

CONFIDENTIAL

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8 March 2002

Dear Angela

Thank you for your letter of 21 February setting out the NBS concerns over the tracing of recipients of blood products from a donor who went on to develop variant CJD. I support your view that the NBS has an obligation to take the steps necessary to protect the safety of the blood supply and this should not be compromised by the fact that the CJD Incidents Panel is proposing action which differs from current Department of Health advice. The Panel's proposals were set out in a draft framework document "Management of possible exposure to CJD through medical procedures – A consultation paper", which was made publicly available on 10 October 2001. The formal consultation period is now over and the responses are being collated. The Panel will wish to consider whether changes to the framework document are required in the light of the responses and meets on 17 April to discuss the framework document. The Department will also need to consider whether its earlier advice should be revoked, as clinicians will be applying directly to the Panel, rather than the Department, for advice.

The CJD Incidents Panel is recommending that recipients of blood products from a donor who went on to develop variant CJD should be informed of their potential exposure and the appropriate steps are taken to protect public health. However, the Panel recognises that the risk of transmission through blood is unknown and the task of providing the individual recipient with appropriate information in a sensitive way is difficult and that long-term support may be required. The Panel has proposed that those charged with the duty of providing this information should have access to expert support and the Department of Health is looking into ways in which this can be provided. The timing of this request for advice is difficult in view of the stage that the consultation of Panel's framework document has reached. However, the view is that we should advise recipients of their potential exposure but only once the clinicians are appropriately informed of the issues and support is in place.

I appreciate that you are not able to wait for these issues to be resolved before taking the steps necessary to identify the recipients in order to protect the blood supply. It would be prudent to ensure that the clinicians who are involved in the tracing exercise are aware that the Panel is still considering its advice in the light of the response to the consultation and that both the Panel and the Department of Health consider that it is essential that any recipients, who are contacted have access to the best information possible.

There may be considerable media interest in this incident and I would be grateful if you would keep me in touch with any developments.

I have discussed the contents of this letter with Professor Michael Banner, the Chairman of the CJD Incidents Panel. I am sending a similar letter to Martin Gorham and copies have been sent to the Chief Medical Officers of Wales, Scotland and Northern Ireland.

Yours sincerely

GRO-C

DR PAT TROOP
Deputy Chief Medical Officer