

SUMMARY OF MEETING OF THE ADVISORY COMMITTEE ON THE MICROBIOLOGICAL SAFETY OF BLOOD AND TISSUES FOR TRANSPLANTATION (MSBT)

The Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT) met on 19 April 2001. At the meeting the main items were:

Fresh Frozen Plasma (FFP)

MSBT considered alternative sources of Fresh Frozen Plasma (FFP) as part of the programme to reduce the unknown risk of vCJD.

The Committee considered a risk assessment paper on FFP, which indicated that the annual rate of infection of vCJD from UK FFP could be up to 1% of the presumed number of primary infections. This would represent about 85 new infections a year for a primary outbreak of 10,000. The continued use of UK FFP could therefore result in a significant number of secondary infections. Members noted that a 10% reduction in blood use would have a similar risk reduction impact.

MSBT also considered information from the National Blood Service about the feasibility of replacing UK FFP with single unit and/or pooled US FFP looking particularly at the management of the risks of viral infection.

MSBT advised that the NBS should be asked to prepare a full feasibility and procurement package and that advice on introducing this measure be put to Ministers.

Exclusion of Transfusion Recipients

MSBT considered a draft risk assessment paper on vCJD risk reduction paper relating to exclusion of donors who had received a blood transfusion. It also considered a survey from the National Blood Service. This indicated that deferral of people who had been transfused in the past would have a significant negative impact on the blood supply and availability and could result in up to 14.5% of donors. The representatives of the four UK Blood Services informed MSBT that they were already working very hard to meet supply and maintain the donor base which was declining. MSBT recommended that the National Blood Services look at new ways of encouraging people to donate modernising donor services and to review donor deferral guidelines. The Committee also suggested that the Blood Services consider what action would need to be taken in the event that the risk assessment supported the deferral of recipients from blood donation.

The Committee agreed to review the position in October when a full risk assessment would be available.

Human T-cell Lymphocyte Viruses (HTLV) Testing

HTLV is a human retrovirus that associated with a rare form of leukaemia and paralysis. It is uncommon in the UK and for most individuals, infection with HTLV is asymptomatic. Disease when it occurs does so many years after infection. Infection can be caused by blood transfusion, breast-feeding, sexual contact, and injecting drug misuse.

MSBT advised that HTLV screening of the blood supply be introduced as soon as possible.

Recently Identified blood Borne Viruses

MSBT considered a paper summarising recently identified blood borne viruses. This noted that there is no country in the world testing for these viruses and that more research is underway to understand the possible impact of these agents and how they might be carried out if appropriate.

MSBT advised that the position should be kept under review and that a further formal paper be considered again next year

Revised Blood Safety Leaflet

MSBT considered a revised draft version of the UK Blood Service Blood Safety Leaflet. The leaflet had been revised to make it more explicit to risk behaviours rather than risk groups. MSBT raised concerns about wording of the revision and recommended that the Expert Advisory Group on AIDS (EAGA) should endorse the leaflet before MSBT signed off.

MSBT agreed to review the leaflet following EAGA's consideration.

High Court Judgement on hepatitis C

The High Court Judgement made on 26 March 2001 awarded damages to 114 people infected with hepatitis C through blood transfusion before the introduction of universal screening for the virus in 1991. The case was brought under the Consumer Protection Act 1987.

MSBT noted that the Department of Health were looking at the wider implications of the Judgement on the NHS.

Draft Blood Directive

MSBT was updated on the progress of the EC Draft Blood Directive. A number of reservations about the Draft Directive remained and consultation on further drafts would continue.

Better Blood Transfusion

MSBT noted that a second CMOs "Better Blood Transfusion" conference would take place later in the year. The conference is to be a collaboration UK wide involving the UK Departments of Health, the UK Blood Services and the National Audit Office.

MSBT noted the arrangements and asked to be kept informed of progress.

Notes to Editors

- 1. The Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT) was set up in 1993. Its terms of reference are “To advise the Health Departments of the UK on measures to ensure the microbiological safety of blood and tissues for transplantation. In making recommendations in relation to blood, the Committee will bear in mind the need for maintaining an adequate supply of blood of appropriate quality for both immediate use and for plasma processing.”**
- 2. In July 1998 the Government instructed the UK blood services to implement a programme of removing the white cells from donated blood (leucodepletion), as a practical precautionary measure to reduce the theoretical risk to the blood supply of the transmission of variant CJD following advice from the Spongiform Encephalopathy Advisory Committee (SEAC).**
- 3. The use of non UK- sourced plasma followed the confirmation from the Committee on Safety of Medicines in May 1998 that manufactured blood products should not be sourced from UK plasma for the present time.**
- 4. The MSBT membership is as follows:**

Dr Pat Troop, Deputy Chief Medical Officer, Department of Health – Chair
Dr A J Cant, Communicable diseases physician, Department of Paediatrics, Newcastle General Hospital
Dr B McClelland, Director, Edinburgh and South East Scotland RTC
Mr J L Forsythe, Consultant Transplant Surgeon, Royal Infirmary of Edinburgh
Dr D W Gorst, Consultant haematologist, Royal Lancaster Infirmary
Professor P MacMaster, Surgeon specialising in liver transplantation, Birmingham
Dr P Mortimer, Virologist, Public Health Laboratory Service
Dr R J Perry, Director, Protein Fractionation Centre, Edinburgh
Dr A Robinson, Medical Director, National Blood Authority
Dr C Dash, Medical Director, Bio Products Laboratory, Elstree
Dr R E Warren, Microbiologist, Director of PHLS laboratory, Shrewsbury
Dr T Wyatt, Consultant clinical scientist, microbiology department, Mater Hospital Trust, Belfast
Professor A J Zuckerman, Virologist, Royal Free and University College Medical School, London