

RESTRICTED - POLICY

CMO

From: Dr Jecock PH6.2

Date: 12 September 2002

Copy: As attached

OUTCOMES FROM SEAC MEETING, 11 SEPTEMBER 2002

Summary

1. Yesterday's meeting of SEAC was the first in which routine committee business was discussed in public forum. This will be the pattern of all future meetings of the main committee. The meeting was not as well-attended as expected by either press or public. The day went well, with nothing of concern to report. Press coverage appears to be minimal, with nothing on issues of direct relevance to DH.

Key points of interest to DH

a) Closed session

2. In the initial closed session of the meeting, the committee gave its agreement to the provision, in confidence, of the detailed confidential minutes of its recent discussion of the blood risk assessment to the CJD Incidents Panel. This is subject to agreement from those who provided unpublished data to SEAC to inform that discussion. The risk assessment, commissioned by DH, has been seen by SEAC, MSBT and CSM, and is now being revised to take into account these committees' comments.
3. Also discussed in the closed session of the meeting was the first case in which infectivity has been found in tonsil of a BSE-infected bovine. This is the first indication that BSE may have a tissue distribution more similar to vCJD than previously thought. It may have implications for re-assessment of SRM (specified risk material) control measures to protect food safety, and FSA is likely to announce this finding next week, in conjunction with any further work which it considers necessary. FSA expects to notify the EC at the same time.
4. Pre-publication copies of the BMJ paper announcing the finding of abnormal prion protein in an appendix sample, and a paper reporting the tissue distribution of abnormal prion protein in the human eye were circulated, in confidence, to the committee for information.

b) Open session

5. All discussion of subsequent items was held in public. Of direct relevance to DH, was the discussion on the recent paper by Houston *et al*, reporting transmission of natural scrapie and experimental BSE between sheep via blood transfusion. The Committee considered that these new experimental data re-inforced the possibility that blood transfusion is a possible mechanism of transmission of vCJD, although the data do not inform the magnitude of that risk. Members expressed their support for the precautionary measures that DH has already instituted to protect the blood supply. The main points were:
 - Important not to over-interpret these new data, but nevertheless the data support the view that infectivity is present both in association with white

blood cells, but also outside of those cells. However, it is not clear whether blood fractionation processes themselves might result in infectivity being released from the white cells into the plasma;

- The Committee therefore recommended further research on fractionated blood, particularly leucodepleted blood, and recommended that the process of fractionation should mimic that used for human blood as closely as possible;
- There may be a possibility of secondary amplification of infectivity, bearing in mind that the donor sheep infected with BSE used in this study were first passage animals. The implication for human health might be that higher levels of vCJD infectivity may be present in someone who had acquired the infection via secondary transmission, than if they had acquired it via eating BSE-contaminated food, for example;
- It would therefore be worth considering whether this work should be repeated in second passage animals.

6. The other item of direct relevance to this department was the discussion of a DH consultation document on removal, retention and use of human organs and tissues, and a related HO consultation document on death certification and coroners' services. SEAC members are concerned that surveillance for vCJD in elderly people is being compromised by the current low level of post-mortems in the elderly, and the reluctance by coroners to allow an examination of the brain. The Committee made a number of recommendations, which will be provided in response to both consultations. Amongst these were:

- Support for the concept of a medical audit service, proposed in the HO review, which would be responsible for dealing with deaths in which there is no ground to suspect criminality, and which would have the power to decide the purpose and scope of further medical investigation;
- Support for the value of research and surveillance studies using the unlinked anonymous technique, which provides invaluable information for public health purposes, and which the Committee considers should be undertaken without seeking consent.
- The indefinite retention, where possible, of tissue samples to enable retrospective analyses.
- Amendment to the Code of Practice on Import/Export of Human Body Parts, to allow import/export of human brains, spinal cord and CSF. If this is disallowed, SEAC's view is that the UK's participation and lead role in international research and surveillance of CJD will cease.

7. We expect the full minutes of the public session of the meeting to be published within the next ten days.

Rowena Jecock

Copy:

Mr Waring PS/SofS
Mr Stewart APS/PS(PH)
Mr Murphy Sp Adv
Prof Corrigan Sp Adv
Dr Troop DCMO
Ms Wetterstad PS/Perm Sec
Professor Sir John Pattison RAI
Dr O'Mahony PH6
Dr Wight PH6
Dr Edwards PH6.2
Mrs Holt PH6.2
Mr Beasley COMMS
Ms Treharne-Jones COMMS
Mr Hare EOR
Dr Leigh PH6.2
Mr Hall PH6.2
Mr Lister PH6.6
Dr Rushdy PH6.6
Dr Stephenson RD2
Dr Malik RD2
Mr Dean CQEG
Mr Kingham IB
Ms O'Sullivan IB
Mr Orr UKREP
Dr Boyle DEFRA
Dr Bailey DEFRA
Mr Harvey FSA