

**RESTRICTED - POLICY****PRIME MINISTER****BLOOD AND CJD**

I discovered on Thursday 2 October that we cannot deny that there is a remote risk of new variant CJD (nv CJD) being transmitted by blood or blood derivatives. I convened a meeting this morning in my office with the relevant scientists from my Department, Professor John Pattison the Chairman of SEAC and a senior official from MAFF to decide on action.

Briefly the situation is that there is no evidence anywhere in the world of the old form of CJD being transmitted through blood or blood derivatives. There is no data for nv CJD and the scientists do not know whether it behaves differently. However experimental animal data suggests it is possible but not easy to transmit spongiform diseases by blood. Hence the fact is that we cannot deny that it is possible, even though the risk is very remote. Even if proved possible, it would still be a very remote risk providing nv CJD remains as rare as it is now. Professor Pattison's view is that it will take certainly months and possibly years before the science base exists to form a definite view. At present there is no test for nv CJD in blood.

If this information is released in a scaremongering way, it could have a devastating effect on public confidence in blood transfusions and the use of blood products. It could also potentially reduce willingness to donate. Some information is likely to come out because the French Government is shortly to be advised not to import blood products from Britain and because a BBC "Watchdog" programme is due to cover the issue on Thursday 9 October. We must be on the front foot in handling this.

Subject to your views, I propose to arrange for the Chief Medical Officer to provide a briefing for medical and scientific correspondents on Tuesday 7 October to try to get the story into the public domain in a balanced way.

He would emphasise

- (a) Blood transfusions offer an immediate prospect of saving lives which would otherwise be lost
- (b) the risk of death from CJD is minute compared with the risk of not having a transfusion

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(c) there is no evidence of any risk and it would only arise if nv CJD behaves differently to standard CJD

(d) nv CJD remains very uncommon

(e) as new evidence emerges the Government will take whatever action is necessary to maintain the integrity of blood supplies.

If you would like to question them I can get the experts into No 10 whenever you wish.

This is clearly a matter of the highest importance with the potential to snowball into a huge issue of public confidence. I would therefore like to call upon the whole of the machinery of Government to deal with it. I have discussed and agreed my proposed line of action with Jack Cunningham. If this lines commands your support, I will ensure that Cabinet colleagues are fully briefed to ensure that we handle the issue calmly and consistently.

I am copying this minute to Jack Cunningham and Sir Robin Butler.

GRO-C

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