

Hill Frank (RQ3) BCH

From: Hill Frank (RQ3) BCH
Sent: 08 January 2009 13:39
To: 'Nicky Connor'
Subject: RE: DNV calculation

Dear Nicky,

S notes are with the coroner and it is being organised for someone to go through the notes and copy any transfusion data for me. The older computer records at Swindon are not accessible.

From various data sets I've managed to estimate the percentage of each batch that is accounted for by notifications to NHD. For some it is almost complete but for other batches it is quite low, the mean is 48 percent. I will need to try to establish where the gaps are.

There are some minor changes to number notified as receiving batch FHB4547 61 patients with 63 treatment episodes (2 patients had 2 separate doses) and batch FHCC4237 117 PATIENTS with 121 treatment episodes (4 patients had 2 separate doses and batch FHE4548 IS 88 PATIENTS (1 PATIENT HAD 2 SEPARATE DOSES). FJA4239B is 9 patients and correct.

Kind regards,
Frank

-----Original Message-----

From: Nicky Connor [GRO-C]
Sent: 07 January 2009 17:07
To: Jenny Ball [GRO-C]
Cc: Stephen Dobra [GRO-C]; Dominique Brookes;
Peter Bennett [GRO-C]; d.j.jeffries [GRO-C];
david.pryer [GRO-C]; Pat Hewitt; Helen Janecek;
charles.hay [GRO-C]; Hill Frank (RQ3) BCH; Akram Zaman; Simon
Padfield
Subject: RE: DNV calculation

While Dominique is collating the risk calculations on the 4 high risk batches and 2 medium risk batches donated by TMER 123, I thought that I would send you this presentation that was put together by Angie Bone and Anna Molesworth.

I thought the teleconference should decide what questions should be brought to the Panel:

1. Whether the 14 or more donors who gave blood to the infected haemophiliac should a) be allowed to continue donating blood b) be informed that they are at risk of vCJD for public health purposes.

If the haemophiliac had received a blood transfusion from a known vCJD case, then any other donors would not be considered at risk of vCJD, and no action would be taken regarding their future donations (I will double check this). Should the same apply given that the haemophiliac received not blood, but Factor VIII from a known vCJD case (donated six months before onset of illness)?

2. Whether this changes the Panel's public health management of:

- a) 262 haemophiliacs known to have received clotting factors from the donor TMER 123
- b) 802 haemophiliacs known to have received clotting factors from other donors who have developed vCJD
- c) 3,338 (4,140-802) haemophiliacs in the umbrella group, who are not known to have received clotting factors from donors who have developed vCJD
- d) 82 people who have received medium risk plasma products sourced from donor TMER 123. None of the (up to 42) living recipients are at risk of

vCJD.

e) Over 2000 people who received medium risk plasma products sourced from other donors who have developed vCJD. 11 of these people are at risk of vCJD.

If the teleconference wishes to take any or all of these issues to the Panel, then I would be very grateful for any risk assessments that your team is able to provide for the Panel meeting on 22 Jan.

Best wishes
Nicky

Dr Nicky Connor
Consultant Epidemiologist
CJD Section and CJD Incidents Panel
HPA Centre for Infections

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-----Original Message-----

From: Jenny.Ball [GRO-C] ([GRO-C])
Sent: 07 January 2009 14:06
To: Nicky Connor
Cc: Stephen.Dobra [GRO-C]
Subject: DNV calculation

Dear Dr Connor,

Hopefully you remember me from the Haemophilia meeting yesterday here at DH. Stephen D and I were wondering if you might be able to email through the DNV calculation that you mentioned at the meeting. Also if you have any information on the pool size and any other relevant information relating to the incident that would be useful too .

I believe that you are planning a teleconference on this pretty soon and we were wondering if you might be able to send through the calculation prior to this.

Many thanks,

Jenny

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