified to date.

6. Since the statement, we have become aware of an additional donor who subsequently developed vCJD: four recipients in England have so far been identified, of which one is thought to be living. Arrangements will be put in place to contact them as for the other recipients.
7. In relation to the larger number of plasma derivative recipients, the HPA is working on behalf of the CJD Incidents Panel to carry out the risk assessments on a case by case basis. As a result of the highly precautionary approach taken by the Panel, the contactable group may well include all the haemophilia patients regularly treated with plasma-derived clotting factors. This is an issue of which the Haemophilia Society was well aware, even before the December 2003 blood transfusion incident.
8. Mechanisms for tracing and contacting recipients who would be considered by the Panel to be at risk are being developed by the HPA. The HPA will enhance the support to those healthcare workers responsible for contacting this group of patients, so that their particular needs are met.

Conclusion

9. You are invited to note developments.

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