cc: PS SofS
PS Perm Sec
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Ms Freeman IID
Mr Skinner PHI.1
Dr. Wight PHI.1
Dr Rubery PH
Mr Middleton IID.I
Miss Jackman MCA
Dr. McGovern HSDI
M/s Christopherson
Ms Corrigan PPD HSDI
EUH 1B

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REF: FCO Telnos 104, 115, 228 to PARIS
FCO Telnos 173, 174 to ATHENS (6 November 1997, not to all)

SUBJECT: NVCJD AND BLOOD - UPDATE

SUMMARY

1. The Government will today announce that, following a risk assessment on the possible transmission of new variant CJD (nvCJD) from human to human through blood or blood products, it has accepted the recommendation of its independent scientific advisers that, as a precautionary measure, all blood destined for transfusion should be subject to leucodepletion as soon as practically possible. Risk still theoretical. No action required by posts. Further defensive lines.

DETAIL

2. Last November, following advice from the Government's independent scientific advisers - the Spongiform Encephalopathy Advisory Committee (SEAC) - the Department of Health commissioned a risk assessment of possible human to human transmission of nvCJD through blood for transfusion or blood products. At the same time, the Government instructed the National Blood Authority (NBA) to prepare a strategy to implement leucodepletion - as a precautionary measure.

3. Leucodepletion is the process which reduces the number of white blood cells in the blood. SEAC decided that if nvCJD is present in human blood, its most likely host are the white blood cells. Leucodepletion will therefore reduce the risk of human to human transmission, if that risk exists. The NBA already leucodepletes 5-10% of all blood donations.

4. On 15 June, SEAC considered the latest research. They concluded that the risk was still theoretical. But they recommended "that the Government should extend the use of leucodepletion for all blood destined for transfusion as soon as is practically possible."

5. The Government accepts SEAC's advice and will instruct the National Blood Authority to implement the leucodepletion strategy as soon as is practicable.

6. Since the UK does not/not export any whole blood, there is no risk of other countries' blood stocks being affected. Leucodepletion is a safe process: several EU Member States already use it or plan to. France leucodepletes 100% of its blood supply (from April 1998); some transfusion centres in Austria do; Portugal and Ireland plan to move to 100% leucodepletion; Finland and the Netherlands also leucodeplete significant proportions of their blood supply.

LINE TO TAKE

7. Posts should not/not raise this with host governments. But in response to enquiries, please draw on TURs and the following:

What sparked this?

- Independent scientific advice. Not (not) because of any new evidence that nvCJD can be transmitted by blood.

What has happened?

- SEAC advice recommends that every practicable precaution should be taken to safeguard the use of blood for patients (provided this does not impact adversely on the supply of blood). Leucodepletion will do that.

- Government has always said it will take all necessary steps recommended by the relevant experts to safeguard patients.

- The Health Secretary asked the NBA to prepare a leucodepletion strategy last November. It will now be put into effect.

Blood transfusions safe?

- Government taking all necessary steps recommended by its Scientific Advisers to safeguard patients. But risk from nvCJD still only hypothetical. No evidence to show transmission can happen in this way. And any risks would be very low, as each unit of transfused blood goes to a maximum of three patients. Risk from not having a transfusion where this is medically required is/is known and is significantly greater than the risk from nvCJD.

Risk to blood supplies in host country?

- None. First, the risk of transmitting nvCJD by blood is still theoretical. Second, the UK does not export whole blood.

Blood products?

- Blood products are derived from pools of up to 60,000 donors, so the hypothetical risk is likely to be greater than from whole blood. But still no scientific evidence of transmission by this route.

- Government already announced, in May, that UK manufactured blood products should not be sourced from UK blood plasma. Plasma is to be imported.

HMG recalling blood products sourced from UK plasma?

- No.

Current UK practice on withdrawal of suspect donations?

- The EU and UK expert bodies have advised that recall action is only necessary where products have been made from plasma from a donor who subsequently developed, or who is strongly suspected of having, nvCJD (as a precautionary measure only). The UK follows this advice to the full.

Risk of transmission from BSE infected meat via blood?

- Risk is negligible. There is no scientific reason why these concerns about the theoretical risk of transmitting nvCJD through human blood and blood products should increase people's worries about eating beef containing blood. In experimental studies, neither muscle nor blood nor white blood cells in animal blood - which scientists think are most likely to transmit BSE - have transmitted the disease.

8. If you need further information, please contact Chris Corrigan (GRO-C) or Deidre Feehan (GRO-C) in the Department of Health.

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