



**CONFIDENTIAL**

21 February 2002

Dr Pat Troop  
Deputy CMO  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

National Blood Service  
Oak House  
Reeds Crescent  
Watford  
Hertfordshire  
WD24 4QN

Tel: 01923 486800  
Fax: 01923 486801  
www.blood.co.uk

Dear Pat

**Re: Notification of vCJD in an ex blood donor**

The NBS has received a new notification of a case of vCJD from the CJD Surveillance Unit. This new case was a blood donor between September 1999 and September 2001. During that time, there were 7 blood donations. The first 6 donations were issued to hospitals as red cells; the most recent was issued as red cells and FFP. Thus, there are 8 potential recipients, who were transfused over the last 2½ years. We do not have further information as yet, but our next step would be to pursue with the hospitals (8 different hospitals) the fate of the blood components.

The timing of this case is particularly difficult, in the light of the CJD Clinical Incidents Panel Consultation Document and the changed advice with respect to recipients of blood components. Previously, we have operated on the advice issued by the DoH, which was to take no action to notify recipients. We are aware, however, of the increasing interest in this issue and the distinct possibility that some clinicians may want to adopt the approach outlined in the Consultation Document, ahead of formal advice from the Panel.

We have contacted the CJD Panel and have been advised that notification of recipients should await the establishment of systems for providing information and counselling in an appropriate manner. We totally agree that such provision should be available for recipients but the National Blood Service is now faced with a conflict. There have been clear instructions from MSBT to the NBS, with regard to recipients (such as these) who might later become blood donors. The NBS has put into place interim measures to prevent any donation from such an individual entering the blood supply, but we cannot take the necessary action in this case until we know who are recipients are. This means that we must proceed to contact the hospitals to obtain information about the fate of the blood components. To delay taking this action in this case, because of concerns that some clinicians might wish to take matters further with the individual recipients, could leave the NBS open to serious criticism. We are therefore anxious for a speedy resolution.

Yours sincerely

**GRO-C**

Dr Angela Robinson  
Medical Director

**GRO-C**

Martin Gorham  
Chief Executive

