HOUSE OF COMMONS

Notice of Written Ministerial Statement

Title of Secretary of State/Ministerial head of department: Secretary of State for Health

Subject of Statement: blood donation and vCJD

Date on which written statement to be made: [1] 9 September 2004

1. Notice of written Statements for the following day will be placed on the effective Orders of the Day. Otherwise, the notices will be placed on Future Business E (written ministerial statements). Notices may be given of written statements to be made not later than 5 sitting days after the day on which notice was given.

WRITTEN MINISTERIAL STATEMENT

DEPARTMENT OF HEALTH

9 September 2004

The Secretary of State for Health: Written Ministerial Statement on blood donation and vCJD.

The Secretary for State Health (Dr Reid):

Following my statements to the House on 17 December 2003 and 16 March 2004 concerning variant Creutzfeldt-Jakob disease (vCJD) and blood, I wish to provide an update on some further developments in this area.

My statement on 17 December 2003 informed the House of the first case of possible transmission of vCJD via blood transfusion and the precautionary actions taken. Those actions included measures to protect future blood supplies and contacting recipients of blood from donors who subsequently went on to develop vCJD. A further written statement on 22 July 2004 indicated a second case of possible vCJD prion transmission via blood transfusion had been confirmed.

I also made reference in December to the fact that other patients, including people with haemophilia and other bleeding disorders, would have received plasma products before they were sourced from the United States of America. Although there are now two reports of possible transmission of vCJD via blood, the risk of transmission via plasma products, which will have been derived from large pools of plasma donated from many thousands of people - and therefore heavily diluted - is uncertain. But it cannot be excluded. The CJD Incident Panel (CJDIP) were asked to advise on a case-by-case basis (having adopted a highly precautionary approach) which recipients of plasma products will need to be contacted. This advice has been received and a programme of action has been agreed.

In June 2004 the Health Protection Agency (HPA), on behalf of the CJD Incidents Panel, reported on an assessment of the risk associated with each batch of product and advised my Department on: a) which patients needed to be assessed and possibly subsequently contacted, and b) managing the possible risk to public health of those patients.

In the light of these assessments, the HPA is today initiating a process to notify relevant patients of these developments. The HPA are sending information to clinicians to enable them to trace particular plasma products. The clinicians will then notify any patients identified as ‘at risk’ as a precaution. Any patients affected should expect to be contacted by clinicians later this month.

Aside from patients with haemophilia or other bleeding disorders, the other main group of patients who may have received significant amounts of affected blood products are patients with primary immuno-deficiency (PID).

Throughout this exercise we have been concerned to ensure that the results of the risk assessment are communicated to patients by the clinicians responsible for their day to day care, so that appropriate supporting information can be provided.

Further details about the risk assessment exercise will not be disclosed until after patients are informed of the outcome. I will make a further statement at a later date, if necessary.