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"DH Press Release"

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Rowena Jecock
09/09/2004 13:15

To: gturner GRO-C
hbsef GRO-C
cc: Ed Davis/PH2/DOH/GB GRO-C Ailsa Wight/PH6/DOH/GB GRO-C Anna.Molesworth GRO-C
bcc:
Subject: DH Press Release

Dear Frances and Gillian,
I am writing to inform you of a written ministerial statement and press release (both attached), which have been issued today, announcing the start of a process being run by the Health Protection Agency, to trace recipients of plasma products and notify them of the work that has now been completed on assessment of possible vCJD transmission risk associated with certain batches of product.

It is our intention to ensure that the needs of those patients who may be affected by this are put first, and so detailed information will not be made public until the patients concerned have been identified, contacted, and have had the implications explained to them by their own doctors. We expect that this should happen in about two weeks' time. It seems likely that, at that stage, you may receive calls from patients who have been contacted by their doctors. You will be receiving further information from the HPA today.

In the meantime, should you receive any enquiries about this, please re-direct callers to NHS Direct, who are geared up to deal with questions from the general public.

Best wishes,
Rowena
----- Forwarded by Rowena Jecock/PH6/DOH/GB on 09/09/2004 12:29 -----

Ahmed Choudhury
09/09/2004 11:44

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

Khondkar/PH6/DOH/GB@GRO-C

cc: Naima

Subject: DH Press Release

2004/0329 **Thursday 9th September 2004**

PATIENT NOTIFICATION EXERCISE BEGINS

Health Secretary John Reid today announced further developments concerning variant Creutzfeldt-Jakob disease and blood. He told MPs in a written ministerial statement that an exercise has begun to notify some recipients of blood products about the results of a risk assessment exercise carried out by the Health Protection Agency. The exercise follows the identification last December of the first suspected case of vCJD transmission through blood transfusion.

The results of the risk assessment will be made public at the end of the patient notification exercise.

John Reid said:

'It is important that Parliament is kept informed of developments on this important subject, which is why I have made this statement today.

'However, it is equally important that the patients who need to know the results of this risk assessment are given this information by the clinicians who care for them, so that appropriate support can be provided.

'My Department will make a further announcement at the end of this notification exercise.'

The written ministerial statement to Parliament is attached below.

For media inquiries please call Alison Langley on GRO-C or Sophie Coppel on GRO-C GRO-C Public inquiries to 0207 210 4850

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.

[ENDS]