

RESTRICTED - POLICY

PS(PH)
PS(L)

From: Rowena Jecock PH6.2

Date: 11 December 2003

Copy: As attached

FIRST REPORT OF VARIANT CJD CASE WITH POSSIBILITY OF A LINK TO BLOOD TRANSFUSION

Issue

1. Further to our oral briefing this afternoon, this submission is to inform you of:
 - A possible first report of variant CJD with possibility of a link to blood transfusion;
 - the actions we are taking to assess this new information and its implications;
 - two forthcoming submissions, that will seek your urgent agreement to:
 - a) any necessary further actions that may be needed to protect the blood supply in relation to the above case, and
 - b) wider management of incidents involving transfusion of blood/blood products and surgery, in which a potential risk of CJD transmission has been identified.
2. You are asked to:
 - agree our holding line (para 3), should information about the possible link to blood transfusion enter the public domain prior to a proper assessment and any agreed decisions

Publicity

3. There is a small chance that this specific case of possible transfusion-associated transmission may be reported in the media before an expert assessment can be made of all the relevant information. We propose the following holding line in the event of a media leak:

The Department is aware of this case and has convened a meeting of experts to look at any implications for blood safety policy.

[If pressed: the Government has already implemented a number of precautionary measures to minimise the risk of CJD being transmitted through blood. These include removal of all the white cells from blood prior to transfusion, and importation of plasma from the USA for the preparation of plasma derivatives such as clotting factors].

Next steps

4. The UK CMOs are participating in a telephone conference tomorrow to discuss this case with key relevant experts. An *ad hoc* expert advisory group has been convened urgently on 15 December to assess the evidence, including data from animal transfusion experiments, and to make recommendations on any further precautionary actions that need to

RESTRICTED - POLICY

be taken to protect the blood supply. Your urgent agreement will be sought to implementation of any measures proposed.

5. Precautionary measures have already been implemented to reduce the risk of possible transmission of vCJD via blood components or plasma derivatives, and to protect the UK blood supply. These are listed in **Annex A**.

Background

6. The National CJD Surveillance Unit (NCJDSU) identified this case through a collaborative study with the UK Blood Services. A diagnosis of variant CJD is not yet definitive, but is highly probable. The NCJDSU routinely undertakes a detailed investigation of any possible risk factors through detailed discussion with the families of vCJD patients, and examination of medical records. Other possible risk factors may therefore come to light. These investigations are underway in this case, and the information will be available to the expert group on 15 December.

Wider management of healthcare-associated incidents

7. The UK CMOs established a CJD Incidents Panel in 1998, which advises the NHS on management of healthcare incidents in which patients may have been inadvertently exposed to a possible risk of CJD. The CJD Incidents Panel has developed a framework for assessing risk on a case-by-case basis. A submission will be provided shortly on the Panel's recommendations, including the implications for management of incidents involving blood products and plasma derivatives.

Rowena Jecock

Ext GRO-C

Annex A

Precautions taken to reduce the risk of transmission of variant CJD through Blood

- Plasma derivatives, such as clotting factors, have been prepared from plasma imported from the USA since 1998.
- Since October 1999, white blood cells (which may carry the greatest risk of transmitting vCJD) have been removed in all blood used for transfusion.
- Fresh frozen plasma for treating babies and young children born after 1 January 1996 has been obtained from the USA since August 2002.
- On 16 December 2002, the Department of Health completed its purchase of the largest remaining independent US plasma collector, Life Resources Incorporated. This will secure long-term supplies of non-UK blood plasma for the benefit of NHS patients.

RESTRICTED - POLICY

Copy:

Helena Feinstein APS/SofS
Matthew Hamilton PS/Perm Sec
Siobhan Jones APS/CMO
David Harper PH
Gerard Hetherington PH5/6
Ailsa Wight PH6.2
Philippa Edwards PH6.2
Richard Gutowski PH6.6
Michael Clarke COMMS
Paul Corrigan Sp Adv
Steve Bates Sp Adv
Richard Olszewski Sp Adv
Simon Stevens No 10