

**Dewhurst Lynne (RW3) CM&MC Manchester**

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**From:** Dewhurst Lynne (RW3) CM&MC Manchester  
**Sent:** 17 January 2007 10:50  
**To:** 'UKHCDO Membership'  
**Subject:** vCJD news - Confidential  
**Importance:** High  
**Sensitivity:** Confidential  
**Attachments:** DRAFT press release fourth vCJD case 16 01 2007.doc

Dear Colleagues,

Further to yesterday's e-mail, I attach the final press release on this new case of vCJD transmitted by blood transfusion. This will be released tomorrow morning to please treat it as confidential until that time.

Best wishes,

Charles hay  
**Chairman UKHCDO**

17/01/2007

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# **Draft Press Statement**

To be released at 10am on Thursday 18<sup>th</sup> January 2007.

Date 18<sup>th</sup> January 2007

## **4<sup>th</sup> case of variant CJD infection associated with blood transfusion**

A new case of variant-Creutzfeldt-Jakob disease (vCJD) associated with a blood transfusion has recently been diagnosed.

This latest patient has been diagnosed with vCJD about nine years after receiving a blood transfusion from a donor who later went on to develop vCJD. A transfusion from the same blood donor was also associated with one of the previously identified cases.

The patient is still alive and is under the specialist care of doctors at the NHS National Prion Clinic, at the National Hospital for Neurology and Neurosurgery, London.

This fourth case of vCJD infection associated with blood transfusion increases the concern about the risk of vCJD transmission between humans via blood transfusion. All four cases relate to the transfusion of blood components: no cases have been reported relating to treatment with plasma products.

The patient is one of a small number (less than 30) of living individuals who are known to have received a blood transfusion in the UK from a donor who later developed vCJD. All these individuals have previously been informed of their potential exposure to vCJD and asked to take certain precautions to reduce the chance of passing on vCJD to other people via healthcare procedures, such as surgery.

The Health Protection Agency has been in contact with doctors caring for the other patients who have been exposed to blood transfusions from donors who later developed vCJD. This is to ensure that they are informed of this new development and provide access to the latest information and specialist advice about their risk due to blood transfusion.

Professor Peter Borriello, Director of the HPA's Centre for Infections said, "This new case of vCJD infection increases our concern about the risk to the small group of people who had blood transfusions from donors who unknowingly at the time of donation must have had vCJD infection. However, this new case does not change our understanding of the risk for other people in any specific way. It does however reinforce the importance of the precautions that have already been taken to reduce the risk of transmission of vCJD infection by blood."

Dr Angela Robinson, Medical Director of NHS Blood and Transplant said, "Blood transfusions are often given to save or prolong the life of patients who are very ill and the benefit of receiving a transfusion when needed must always be balanced against any possible risk. Nonetheless, our primary concern is the safety of our patients through maintaining the quality of blood used for medical treatment. Since 1997, the NBS has introduced a range of precautionary measures against the risk of vCJD."

vCJD is a rare disease, and less than 2% of the vCJD cases reported to date in the UK have been associated with blood transfusion.

-ends-

### **Notes to Editors:**

1. To date, there have been 66 people identified in the UK who have received vCJD implicated blood transfusions. The transfusions received by these 66 individuals were donated by eighteen different donors who were diagnosed with vCJD after their blood donation. Of these 66 people, 40 have died of illnesses other than vCJD, including one patient who was found to have evidence of vCJD in parts of their body after their death. Including the new (4th) case, 3 of these people who have received vCJD implicated blood transfusions have developed symptoms of vCJD. There are 23 people who have received vCJD implicated blood transfusions who are alive and have not been diagnosed with vCJD.
2. The identification of cases of variant-CJD associated with blood transfusion has depended on the Transfusion Medicine Epidemiology Review, a collaborative study between the National Blood Services, the National CJD Surveillance Unit and the Office of National Statistics. For further information about this study see Hewitt *et al* Creutzfeldt-Jakob disease and blood transfusion: results of the UK Transfusion Epidemiology Review study. *Vox Sanguinis* 2006 91:221-230.
3. 'Blood Transfusion' means transfusion with labile blood components (e.g. red cells, platelets, fresh frozen plasma). This latest case (and the previous three referred to) relate to transfusion of blood components and not treatment with plasma products (i.e. products that are manufactured from plasma). To date, no case of vCJD has been associated with treatment with plasma-products (e.g. clotting factors used to treat individuals with bleeding disorders such as haemophilia).
4. This fourth case has been classified by the National CJD Surveillance Unit ([www.cjd.ed.ac.uk](http://www.cjd.ed.ac.uk)) as a 'probable' case of vCJD. Of the 158 vCJD cases that have died (data to 5 Jan 2007), all 112 that have undergone post-mortem (46 have not) have been 'confirmed' by neuropathological examination (examination of brain tissue).
5. The first clinical case of vCJD associated with transfusion was identified in December 2003. A case of vCJD 'infection' associated with transfusion was identified a few months later. The patient had no symptoms but evidence of infection (abnormal prion proteins) was identified in a post mortem investigation. The individual died from causes unrelated to vCJD.
6. Following the first case of vCJD associated with a blood transfusion in 2003, the Department of Health asked all recipients of blood transfusions not to donate blood as a precautionary measure to protect the blood supply from vCJD.
7. Patients who are informed that they are considered to be 'at risk' of vCJD for public health purposes are asked to take the following precautions to reduce the chance of passing on vCJD to other people:
  - Not to donate blood, tissues or organs and
  - To inform their healthcare providers of their 'at-risk' status so that special procedures may be arranged for certain instruments used in their healthcare (NB. Their GPs are also asked to do this.)
8. A range of measures have been put in place by the Department of Health to minimise the possible risk of vCJD being passed through blood:

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- 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 UK Blood Services blood donor records. If the patient has donated blood, any unused parts of that blood are immediately removed from stock. The fate of all used components of blood from the donor is traced, and surviving recipients informed of their risk.
  - In July 1998, the Department of Health announced that plasma for the manufacture of blood products, such as clotting factors, would be obtained from non-UK sources.
  - 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 the Department of Health announced that fresh frozen plasma for treating babies and young children born after 1 January 1996 would be obtained from the USA, extended to all children under 16 years of age (Summer 2005)..
  - 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.
  - Since April 2004, blood donations have not been accepted from people who have themselves received a blood transfusion in the UK since 1980. This has been extended to include apheresis donors and donors who are unsure if they had previously had a blood transfusion (August 2004).
  - Since late 2005, blood donations have not been accepted from donors whose blood was transfused to patients who later developed vCJD.
  - The UK Blood Services continue to promote the appropriate use of blood and tissues and alternatives throughout the NHS.
9. The likelihood of a person who may be infected with vCJD going onto develop symptoms of the disease is uncertain, and may depend on individual susceptibility. It is possible that infected individuals may never develop symptoms.
10. For further information contact the HPA press office on 0208 327 7098/7097/6055
11. The National Prion Clinic is based at The Hospital for Neurology and Neurosurgery, Queen Square, London <http://www.nationalprionclinic.org/>
12. The National CJD Surveillance Unit is based at the Western General Hospital Edinburgh: [www.cjd.ed.ac.uk](http://www.cjd.ed.ac.uk)
13. For further information about vCJD go to:  
[http://www.hpa.org.uk/infections/topics\\_az/cjd/menu.htm](http://www.hpa.org.uk/infections/topics_az/cjd/menu.htm)  
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/CJD/fs/en>  
<http://www.blood.co.uk/>  
[www.cjd.ed.ac.uk](http://www.cjd.ed.ac.uk)  
<http://www.nationalprionclinic.org/>