Charles Lister
07/02/2001 10:37

Sent by: Charles Lister/HSD2

To: Sheila Adam/HSD/DOH/GB@GRO-C
cc: Mike McGovern/HSD2/DOH/GB@GRO-C
Alex Berland/HSD2/DOH/GB@GRO-C
David Hewlett/HSD/DOH/GB@GRO-C
Pat Troop/DCMO/DOH/GB@GRO-C
Richard Forshaw/COMMS/DOH/GB@GRO-C
Alan Harvey/PH6/DOH/GB@GRO-C
Philippa Edwards/PH6/DOH/GB@GRO-C
Jill Taylor/HSD7/DOH/GB@GRO-C
Margaret Ghlaimi/HSD7/DOH/GB@GRO-C

Subject: Re: vCJD AND BLOOD PRODUCTS

RESTRICTED - Policy

Sheila

Thank you for your E-mail of yesterday.

When Ministers were first informed of this incident by MCA, Lord Hunt said that he wanted the CJD Incident Panel to meet urgently in January to review the Graham Winyard guidance - see para 8 of the attached submission to Lord Hunt dated 15 December (we had already recognised that the guidance was out of step with the 'patient choice' approach being adopted on surgical instruments, and the remit of the Panel had been drafted to include blood and blood products). Our briefing for Regions issued in December, also said that we were reviewing the guidance.

In the event, it didn't prove possible to arrange a January meeting of the full panel, so we decided to integrate blood/blood products into the framwork for managing vCJD incidents being developed by the Panel. This work is being undertaken by two Incident Panel drafting groups - one on risk assessment, one on risk management - and will be discussed at the next scheduled meeting of the Panel on 21/22 February. Dr Patricia Hewitt from NBS and I have been involved in this process, and it is now clear that it may be some months yet before a finalised document emerges.

Our original intention was to hold the line that hospitals should wait for the outcome of the Incident Panel's work but that, in the meantime, the Graham Winyard guidance was still extant (the NBS advice to hospitals issued in December - copy attached - needs to be seen in this context). PH have, for some months, been advising hospitals with surgical instrument incidents to wait on the Panel's advice and hospitals have been content to do so.

There was barely noticeable media coverage of the blood products incident in December but, as anticipated in the 15 December submission, the Haemophilia Society succeeded in bringing the issue to the fore in January as part of their campaign to persuade Government to provide recombinant clotting factors for all haemophilia patients. By the end of last week, pressure

on hospitals was such that it had become clear that we could no longer wait for the Incident Panel and that interim guidance was necessary.

Our aim is to get guidance out within a week. This will advise hospitals on what to do if patients ask if they have received the implicated products. It will not ask them to contact patients proactively nor will it advise on issues such as whether patients who received these products can give blood or donate organs or tissue or on what the implications are for patients needing surgery - these are all issues on which it would be best to wait for the Panel's advice.

Albumin recipeints, as you say, are a much wider group than immunoglobulin and clotting factor recipients, and hospitals will have particular difficulty in tracing them. This is an issue we have already drawn to the attention of the Panel. Our interim guidance will inform hospitals that they must have proper mechanisms in place for tracing batches of blood products to patients, with central records held in pharmacies. At present, the only way hospitals could trace patients would be to trawl through the records of everyone who has had surgery (often manually) and even then there is no guarantee that batch numbers would have been entered on the patient record.

We will let you see draft guidance by close of tomorrow. This will also have to be cleared with Professor Banner (Chair of the Incident Panel) and possibly with Ministers.

Happy to discuss.

Charles


vCJD and Blood Products. Submi Letter from Mike Murphy to Blood

Last modified by Charles Lister/HSD2/DOH/GB on 07/02/2001 10:37:27 [1] other edits