Draft letter to the Andrew Lansley and Paul Burstow

Dear Andrew / Dear Paul

Following my statements to the House on 17 December 2003 and 16 March 2004 concerning vCJD and blood, I wish to provide an update on some further developments in this area.

My statement on 17 December 2003 informed the House of the first case of possible transmission of vCJD via blood transfusion and the actions taken as a result of this case. Those actions included measures to protect future blood supplies and contacting recipients of blood from donors who subsequently went on to develop vCJD.

As you know, I also wrote to you in July this year to inform you of further measures to exclude further people from donating blood, and of a second probable case of transmission of vCJD via blood transfusion.

I also made reference in December to the fact that other patients, including people with haemophilia and other bleeding disorders, would have received plasma products before they were sourced from the USA. Although there are now two reports of possible transmission of vCJD via blood, the risk of transmission via plasma products, which will have been derived from large pools of plasma donated from many thousands of people - and therefore heavily diluted, is uncertain, but it cannot be excluded. The CJD Incidents Panel (CJDIP) were asked to advise on a case-by-case basis (having adopted a highly precautionary approach) which recipients of plasma products will need to be contacted. This advice has been received and a programme of action has been agreed.

In June 2004 the Health Protection Agency (HPA), on behalf of the CJD Incidents Panel, reported on an assessment of the risk associated with each batch of product and advised my Department on a) which patients needed to be assessed and possibly subsequently contacted, and b) on managing the possible public health risk of those patients.

In the light of these assessments, the HPA is now initiating a process to notify patients of these developments. The HPA are sending information to clinicians to enable them to trace particular plasma products. The clinicians will then notify any patients identified as 'at risk' as a precaution for public health purposes. Patients should expect to receive this notification later this month.

Aside from patients with haemophilia or other bleeding disorders, the other main group of patients who may have received significant amounts of affected blood products are patients with primary immuno-deficiency (PID).

Throughout this exercise we have ben concerned to ensure that the results of the risk assessment are communicated to patients by the clinicians responsible for their day to day care so that the appropriate supporting information can be provided.

As in my previous updates to you, on the subject of possible transmission of vCJD we continue to follow a highly precautionary approach.

Yours sincerely

JOHN REID