

CONFIDENTIAL TO COMMITTEE MEMBERS**NOT FOR PUBLICATION****ADVISORY COMMITTEE ON THE MICROBIOLOGICAL SAFETY OF BLOOD AND TISSUES FOR TRANSPLANTATION****CJD IN BLOOD TRANSFUSION**

A proposal was made at a recent meeting of the UKBTS Standing Advisory Committee on Transfusion, Transmitted Infection (SACTTI) that an attempt should be made to perform a "lookback" exercise in respect of CJD and Blood Transfusion.

The National CJD Surveillance Unit at Edinburgh has a list of some 550 cases with definite or probable CJD on their database. In many cases, relatives have been interviewed to determine whether the deceased was a blood donor at some time. In some cases there is also information as to the approximate year of blood donation. Information is also held on addresses at the time of death, and in some cases at the time of possible blood donation.

It was suggested that this information could be made available by the Surveillance Unit to the UKBTS, to check whether indeed these individuals had been blood donors, by comparing details with BTS records.

BTS records could then be used to identify recipients of donations from these individuals and the recipients could be contacted to see whether there was any suggestion that the recipients had developed CJD.

Points to Consider

1. Information given to the Surveillance Unit was given on the basis that it was entirely confidential and would not be divulged to third parties.
2. Are the BTS records sufficient to identify all the possible recipients from the donor.
3. How likely is it that data on cause of death of recipients will be comprehensive. There is no test other than brain biopsy than can be carried out on recipients who are still alive.
4. Iatrogenic CJD seems to take between 15 and 25 years to develop. What is the likelihood of a significant number of recipients surviving this length of time, other than neonates.
5. It is currently accepted in the UK that CJD is not transmitted by blood transfusion.
6. There is no treatment available for the disease.
7. If donors are identified, what should be done about plasma donations that have been used in producing blood products such as F8 and Albumin?

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