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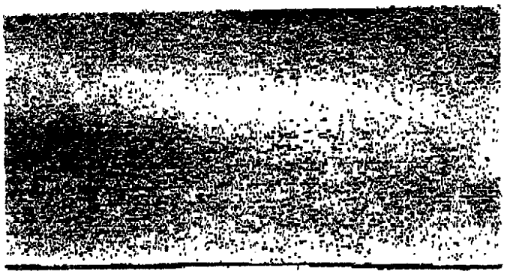

Medical in confidence

CJD Incidents Panel

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CONFIDENTIAL

10th March 2005

Dear Sir Liam

Blood donors to vCJD cases: reduction of further risk of transfusion-transmission of vCJD

I am writing to you to recommend that the UK Blood Services are asked to immediately prevent the use of blood donated by individuals whose blood is known to have been transfused to patients who have subsequently developed vCJD.

You will be aware that in November 2004 the DH Standards and Quality Analytical Team (Economics, Statistics and Operational Research) produced a risk assessment of blood donors to diagnosed vCJD cases. This risk assessment was considered by the CJD Incidents Panel (CJDIP) and the MSBT on 18th and 20th January 2005 respectively. These groups requested further consideration of the issue by a sub-group as soon as possible. Representatives of the CJDIP, MSBT, HPA, HPS, DH, NCJDSU and UK Blood Services (of England and Scotland) therefore met on the 28th February to discuss the implications of this risk assessment, along with relevant data concerning donors identified to date, and to recommend appropriate actions to reduce the risk of further transmission of vCJD.

By way of a brief summary of the donors identified to date: 6 vCJD cases are known to have been transfused and their donors have been traced under the protocol of the Transfusion Medicine Epidemiology Review (TMER). For one case, the onset of symptoms pre-dated transfusion; for another a donor with vCJD is already known (case reported by Llewelyn et al, Lancet, 2004). The other 4 recipients received transfusions from 115 donors who have been identified and flagged at NCJDSU and ONS (3 are known to have died of causes unrelated to CJD). According to donor records, these donors have made a total of 3,045 donations (range 1 to 122), ranging in date from January 1986 to January 2005.

The recommendation of this group is that these 115 donors should be asked not to donate blood, tissues and organs. Furthermore, the group felt that while appropriate

means of communicating this to the donors concerned are being determined and prepared, any donations given by these donors (or in current blood stocks) should be withdrawn from the blood supply and not issued for clinical use. The group was aware of legal advice that the collection of a blood donation with the intention of not using it may be considered an assault. However, the group felt that in situations where this was necessary to remove the risk to other patients before donors could be informed appropriately of their possible risk, this should be the recommended short-term action.

This matter currently only concerns the Blood Services in England and Scotland, as no donors to vCJD cases are from the Welsh or Northern Irish Blood Services. It is my understanding that the English and Scottish Blood Services are making arrangements to exclude any blood from these donors from the blood supply, even while awaiting your advice.

Our meeting on 28th February also recommended that further discussion and final recommendations concerning both the public health precautions appropriate for these individuals, and their other transfusion recipients, and further follow-up of these individuals, should be determined by the next meeting of the CJDIP (due late May/early June 2005).

I am writing a similar letter to the other Chief Medical Officers.

Yours sincerely,

GRO-C

Mr David Pryer
Chairman, CJD Incidents Panel

Cc Professor Lindsey Davies
Ms Carole Fry

CJDIP letter to L Donaldson 10/3/05