

DOCTOR

Well, as you know there is not a lot of scientific evidence so far as to how CJD is transmitted and we are a responsible service, extremely sensitive to public anxiety and we have been aware of the possibilities of different scientific evidence but from the 1st of August 1996 we actually introduced a donor session direct questioning of donors to find out if they have any relatives who have been affected by CJD, now we know there is a type of CJD that tends to run in families and this is the reason for actually introducing this, but I think one should not get too anxious at the moment but be cautious

PRESENTER

How do you assess the risks then of blood supplies being infected when you cannot immediately detect that CJD agent is in the blood

DOCTOR

Well again, I mean you are so far aware that there is not very much available, it is a fairly new development but I understand that in cases which have been explored abroad where for example a blood donor has been found to develop CJD there has been no evidence at all that recipients of his blood have developed CJD and in that, despite anything else that has to be reassuring

PRESENTER

Are you saying the risk of contraction of CJD from blood supplies is very small then

DOCTOR

The answer is that we do not know, we are assuming first of all that it is transmittable by blood and we do not know that

PRESENTER

You are also making a lot of assumptions about family history here, one that the person donating blood is indeed telling you the truth about their family history and two that they actually know whether somebody in their family died of CJD or not

DOCTOR

Well again there has been a lot of information in the press about CJD and alot - I mean I do read the papers and of course we had a lot of questions aswell, we are assuming, we have to assume that what the donors have told us is the truth and I must remind you that we have one of the safest transfusion services in the world, as far as you, you know other reasons are concerned, so we are doing the best we can

PRESENTER

Dr Kishindi(PH) from the transfusion medicine service at the Leeds Blood centre thank you for joining us, also with me is Dr Martin Schweigen(PH) of course Consultant in Public Health at Leeds Health Authority. Good Afternoon, should we be alarmed, are we right to be alarmed by this story

DOCTOR

I do not think alarm is quite appropriate, I think we ought to be interested and we should be pressing that there is continued surveillance, observation and then proper Public Health approaches taken for the whole CJD issue

PRESENTER

Well more research really

DOCTOR

Well more than research, I think we actually need to monitor carefully exactly what is happening, but it is sensible to bare in mind two things, one is that at this moment in time we have not got a single human case of CJD either presently linked to BSE in cattle and that problem or anything in the past where we can definately say it was a blood transfusion that caused the problem, so there is no historical presence, this does not mean we should not be concerned

PRESENTER

It strikes me that we know precious little, maybe even dangerously little about CJD and indeed its links with BSE and how that could come through a blood transfusion

DOCTOR

Well I think that is absolutely right and we certainly do need to encourage the government to have comprehensive research programme, the results of which are sensibly put into the public as soon as the information is available and has been validated, we have also got to bare in mind that people who have made their, well come to their own conclusion that it is quite sensible and rational to continue eating beef, because they have come to the conclusion that the risks to themselves is very small, the risks of eating beef must be several folds higher than risks of receiving a blood transfusion, although I would personally be happy to have a blood transfusion and I would certainly echo previously, as long as we have a voluntary blood donation service people are giving blood because they are wishing to help and do something positive, they are not given because they are going to be paid for it, I think we have a very safe blood transfusion service, we have now got an added element that comes into it but I think people can continue to receive blood on the basis that it is the appropriate step in their care at that time

PRESENTER

Doctor thankyou for joining us on the lunch time news aswell today, it is just coming up to thirteen minutes past one. Well one group of patients who maybe concerned by what has been revealed today are Haemophiliacs who due to their condition have to have regular transfusions to stay alive, joining us now is **GRO-A** whose fourteen year old son **GRO-A** has been infected by blood supplies with Hepititis C and Hepititis B, three thousand people have been infected with Hepititis C in the U.K. it is a disease which can cause serious liver failure and other serious conditions. **GRO-A** good afternoon

GRO-A

Good Afternoon

PRESENTER

You heard Dr Sweiger(PH) there a Public Health Doctor saying that you should not be alarmed but we should be interested, which side of the fence do you fall

GRO-A

Well I think that although we should not become hysterical about any of these issues it is very very important that the blood is correctly screened before it is used in any way what so ever and quite apparently from the news this week and the outbreak of the discovery of Hepatitis A and certain blood treatments and again of Hepatitis C - we need to be sure that the product is being screened correctly so that this does not get through

PRESENTER

Your son[GRO-A] has to have regular blood transfusions. is it made clear to him and to you that there is a risk, even if it is not a risk that can actually be established how big a risk it is that CJD maybe passed onto him

GRO-A

No not at all, it has never been mentioned

PRESENTER

And what do you think of that

GRO-A

Well again it is quite a frightening thought that there is a possibility, we already know that there are various viruses that can get through in the blood and we need to do something more serious about this, I mean for instance in the case of[GRO-A] and the Haemophiliacs that require blood products on a regular basis they should be given a safer product I.E. a recombinant (PH) product which is now produced from totally synthetic means. it has no human blood in it at all

PRESENTER

Now I understand this is a synthetic product rather than using human blood but it is a case that this is quite expensive

GRO-A

It is very expensive and unfortunately the government in their wisdom have now slapped seventeen and a half percent VAT on it as well which puts it way beyond most hospital budgets, it is far too expensive

PRESENTER

Briefly take us through GRO-A case, how did he contract Hepatitis

GRO-A

He had been having injections over a few months, blood concentrates since he was diagnosed as having Haemophilia when he was ten months old and approximately ten years ago some of the blood treatment that he was given was infected with Hepatitis C and also B and we found out two years ago that he is actually walking around with Hepatitis C

PRESENTER

Is there a concern now that the ignorance about contracting Hepatitis, well maybe repeated with CJD

GRO-A

Almost definitely I mean it took all those years for people to suddenly decide that yes Hepatitis C was there, it was no longer caused non A and non B Hepatitis, it was actually there in the blood and it was Hepatitis C and this is how dangerous it is

PRESENTER

So what would you say now to the medical powers that be

GRO-A

I think they have got to do some serious thinking about what they are doing and sort the whole situation out, it is not good enough that we are all being exposed to all these things all the time

PRESENTER

GRO-A thank you for joining us on the lunch time news

END