

Our Ref: KG99

RESTRICTED POLICY

Mr Guinness CA-OPU

From: Dr A Rejman CA-OPU2

Date: 9 September 1996

Copy: Dr Metters DCMO
Dr Rotblat MCA*
Dr Wight HEF*
Ms Corrigan CA-OPU2
Mrs Silvester MCA*
Mr Sloggem MCA*
Mr Morrison HEF*

* with copy of Ms Towner's minute

CJD EXCLUSION CRITERIA - BLOOD DONATION

1. I enclose a copy of a letter received by CMO which has been passed onto me to be treated as Treat Official correspondence.
2. You will recall the exchange of correspondence between the **GRO-C** whose son died of CJD at the age of 19 and the NBA and DH. In the letter sent from the Department in January 1996, it was stated that donors with a family history of CJD were excluded according to the criteria of the Council of Europe and European Union. In a letter dated 27 February 1996 from Dr James, NBS Chairman of the Standing Advisory Committee on the Selection of Donors, it was stated that "all individuals or who have a family history of CJD are permanently excluded from donation."
3. Both you and I were on leave when the BMJ article of 24 August appeared. I see from Ms Towner's minute of 23 August that the formal instruction to "directly question" donors about a family history of CJD was not issued until 12 July, stating that it should be implemented from 1 August.
4. You will see that it appears the **GRO-C** claim of a lack of consistency in the operation of this exclusion by the NBS may indeed be correct.
5. If so, then this means that we may need to go through the PQs referring to CJD and blood and check to see precisely what the answers stated about individuals with a family history of CJD being excluded from giving blood. These were based on advice from the NBS which is on file stating that family donors were being excluded.

6. You will also note that this exclusion on the basis of a family history was accepted by the SP-HM (Council of Europe group of experts on Blood Transfusion), in October 1994, and Dr Robinson and I contributed to the Explanatory Note in the Council of Europe Guide.
7. At the meeting of the MSBT on 2 May 1996, Dr Robinson asked for the Committee's view as to how wide the deferral of relatives of patients dying of CJD should operate. There was no suggestion at this meeting that this exclusion was not operating universally within the BTS at that time. I note that this followed the meeting on 9 April 1996 where NBS and SNBTS staff together with NIBSC and virologists considered the report of possible transmission of BSE to humans. It was agreed by that group that the UK BTS should take urgent action to ensure that current European Directives in this area are followed in particular that direct questioning of donors in relation to a family history of CJD should now be instituted.
8. I shall leave it to you and copy recipients to consider what action needs to be taken in respect of the problems with PQs etc. However, I would be grateful for your advice on handling of the TO correspondence. My own view would be that it might be appropriate to write to Dr Robinson at the NBA enclosing this letter asking for her comments and asking for facts in respect of how far the exclusion criteria were or were not being applied and any reasons for this. It might also be worth asking why it took 4 months from the meeting in April, when presumably the NBS was aware of deficiencies until 1 August to correct these.
9. In summary, this letter seems to confirm that in some blood transfusion centres the exclusion criteria for CJD in respect of family donors were not being applied, despite reassurances from the NBS that they were. Action needs to be considered in respect of PQ answers which may have misled the House and Ministers. It is proposed that the NBA be asked specific questions in respect of this matter.

GRO-C

Dr A Rejman

Room GRO-C Ext GRO-C

EH