DEPARTMENT OF HEALTH

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From the Chief Medical Officer
Sir Kenneth Calman KCB MD FRCS FRSE

Letter to be faxed.

Our Ref: PO Jkt 97/367
Dr Colin Feek
Chief Medical Adviser
Ministry of Health
133 Molesworth Street
PO Box 6013
Wellington

Dear Colin,

17th November 1997

LEUCODEPLETION AND NVCJD

Thank you for your faxed letter dated 10 November 1997 in which you asked about SEAC's recent advice about leucodepletion.

SEAC considered the issue of the safety of blood and blood products in relation to new variant CJD (nvCJD) at their meeting on 24 October. The Committee had already concluded at an earlier meeting, when it considered the findings of Bruce et al and Hill et al published in *Nature* on 2 October 1997, that the transmissible agent of nvCJD is indistinguishable from that of BSE but distinct from any of the forms of classical CJD.

Although the epidemiological data on classical CJD has not revealed any risk of transmission by blood or blood products, there is evidence suggesting that the pathogenesis of nvCJD differs from that of classical CJD (such as John Collinge's work demonstrating that abnormal PrP can be detected in the tonsils of clinically affected nvCJD patients but not in those of classical CJD patients), which tends to suggest that in nvCJD there may be more involvement of lymphoreticular tissues, possibly involving circulating lymphocytes.

In view of these considerations on nvCJD the Committee concluded that it would be logical to seek to minimise any risk from blood or blood products by reducing the number of lymphocytes present. The Committee therefore recommended to the UK Government that it should consider extending the use of leucodepleted blood and blood products as far as is practicable. They also recommended that risk assessments be carried out to inform decisions on any measures which may be necessary to protect recipients.

The Government has accepted the advice of SEAC, and is implementing it. The National Blood Authority (NBA) is working towards leucodepletion, and in parallel to this work the Department of Health is commissioning risk assessments of the potential risk of the transmission of nvCJD by blood or blood products, so that necessary measures can go ahead with the minimum of delay.

I would like to stress that we regard this action very much as precautionary, and I am anxious that people should not lose confidence in treatments involving blood or blood products thereby potentially putting themselves at a much greater risk from not receiving the necessary treatment. That is why, in the Government's response to SEAC's advice, we were careful to point out that people in need of treatment with blood or blood products should not have any hesitation about accepting it, and that any risk of nvCJD will be far outweighed by the risks of damaging health through not doing so.

I attach a copy of the full text of SEAC's advice and a Departmental press release in which the Secretary of State for Health announced the Government's acceptance of SEAC's advice.

Regards

GRO-C

KENNETH C CALMAN
Chief Medical Officer

cc. Dr Wight
Mr Slim
Mr Jones

ENCLOSURE

PS Jackie