

VIROLOGICAL SAFETY OF BLOOD

1. EAGA could be informed of our outline plans to form a new advisory group on the virological safety of blood. The need for this was highlighted by the remarks from Dr McClelland concerning HTLV1 at an EAGA meeting earlier this year. We have been very successful in the UK in minimising the risk from HIV1 in blood, thanks to the advice of EAGA. We need a similar mechanism to cover other virological threats.

2. The purpose of the group will be to provide advice so we can:

- a ensure common high standards throughout the UK BTS and similar screening practices in England and Scotland. Litigation makes this all the more important;
- b enable quick reactions to be made to new developments in screening techniques and new epidemiological information;
- c ensure plasma sent to CBLA, Elstree, (and PFC in Scotland) is from appropriate screened donors to enable products made there to come up to the standard required for products licensed by CSM;
- d ensure those responsible in CSM for advising the licensing authority are aware of the implications of their decisions for the NBTS.
- e respond to the EC directives on blood products, now being drawn up.

3. The new group will advise on virological safety policy and will ensure decisions about funding additional screening are taken on the best advice. Much of the technical detail will be covered in the existing NIBSC/NBTS liaison group. There will be cross-membership with that group (and with EAGA and CSM). Dr Gunson, the new BTS National Director, will of course be a key member.

4. The agents of current concern are:

HIV1 } for these the plan is still to rely heavily on EAGA)
HIV2 }
HTLV1
Non A Non B
Also of interest: Hep B
 CMV
 CJD

5. We still have to discuss this with Ministers. Like EAGA and CSM, we propose this group advises all 4 health departments. We can report on progress at the next meeting of EAGA.