Charles Lister
30/01/2001 18:30

Sent by: Charles Lister/HSD2

To: Nadine Smith/COMMS/DOH/GB@GRO-C
cc: Mike McGovern/HSD2/DOH/GB@GRO-C
Jill Taylor/HSD7/DOH/GB@GRO-C

Subject: vCJD and blood products

Nadine

See Peter Jones' note below. I don't think the "wait for the Incident Panel" line will hold, as we discussed. If you agree, I will try and push through a stronger line - something like "if patients want to know whether they have received the implicated blood products, hospitals should first check that patients understand the implications (ie that this is a theoretical risk, that there's no diagnostic test, no treatment etc) and that if patients still want to know, hospitals should check their records, provide the information and be prepared to offer counselling if necessary".

Mike - any comments?

Happy to discuss.

Charles

---------- Forwarded by Charles Lister/HSD2/DOH/GB on 30/01/2001 17:58 ----------

Peter Jones 30/01/2001 17:50

Sent by: Peter Jones/PH6

To: Charles Lister/HSD2/DOH/GB@GRO-C
cc: Mary O'Mahony/PH6/DOH/GB@GRO-C
Alan Harvey/PH6/DOH/GB@GRO-C
Philippa Edwards/PH6/DOH/GB@GRO-C
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Subject: vCJD and blood products

Charles,

We spoke about the request from COMMS for a holding line on the products apart from those given to haemophiliacs (e.g. immunoglobulins, albumin). I understand that some Trusts are carrying out lookback studies, other holding the previous DH line that no benefit to be gained from informing people.

I have discussed with Mary O'Mahony and Pip Edwards (secretary to the panel) and on

reflection we thought that we should:

- stress that no evidence transmission ever happened via blood products;
- products all withdrawn/elapsed so no ongoing risk
- say that the panel is actively considering the implications for recipients and what action if any needs to be taken and will report once it has considered all the available information
- hospitals choosing to carry out follow-up exercises do so on their own initiative, but they should be mindful of the difficulties involved in providing information to patients in a situation where:
    - there are uncertainties about what the risk might be
    - there is no test available for vCJD
    - there is no treatment or prophylaxis
    - the incubation period could be decades

The potential for doing harm needs to be considered - if patients are to be given this information it needs to be in a controlled way, so that they understand the uncertainties and the implications of knowing this information. In view of this Trusts may wish to wait for the panel's advice on what might be said to people about the risk.

Otherwise we risk pre-empting the panel's deliberations.

Hope this is of some help,

regards,

Peter J.