

# National Creutzfeldt-Jakob Disease Surveillance Unit

Please reply to: Western General Hospital, Crewe Road, EDINBURGH EH4 2XU

## Clinical Office:

(Department of Clinical Neurosciences)

Tel: 0131 332 2117

Fax: 0131 343 1404

Dr RG Will, Consultant Neurologist

Dr M Zeidler, Research Fellow

Miss JM Mackenzie, Study Co-ordinator

## Neuropathology Laboratory:

(Department of Pathology)

Tel: 0131 537 1980

Fax: 0131 537 1013

Dr JE Bell, Consultant Neuropathologist

Dr JW Ironside, Consultant Neuropathologist

Mrs L McCardle, Senior MLSO (Direct Line) 0131 537 GRO-C

**PRIVATE & CONFIDENTIAL**

RGW/CS

2nd September 1996

Dr Christopher A Ludlam

Consultant

Department of Haematology

The Royal Infirmary of Edinburgh

Lauriston Place

Edinburgh EH3 9YW

Dear Dr Ludlam

Many thanks for your letter and I well understand the concern about the possibility of a risk of transmission of CJD through blood transfusion.

This issue has been looked at in the past as I am sure you are aware and I enclose a copy of a publication from this Unit on the epidemiological data relating to blood transfusion. This type of work has been extended to a case control study in the European Community which confirms the epidemiological findings. However there is a concern about the possibility of viraemia in prion diseases and I enclose a copy of a summary paper by Paul Brown which lists the relevant publications.

In relation to new variant CJD this condition has only recently been identified and there is no available evidence on the transmissibility of this disease. However I can let you know in strictest confidence that two of the new variant cases had acted as blood donors in the past.

For some time we have wished to carry out a look-back study in relation to CJD as we do have information on whether or not cases were blood donors in the past. After prolonged discussions it is now likely that such a study will proceed and you may wish to discuss this with Jack Gillan who is closely involved with the proposed research. There are major ethical difficulties to be decided in relation to this study but in my view the likely negative result will be an extremely important piece of information.

8  
11

- 2 -

In relation to the transmissibility of BSE the identification of a low rate of maternal transmission does raise the possibility that bovine blood or blood products might contain infectivity. In experimental transmissions using mice there has been no evidence of infectivity in blood and the possibility remains that maternal transmission is related to placental contamination. However the issue of the use of bovine material in pharmaceutical and medicinal production has been a matter of concern for some years and it was addressed by the CSM I think in 1989/1990. The strategy has been to ensure that since that time all bovine material used in the production of medicines is sourced from areas that are not affected by BSE. This has involved the importation of bovine tissues including foetal calf serum from Australia and New Zealand. My understanding is that all medicinal products are now and have been for some years sourced from bovine tissue obtained from outside the United Kingdom. In view of your understandable concerns about Factor VIII concentrate it might be best to consider contacting the CSM to confirm this.

I hope I have answered your questions adequately, but if not I would be pleased to discuss this further perhaps on the telephone.

With kind regards  
Yours sincerely

GRO-C

Dr R G Will  
Consultant Neurologist