Garwood Peter

From: MIME :Pat.Troop@ GRO-C
Sent: 10 January 2001 15:20
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Subject: Re: FFP RISK ASSESSMENT: DRAFT PAPER FOR MSBT

Thank you for sending me these. I will be a difficult discussion, but we should be able to make a lot of progress.

Turning first to your conclusions in your paper and the questions to the

committee

First, I think we need to distinguish the action to reduce vCJD risk, and the risk from UK FFP. As I read the paper, we are firsts asking whether or not we can reduce the vCJD risk, but also what we need to do to reduce the viral risk if we do that. My recollection of the discussion last February was that we had difficulty in balancing those, and hence the papers.

There is then another question (iv) - if we do stay with UK FFP, how can we meet an earlier recommendation of MSBT on reducing the viral risk of FFP?

Second, this is a scientific advisory committee, and we should try and frame the questions in that light. It will then be for DH to decide policy based on that advice. Therefore, can you rephrase the questionsto reflect that. We want their advice in terms of public health. Whether or not we can afford it is an issue for DH and the NBS etc.

Turning back to some of the detail - can we give the potentail number of cases in terms of an outbreak of 1000, 10,000, 100,000 please - we did this for instruments etc. Similary, what are the costs per symptom free year for an outbreak of 1000 and one of 100,000?

What is the potential for reducing the use of FFP. It is referred to, but I have no idea of the potential scale. It is suggested this could have a big impact, compared with imported plasma etc. - so we need to be able to quantify this.

Thanks

Pat