The Rt Hon John Prescott MP
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BLOOD PRODUCTS AND NEW VARIANT CJD

Colleagues should be aware that the BBC "Watchdog" programme on 9 October will be leading on the possible risk of new variant CJD (nvCJD) being transmitted to the public through blood transfusions or treatment with blood products. All the indications are that the presentation will be sensationalistic, highlighting the issue as a "ticking time bomb" for public health. This is a difficult area where there are gaps in scientific knowledge which cannot be filled in the short term, and for this reason it is all the more important that the Government is seen to be setting the agenda rather than reacting to the media.

I have discussed the science underlying the issue with officials and with Professor John Pattison, the chairman of the Spongiform Encephalopathy Advisory Committee (SEAC). For sporadic (the old form of CJD) I am advised that there is no epidemiological evidence of human transmission by blood or blood derivatives anywhere in the world. For nvCJD there is no data, and we do not know whether it behaves similarly to sporadic CJD.

However, experimental animal data suggests that it is possible but not easy to transmit these spongiform diseases by blood. Hence, we cannot deny that there is a possible risk of transmission between humans via blood or blood products, albeit on present evidence a very remote one. Professor Pattison's view is that it will take some time, and years rather than months, before the science base exists to reach a definite view on the issue. This uncertainty is worrying for a number of reasons, and in addition to the obvious public health concerns, it gives the media more opportunity to generate scare stories in the interim period.

Against this background, it is important that we demonstrate that we are taking the issue very seriously and have action in hand to resolve so far as is possible the various scientific uncertainties. It is also crucial that we are open in setting out the full situation before the public to avoid accusations of cover-up or complacency. I believe that public pronouncements on these complex scientific issues carry greater credibility when they are given by our scientific advisors, and I have therefore asked the Chief Medical Officer to head up a scientific briefing early next week to ensure that the media have the full picture and that "Watchdog" is not allowed to set the agenda. John Pattison has kindly agreed to help in any media follow-up which proves necessary.

I attach a note setting out the key points, which the CMO and his team will emphasise. These explain the uncertainty about transmission, the present low incidence of nvCJD and the safety measures currently in place. We will also need to stress the Government's concern to protect public health in resolving this issue and to act decisively if the incidence of nvCJD rises to a significantly higher level.

The issue of the safety of blood products may also be raised in a European Community context, as we have received unconfirmed reports that the French Government will shortly receive official advice urging a ban on any plasma products derived from UK donors because the possibility of nvCJD transmission cannot be ruled out. The legality of any unilateral French action is questionable as the safety of blood products is an EU competence, but they would undoubtedly be seen as occupying the moral high ground. This dimension further reinforces the need to act promptly, as we should be seen as leading action to protect public health, rather than responding to pressure from Europe collectively or France individually.

I am copying this letter to the Prime Minister, Robin Cook, HS colleagues and Sir Robin Butler.

FRANK DOBSON