File 63/7 CJDV

Philippa Edwards
06/09/2002 14:31

To: Pat Troop/DCMO/DOH/GB
cc: Charles Lister/PH6/DOH/GB GRO-C, Mary Holt/PH6/DOH/GB GRO-C, Rowena Jecock/PH6/DOH/GB GRO-C, Stephen Norton/PH1/DOH/GB
cc: Charles Lister/PH6/DOH/GB GRO-C Mary Holt/PH6/DOH/GB GRO-C
Subject: Re: Haemophilia Directors

RESTRICTED - Policy

Pat

Rowena has asked me to provide you with an update to enable you to respond to the Haemophilia Directors' complaint that they have had to wait too long for advice from the CJD Incidents Panel on the risks of transmission of vCJD through plasma derivatives.

The key points are:

1. **The Panel's proposals for all potentially exposed patients**

The Panel is seeking agreement from the CMO to the establishment and resourcing of the systems required to implement the CJD Incident Panel's proposals in relation to potentially exposed patients. The main proposals are the establishment of a confidential database of potentially exposed individuals and contacting those individuals most at risk in order to inform them of their possible exposure and to take steps to prevent onward transmission. The Panel's proposals are set out in a framework document that was released for consultation in October 2001. The framework is in the final stages of redrafting in the light of comments received.

The issue of providing adequate support, particularly for those tasked with providing information and counselling to individuals in the contactable group, was the subject of the correspondence between Michael Banner and you copied below for ease of reference. Your letter to Michael Banner indicates that you prefer to wait until a decision has been taken on whether to support the Panel's proposals before establishing the mechanisms for providing the resources required. In the meantime, PHLS has been commissioned to work up a proposal for a communication strategy in line with the Panel's proposals.

The Panel is providing some advice in advance of agreement on the framework document but considers it cannot advise contacting potentially exposed individuals until the appropriate support mechanisms are available. Letters advising contacting patients have been drafted but not sent.

A small number (10 - 20) of individuals have already been identified as in the contactable group. None have been contacted to date. The Panel is advising, as appropriate, that individuals should be traced so they could be contacted or that hospital/medical records should be retained so that details could be entered on to a database, if it is agreed. The individuals identified as in the contactable group are mainly recipients of whole blood donations. You have also corresponded with the National Blood Authority on this issue and they are also concerned about the resources and expertise required to provide the contactable group with information and counselling in an appropriate manner.

2. **Blood risk assessment**

Also important, in relation to meeting the request from the haemophilia directors, is the assessment of whether individual recipients of plasma derivatives will be in the contactable group. The Panel attempted to use the 1999 DNV report on the risks of transmission of CJD though blood and blood products as the basis for its advice but found that report inadequate for that purpose. DH asked DNV to update its blood risk assessment in the light of recent findings and to provide an assessment that can be used for the CJD Incidents Panel's work. The draft risk assessment has been seen by MSBT, SEAC and the CSM. There was general agreement on most of the risk assessment but no consensus on one key step, the effect of processing on the potential levels infectivity in plasma derivatives. Of the 3 possible approaches set out by DNV, two were considered to be scientifically sound. The 2 approaches give very different levels of risk for some of the derivatives.

The CJD Incidents Panel will have to decide which of the 2 approaches they consider the most appropriate to use in the context on the Panel's advice. Although it is unwise to prejudge the Panel's decision, it is possible that very few recipients of plasma derivatives would fall into the contactable group.

The DNV risk assessment is in the process of revision to take the comments of the 3 committees and independent experts into account. Hopefully it will be ready for the next Panel meeting on 17 October. However, DNV require a lot of assistance from the DH in revising the report as they are experts in risk assessment but not in either blood or TSEs. Resources within the DH CJD Policy Team are very limited and it may not be possible to achieve the October meeting. Given the importance of the decisions that will be based on the DNV report, it is essential that the assessment is as robust as possible despite the limitations of the data available.

Below is the correspondence between yourself and Michael Banner on the issue of the contactable group.

Please let me know if I can be of further assistance.

regards
Pip

Letter from Pat Troop to Michael Banner April 2002

Pat Troop to Michael Banner April

e-mail from Michael Banner to Pat Troop October 2001

----- Forwarded by Philippa Edwards/PH6/DOH/GB on 05/09/2002 14:50 -----

Michael Banner
<michael.banner GRO-C
GRO-C
29/10/2001 11:26

To: Pat Troop/DCMO/DOH/GB
cc: andrew.fraser GRO-C
Henrietta.Campbell GRO-C
Ruth.Hall GRO-C, Philippa Edwards/PH6/DOH/GB,
d.j.jeffries GRO-C Claire Mills/PH1/DOH/GB
Subject: Re: Blood letters

Dear Dr Troop

In the absence of Dr Edwards, I am sending as an attachment to this, a letter expressing the Panel's concern in relation to a number of matters. I
am also attaching drafts of letters to other which provide further relevant information.

Yours sincerely

Michael Banner

In case of problems, please call your organisations IT helpdesk. - Pat Troop/29/10/01 - PT/PI36 - PT/P147 - PT/PI52