

CMO

From Mike McGovern

Date: 18 August 1999

1. Dr Leigh - later
2. Mr Ashin
3. Sonia - to file please
NB Blood issues 25/8

Copies:
Jeremy Metters
Pat Troop
Sheila Adam
David Hewlett
Ailsa Wight
Charles Lister

Briefing Note for CMO for Meeting with SoS 20 August:15.00

Following a meeting Lord Hunt 11 August to discuss the blood supply, SoS requested a meeting with you about this on your return from A/L. This note is a short brief you might wish to use. You already have

- i) the submission of 3 August seeking Ministers' views on formally exploring alternative sources of blood components (which prompted the meeting) and
- ii) the recent line to take/Q&A following the US and Canadian advice to their blood centres to defer blood and plasma donors who have spent six months (cumulatively) or more in the UK.

Background

2. The US and Canadian intention to defer blood donors resident in or visiting the UK was signalled late last year. The concern was that this action might raise further questions about the safety UK blood components -red cells, platelets and fresh frozen plasma as these continue to be sourced from UK donors. Our line has always been that

- i) it would be impossible to supply the 3 million components needed every year by the NHS from another source
- ii) we are introducing leucodepletion to reduce the theoretical risk
- iii) there is no evidence that vCJD is transmitted through blood transfusion and
- iv) UK action is purely precautionary.

Reason for Submission

3. The Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT) discussed this 3 June. Members recognised that while it was unlikely that another source of blood components could be found, no formal exploration had been carried out. The Committee recommended that Ministers be made aware of this and be asked to decide on whether this should be done.

Summary of main points

4. The 3 August submission set out the position. We know that only two countries currently supply blood -the Netherlands and Switzerland. These are small and would not have the capacity to supply the UK. Even if another country eg the US

could supply it would be operationally extremely difficult –short shelf life especially of platelets, transport, storage and dealing with unexpected demand. Safety would be a major issue –increased bacterial infection associated with older blood and increased viral transmission where unlike plasma stocks cannot be impounded. The vast majority of countries have supply difficulties themselves which will be made more acute if they ban donors who have visited the UK. It is estimated that the US ban will reduce the supply by 2% and put the services in negative balance. Formal exploration of alternative sources of blood is likely to raise public concern even further without coming up with a positive solution.

Secretary of State's proposal

5. Secretary of State has indicated that we should:

- i) report our actions to date to SEAC, (ie on sourcing plasma from US and leucodepletion);
- ii) ask SEAC and MSBT to confirm their advice in the light of these actions and the American/Canadian deferral and
- iii) in the light of SEAC's and MSBT's response, consider whether or not alternative supplies of blood could be found.

Possible implications

6. This would appear to be a good plan and we have made arrangements to follow this up with SEAC and MSBT. It is difficult however to forecast how members of these committees might react, especially as the next meeting of SEAC –September preceeds that of MSBT –October. If SEAC were to advise that we formally explore the position, MSBT would find it difficult but to agree especially as it put the question in the first place. SEAC might need to co-opt an international expert on blood supply to inform the discussion and advice, and it is unlikely that anyone of this stature would consider this move feasible. However the publicity from the SEAC could also in itself raise concern and would need careful handling as implied in 5iii.

7. Your office has arranged a pre-meeting for 12.00 tomorrow.

Mike McGovern

Health Services Directorate