From the Parliamentary Under Secretary of State
Lord Hunt of Kings Heath

DH Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

Your ref: MIN/C0730/ID

POH(6)5090/281

Dr Lynne Jones MP

18 MAY 2001

14 MAY 2001

Dear Lynne,

Thank you for your letters of 8 February and 22 March about the provision of recombinant blood products for haemophiliacs. I apologise for the delay in replying.

I realise it is of little consolation to those haemophiliacs who have received the implicated blood products but there is no evidence that Creutzfeldt-Jakob disease (CJD) of any type has been transmitted via blood products, although the possibility cannot be ruled out entirely. However, the Government has acted on expert advice to minimise this theoretical risk to patients by ensuring that all blood products manufactured in the UK are made from imported plasma.

Your constituent has asked why the media were informed before those who had received the implicated blood products. On 12 December 2000, UK Bio Products Laboratory (BPL) was notified that a donor who gave plasma during 1996 and 1997 had since been diagnosed as suffering from variant CJD. The plasma from this donor was fractionated into several batches of different products. Without delay BPL wrote to the major distributors of BPL products and on 15 December to NHS Chief Executives and clinicians to inform them of the incident, listing the batches of implicated product supplied. The National Blood Service set up a special customer service line to deal with enquiries from hospitals and clinicians. The NHS Direct Website also contained information about the incident.

In 1998 the Department gave advice to NHS Trusts based on ethical advice received at that time, that patients should not be told if they had received vCJD implicated products because the risk that vCJD might be transmitted in this way is low, there is no diagnostic test for vCJD and even if there was a test, sadly there is no treatment. Ethical thinking has now moved towards giving patients the opportunity to make an informed choice about whether they wish to be given this type of information. We have therefore asked an expert panel, the CJD Incident Panel to review the 1998 guidance and are awaiting the results of their deliberations.

In early January after consultation with officials, the UK Haemophilia Centre Doctors Organisation wrote to Haemophilia Centre Directors advising them to inform all of their patients about the situation and give patients the choice of knowing whether they had received the implicated products. It was very unfortunate that the media published articles before many patients had been informed.

Your constituent has also asked about the provision of recombinant clotting products. The Government has already instructed NHS Trusts to provide recombinant clotting factors to new haemophilia patients in England and those aged under 16. Earlier this year I met representatives of the Haemophilia Society, the UK Haemophilia Centre Doctors Association and the RCN Haemophilia Nurses Association to discuss ways of working towards improvements in NHS care including the provision of recombinant clotting factors for all haemophiliacs. The Government is currently giving careful consideration to the case for extending this provision to all haemophiliac patients in England.

GRO-C

PHILIP HUNT