

PARLIAMENTARY QUESTION

DEPARTMENT OF HEALTH

PQ03346	2003/2004
Lords Written	

The Lord Morris of Manchester - To ask Her Majesty's Government, further to the Secretary of State for Health's press release of 16th March on blood donations and vCJD, what specific steps the National Blood Authority will take to address the reduction now envisaged in the supply of blood available for transfusions; and what is their current assessment of the level of risk of vCJD infection to which people with haemophilia were exposed between 1980 and 1998. (HL2022)

For Answer on:	
Notice Paper Date:	22/03/2004
Notice Paper Page:	1013
MP (Party):	LORD MORRIS OF MANCHESTER (LAB)

DRAFT REPLY TO REACH PARLIAMENTARY BRANCH BY
12:00 Thursday 25 March 2004

John Chan

05/04/2004 11:12

To: Zubeda Seedat/PH6/DOH/GB@GRO-C
cc:
bcc:
Subject: Re: PQ03346 - Lord Morris of Manchester


Zubeda

Can you please give this PQ your priority as it is now two weeks old.

Thanks v much.

John

----- Forwarded by John Chan/PR-OFF/DOH/GB on 05/04/2004 11:14 -----

 Zubeda Seedat

31/03/2004 17:32

To: John Chan/PR-OFF/DOH/GB@GRO-C
cc:
bcc:
Subject: Re: PQ03346 - Lord Morris of Manchester

John,

I am very sorry this is so late. I have started a reply to the first part of the question which is with NBS for comment. I am also awaiting a contribution from the CJD team on the second part of the question.

Will try and get it to you as soon as I can.

Zubeda

John Chan

John Chan

29/03/2004 14:38

To: David Reay/POLICY/DOH/GB@GRO-C; Zubeda Seedat/PH6/DOH/GB@GRO-C
cc:
Subject: PQ03346 - Lord Morris of Manchester

David/Zubeda

Above PQ (text below) was due back on 25/3.

"The Lord Morris of Manchester - To ask Her Majesty's Government, further to the Secretary of State for Health's press release of 16th March on blood donations and vCJD, what specific steps the National Blood Authority will take to address the reduction now envisaged in the supply of blood available for transfusions; and what is their current assessment of the level of risk of vCJD infection to which people with haemophilia were exposed between 1980 and 1998. (HL2022)"

Can you please chase it up for me.

Thanks.

John

Press Notice
FURTHER PRECAUTIONS TO PROTECT BLOOD SUPPLY

Created By : POISE	Created Date : 16/03/2004
Type : Ministerial	Lead Minister : No specific
Related SoFS Task : Supporting Priorities Force :	Who should see this ? : <input checked="" type="radio"/> DH High Level <input type="radio"/> DH Intranet (All Staff) <input type="radio"/> GSI (All Government Departments) <input type="radio"/> NHSnet
Date of Issue : 16/03/2004 00:00	
Last Modified By : View full edit history	

Recipients of blood transfusions are to be excluded from donating blood in the future as a further precautionary measure against the possible risk of transmission of variant Creutzfeldt Jakob Disease (vCJD). Health Secretary John Reid announced today.

This follows the government announcement in December last year of the first report of a possible transmission of vCJD from person to person via blood. This remains a possibility and not a proven causal connection.

The new precautionary measure to change the eligibility for blood donation will be implemented from April 5th this year. It will exclude people who confirm they have received a transfusion after 1 January 1980 because it is generally accepted that there will have been no exposure to BSE in the UK before that date.

Health Secretary John Reid said:

"I must stress that the risk attached to this group of blood donors is of course uncertain but we are taking these measures as a precaution, as the risk may be slightly higher than for the population as a whole.

"Excluding these donors will inevitably lead to a reduction in the supply of blood available for transfusions. Whilst the National Blood Service estimates a loss of 52,000 donors, I am pleased to report that they have put in place measures to help compensate for these losses and hospitals are being encouraged to make best possible use of blood."

Mr Reid also announced that Chief Medical Officer Sir Liam Donaldson is to draw up a strategy to ensure more appropriate and effective use of blood in the NHS. This strategy will build on the current "Better Blood Transfusion - More Appropriate Use" initiative, securing further improvements in conserving blood stocks through better use of blood in hospitals.

see over →

The Health Secretary said:

"We are following a highly precautionary approach. Although people may have concerns about the implications of this announcement, I would emphasise again that this action is being taken because of an uncertain but slight risk. People should, indeed, continue to have a blood transfusion when it is really necessary. Any slight risk associated with receiving blood must be balanced against the significant risk of not receiving that blood when it is most needed.

"People who can should continue to give blood. Blood donation is a safe procedure and people should continue to donate blood regularly. We place great value on those who already donate and would welcome new donors."

Notes for editors

In light of the incident reported on December 17 2003, the Chief Medical Officer, Sir Liam Donaldson, asked the expert advisory committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT) to consider whether there was a need for any further precautionary measures to be taken. The MSBT recommended that on the basis of evidence available and taking a precautionary approach, the UK should implement the policy to exclude people who have received blood transfusions. CMO advised government to accept this recommendation from MSBT.

Today's announcement sets out the latest in a number of measures that have already been implemented to minimise the possible risk of vCJD being passed through blood:

- Since 1997 all cases of vCJD that are reported to the National CJD Surveillance Unit and diagnosed as having 'probable' vCJD, result in a search of the National Blood Service blood donor records. If the patient has given blood, subsequently any stocks of that blood are immediately destroyed.
- Since 1998, plasma derivatives, such as clotting factors, have been prepared from plasma imported from the USA.
- Since October 1999, white blood cells (which may carry the greatest risk of transmitting vCJD) have been removed from all blood used for transfusion.
- In August 2002 we announced that fresh frozen plasma for treating babies and young children born after 1 January 1996 would be obtained from the USA.
- In December 2002, the Department of Health completed its purchase of the largest remaining independent US plasma collector, Life Resources Incorporated. This secures long-term supplies of non-UK blood plasma for the benefit of NHS patients.

For media enquiries only, please contact the Department of Health Media Centre on **GRO-C**

GRO-C

Philippa Edwards

13/04/2004 14:04

To: Zubeda Seedat/PH6/DOH/GB@GRO-C

cc: Peter Bennett/EOR4/DOH/GB, Richard

Gutowski/PH6/DOH/GB@GRO-C

Rowena Jecock/PH6/DOH/GB@GRO-C

Subject: Re: PQ from Lord Morris more

Zubeda

I have made a couple of further suggestions added to Peter's

Pip



Morris haemophilia risk April 04.do

too late!

Written Answer

Han Ref: Vol

Col

MORRIS OF MANCHESTER (LAB):

The Lord Morris of Manchester - To ask Her Majesty's Government, further to the Secretary of State for Health's press release of 16th March on blood donations and vCJD, what specific steps the National Blood Authority will take to address the reduction now envisaged in the supply of blood available for transfusions; and what is their current assessment of the level of risk of vCJD infection to which people with haemophilia were exposed between 1980 and 1998. (HL2022)

SUGGESTED REPLY

The National Blood Service (NBS) has in place an advertising and marketing plan to encourage new donors to come forward and existing donors to give blood regularly. This plan aims to recruit new donors and those who have not given for a while and encourage regular donation amongst existing donors. The NBS relies on voluntary donors, and would encourage people to come forward and become a blood donor.

In addition, we are working with the NBS to produce a revised approach to the Health Service Circular 2002/09 *"Better Blood Transfusion – Appropriate Use of Blood"*. This is to ensure that the safe and effective use of donor blood and also alternatives to its use donor blood transfusion (for example, techniques to recover the patient's own blood lost during an operation) are fully considered.

The Department of Health commissioned Det Norske ~~Ventus~~ Veritas (DNV) to undertake an assessment of the risk of exposure to vCJD infectivity in blood and blood products. This analysis was published in 1999 and considered the potential risks posed by UK-sourced plasma products. This covered all recipients, however, consideration was given to haemophilia patients. The risks could not be quantified, due to major uncertainties as to what infectivity plasma derivatives might carry and about the prevalence of the disease amongst UK donors. As a precautionary measure plasma derivatives have been prepared from plasma imported from the USA. An updated risk analysis by DNV has recently been published, this is available at http://www.dnv.com/consulting/news_consulting/RiskofInfectionfromvariantCJDinBlood.asp

The expert Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation will continue to keep this issue under review.

Background

1. This is one of two PQs from Lord Morris. PQ03345 is about the hepatitis C payment Scheme. This PQ follows the oral statement by the Secretary of State on 16 March on vCJD and blood.
2. The NBS estimate that the new donor exclusion criteria will result in a loss of 3.2% of blood donors. The NBS will still need to collect 9,000 donations everyday to make sure that patients get the treatment they require.
3. Since the announcement on the 16 March blood stocks remain very healthy. Current supply to date is 71,489 units (10.31 days stock).
4. The NBS will be running a recruitment campaign to encourage new donors and donors who have not given blood for a while. The NBS will also be increasing donation frequency.

[DN as this is also in the answer, it should be deleted from one or other place. If in the background, use Peter's revised version] 5. In addition, we are working with the NBS to produce a revised approach to the Health Service Circular 2002/09 "*Better Blood Transfusion - Appropriate Use of Blood*". This is to ensure that the safe and effective use of donor blood and alternatives to donor blood transfusion.

Haemophiliacs and vCJD risks

[Again, this is a bit repetitive of what is in the answer and the paragraph in the answer is better] 6. The Department commissioned DNV to assess the risk of infection of vCJD. The analysis published in 1999 looked at the usage of plasma products and the exposure of different groups. ~~Although~~ This covered all recipients, not just haemophiliacs, ~~although~~ they were obviously a major group. The risks could not be quantified.

7. An updated study for the Department of Health to assess the risk of infection with vCJD from blood and blood products from donations from people incubating vCJD was published on 5 April 2004. It will be placed in the Library. It is also available at the website:

http://www.dnv.com/consulting/news_consulting/RiskofInfectionfromvariantCJDinBlood.asp

8. The infectivity levels in certain plasma derivatives could be such that recipients of these products, if derived from an infected plasma pool, ~~would have~~ could present a risk of infection. This ~~result prediction~~ is highly uncertain, and varies significantly with the assumptions made about the level of infectivity and its distribution across plasma fractions. Since the size of dose, number of doses and the size of the plasma pool all affect the potential risk, calculations have to be made for each batch of each product.