Fullerton, Ken

CG/006B.

From: Vicki Caddy
Sent: 22 November 2002 13:48
To: jim.hamilton@ GRO-C
Cc: Fullerton, Ken
Subject: Blood products issue

Jim - please find attached, as discussed, my thoughts on some lines to take re this issue - as I said, I have taken some of this from a general briefing note on vCJD forwarded to me by Dr Fullerton this morning and from the Scottish press statement. A lot of the Scottish release is not relevant to the case in NI.

As we also mentioned, I will feed all media inquiries to you, although I will be happy to provide support as necessary.
I would strongly recommend a pre-briefing of a selected group of media on this issue, most probably by the CMO. As we discussed, there is little or no prospect that the media will NOT pick this up.

We have been advised by the Scottish BTS this morning that the Scottish Haemophilia Society are aware of the issue, and this gives us fears that the issue may filter through to NI before the letters are sent out (on Tuesday 26th Nov).

In addition to the various roles to be played in handling this issue - ie DHSS vs BCH, we must also consider the role of the NI Blood Transfusion Service, as they are also closely involved and fully aware of the issue. For your info, this issue arose in the late 80's, when the regional haemophilia service was based at the RVH. Our involvement is simply that the service is now at the BCH and the Haemophilia Director for NI is Dr Julia Anderson at the BCH.

Should you need to reach me over the weekend, my home number is GRO-C and my mobile is GRO-C GRO-C

Best wishes,
Vicki
<<CJD information messages.doc>>

Vicki Caddy
Director of Client Services
Tel
Fax GRO-C

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CHAIRMAN		
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There is no evidence anywhere in the world that vCJD has been transmitted by blood transfusion or use of blood products between humans.

It is not known whether infectivity is present in the blood or tissue of any individuals who have been infected with vCJD. Since vCJD was identified in 1996, there have been just over 120 cases in the UK and one case in the Republic of Ireland.

Although the risk is entirely theoretical, we feel it is important to keep our patients fully informed.

A blood donor in Scotland, who much later developed variant CJD, donated blood twice in the late 1980's. These donations contributed plasma that was used to manufacture Factor VIII Clotting Factor for the treatment of haemophilia in 1987-89. Some of this product was used by haemophilia patients in Northern Ireland.

We must stress that this affects only a very small number of people who have received Factor VIII clotting factor as treatment for haemophilia over the period 1987-1989. Northern Ireland does not source whole blood from Scotland, therefore this issue does not affect anyone who has had a normal blood transfusion.

The Haemophilia Director in Northern Ireland, together with the NI Blood Transfusion Service were advised of the affected batch numbers and have now traced the recipients of these products.

Under UK guidance and along with the Haemophilia Directors for Scotland, we have today (26th November) written to around 70 men with haemophilia in Northern Ireland, who received Clotting Factor from the Scottish National Blood Transfusion Service during the two-year period involved. We have been able to identify those patients who received the affected batch, of which there is only a very small number, but we are obliged to ask patients whether they wish to know if they have received affected product, as some may not wish to be informed..

This group of some 70 patients are all being offered individual counselling with their specialist consultant, at