

Charles Lister 03/08/2001 10:56

Sent by:

Charles Lister/HSD2

To:

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CC.

Philippa Edwards/PH6/DOH/GB@ GRO-C

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patricia.hewitt@__GRO-C jim.moir@__GRO-C__

Subject:

Urgent: vCJD and Blood donation: new report

Dear All

Please see the attached message from NBS. We are checking to see if this case has been classified by CJDSU as a probable case of vCJD.

Pip Edwards, Mike Kavanagh and I have been in touch about handling. If plasma from this individual did go for fractionation, we will need to establish as a matter of urgency which products and intermediates/excipients (eg albumin) were made from the implicated pool. All BPL products made and sold in the UK and overseas will be time expired. In these circumstances, there will be no need for a withdrawal of products and no requirement on to us to notify consignees immediately, giving the Incident Panel a little time to consider its advice.

However, much more rapid action will be needed if intermediates were produced and used, at a later stage, in products sold overseas that may still be within their shelf life. In these circumstances, MCA will need to issue a rapid alert and this will determine out timetable for going public in the UK.

In going public in the UK, I propose the following concurrent action:

- BPL informs UK hospitals and overseas distributors of the incident and the batch numbers of implicated products sent to them;
- The Incident Panel issues interim advice to clinicians on managing receipients of these
 products explaining that the Panel has not completed its assessment of the potential risk
 from plasma derivatives;
- DH issues a statement informing the public of the incident, putting it in context, and advising those concerned to contact their clinician. Briefing will also need to be provided for NHS Direct, Regional Offices, the Haemophilia Society and the Primary Immunodeficiency Association;
- DH provides briefing on the incident for UK Embassies in countries where BPL has exported implicated products.



Please let me know if you have any comments on this outline plan.

Charles

------ Forwarded by Charles Lister/HSD2/DOH/GB on 03/08/2001 09:20 ------



patricia.hewitt@ GRO-C on 03/08/2001 07:43:06

Sent by:

patricia.hewitt@ GRO-C

To:

cc:

Subject:

vCJD and Blood donation: new report

Microsoft Mail v3.0 IPM.Microsoft Mail.Note

From: Hewitt Patricia

To: Robinson Angela (Medical Direc

Cc: lister charles

'Philippa Edwards'

Bob Will Gabra Gamal

Hampson Hilary

Moir Jim

Subject: vCJD and Blood donation: new report

Date: 2001-08-03 08:35

Priority: Message ID: 198C7ACC

Conversation ID: 198C7ACC

Dear all,

With impeccable timing, bearing in mind yesterday's meeting of the blood and blood products subgroup of the CJD Clinical Incidents Panel, we have coincidentally received from CJDSU (yesterday lunchtime) a report of a case.

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The details are that the individual has strongly suspected vCJD, and has a history of blood donation within the last 5 years. The relevant blood centre was contacted as a matter of urgency, and asked to trace the records. I hope we shall know before the end of today whether plasma was sent for fractionation. If so, we shall need some clear advice for users, who will inevitably receive notification through the route outlined yesterday.

Pat

This e-mail is that of the sender, and does not