ANNEX 3

DH NEWS CONFERENCE 21 OCTOBER 1999
DRAFT OPENING STATEMENT

"Good afternoon ladies and gentlemen. I am grateful to Professor Smith and his colleagues for having outlined the Committee's advice, following on from their meeting on 20 September.

The possibility of person-to-person spread of variant CJD is a remote theoretical risk. However, the Government has taken thorough action to minimise that risk wherever and whenever possible.

In June, you may recall SEAC advised that use of trial contact lenses should be restricted to single patient use. The Department has since agreed with opticians that contact lenses issued to patients for trial wearing should not be re-used. I am grateful now to SEAC for having looked into the wider question of the use made of other contact lenses and ophthalmic devices.

The risks SEAC originally identified apply equally to contact lenses used for diagnostic purposes - diagnostic fitting sets as they are sometimes known - and ophthalmic devices which come into contact with the eye. Let me emphasise that these risks are theoretical - there is no evidence to suggest any transmission has ever occurred. Nonetheless, as a precautionary step, the Secretary of State has accepted SEAC's advice that wherever practicable these items should not be re-used"

We have already got in touch with ophthalmologists, opticians and representatives of the medical equipment industry about implementing this advice as speedily as possible. In your briefing packs, you have copies of the Advice Notes we have issued today to the industry and the professions. There will have to be a transitional period while we agree what is practicable, and manufacturers produce the additional stocks

required for a single use policy to be implemented.

"In addition those ophthalmic devices which touch the eye and have components which can be made replaceable will be confined to single use as soon as additional supplies can be assured. Also, improved methods will be sought in the cleaning and decontamination of those devices that cannot be provided with single use components."

Moving on from eyes, SEAC has of course advised also on other potential routes of person-to-person spread. Perhaps I should deal in turn with the various steps the Department of Health has taken. First, there is the important also issue of safeguarding of the national blood supply. Again, although the risk of transmission of vCJD from blood transfusion is a small and again I stress theoretical risk, all blood collected will be subject to leucodepletion – that is, the removal of white blood cells - by 1 November 1999. And since May 1999, licensed blood products have been manufactured using only non-UK plasma, following earlier advice from the Committee on Safety of Medicines. We are grateful to the Committee for having confirmed in its statement today that no additional steps are necessary to protect UK blood supplies.

Next, there is the question of the importance we attach to effective and thorough cleaning of surgical instruments, to ensure that every precaution is taken to minimise the risk of transmission of vCJD. In August this year, comprehensive guidance was issued to the NHS about this. We are currently exploring with surgeons what additional precautionary measures could be taken to prevent theoretical risk of transmission from surgery involving the central nervous system and ophthalmic tissue. We are also looking to see whether there are other practicable safeguards for procedures involving other lymphoid tissue including tonsillectomy.

We also recognise that the prompt development of a vCJD blood test is imperative and research into its development is actively underway, but there is still some way to go. Until we know more about this disease and how it is transmitted, we will continue to act promptly, as we have done, on the advice of SEAC and apply precautions wherever possible."