BCO 8/4

To: CMO

From: Lindsey Davies

Date: 6 July 2004

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vCJD and Blood Transfusions: Summary of Discussion at MSBT, 29 June 2004

1. To inform you of the outcome of the extraordinary meeting of MSBT convened to discuss the implications of the second possible transmission of vCJD by blood transfusion. Ailsa Wight's submission of 14 June to SofS and 1 July to PS(PH) gives the background and Rowena Jecock's submission to you, which summarises SEAC's deliberations on this issue, is also relevant.

2. Professor James Ironside, Director of the National CJD Surveillance Unit, gave a presentation, similar to that which he gave to SEAC. He set out the clinical features and history of the patient and once again emphasised the medical-legal nature of the case and the fact that details were still sub-judice. Professor Peter Smith, Chairman of SEAC, also attended the meeting.

3. The main points of agreement were identical to SEAC in that the acquisition of vCJD as a primary infection in this case, rather than via blood transfusion was unlikely but could not be ruled out. MSBT also concluded that this second case reinforced the potential infectivity risks from human blood and removed any doubt that the first case was a co-incidence. It also confirmed that the original decision to exclude donors who have had blood transfusion was the correct one. The Committee was

also of the view that there were no additional public health protection measures, over and above those currently in place or being considered, that needed to be introduced at this stage. The committee took the view that ideally autopsy should be carried out in all cases on vCJD at-risk patients, but recognised that this was likely to be difficult to implement in practice.

4. We took the opportunity of the meeting to discuss progress on a number of other measures we considered at our meeting on 22 January, which we had intended to review at our October meeting.

Exclusion of Apheresis Donors

5. At the meeting in January, the Committee agreed that whilst previously transfused new apheresis donors would be excluded, previously transfused existing apheresis donors would only be excluded as soon as implications for reduced supplies (particularly HLA/HPA matched platelets) could be managed. Since the introduction of the exclusion, about 80 apheresis donors have confirmed that they have had a transfusion, which is below expectations. NBA have now concluded, following an analysis of the apheresis donor base, that exclusion would not adversely impact HPA matched platelet and donations or the majority of HLA matched platelet donations. MSBT therefore agreed that all previously transfused apheresis donors be excluded no later than 31 July. I should just point out that a handful of apheresis platelet donors with very rare HLA types who had been previously transfused would be retained until replacements could be found. Those donors would not be routinely invited to donate and donations would only be sought from these donors following a clinical waiver to meet the needs of an identified patient.

Unsure Blood Transfusion Donors

6. When the original exclusion decision was taken, it was decided to exclude only those donors who were certain that they had received a transfusion and not those who were unsure in the first instance. This was partly a pragmative approach to avoid overloading the NHS with enquires from donors about their transfusion histories. To date only 1,919 whole blood donors have said that they are unsure about whether they have had a transfusion. This is significantly below the additional 3.1% of the donor base predicted. NBS have now concluded that in light of these numbers, those donors should also be excluded and MSBT accepted their conclusion. It is recognised that this decision may increase requests to hospitals on transfusion history, however, it was felt that as the numbers are small the rationale for not excluding them has gone.

7. In his Statement to the house on 16 March, Secretary of State said that he had asked MSBT to consider whether further action was needed on this as

part of the general review of the measures and report back to him. If you are content with this recommendation, I will ask the Blood Policy Team to send a short submission to Secretary of State seeking his agreement. We will then need to consider whether any announcement needs to be made or whether the various communications the Blood Service plan to inform donors would be sufficient. It is envisaged that this exclusion will also commence 31 July subject to Minister's agreement.

Lindsey Davies