

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

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HSS(MD) 11/2015

For Action: Chief Executives, Public Health
Agency/Health and Social Care Board/HSC
Trusts/NIAS

Please see attached full addressee list

Our Ref:
Date: 8 July 2015

Dear Colleague

TRANSFUSION TRANSMITTED vCJD:

- (i) **UPDATED RISK ASSESSMENT**
- (ii) **AMENDMENT TO BETTER BLOOD TRANSFUSION 3 NORTHERN IRELAND (BBT 3 NI) - HSS (MD) 17/2011**

Action Required:

Chief Executives should ensure that this letter is drawn to the attention of all staff involved in blood transfusion.

1. The purpose of this letter is to draw your attention to:
 - a. updated guidance on the risk of transfusion transmitted vCJD;
 - b. replacement paragraph in HSS (MD) 17/2011 Better Blood Transfusion 3 Northern Ireland (BBT 3 NI).

Updated guidance

2. The Advisory Committee on Dangerous Pathogens (ACDP) Transmissible Spongiform Encephalopathy (TSE) Risk Management Sub Group updated their guidance on the risk of transfusion transmitted vCJD. In February 2014 NI Healthcare Trusts were informed about the Updated Guidance from (HSS (MD) 2/2014) ⁽¹⁾. This Sub Group's revised prediction model for the risk of transfusion transmitted variant Creutzfeld-Jakob Disease (vCJD) states that:

' a patient should now be considered to have an increased risk of contracting vCJD from donated blood components and or blood products, if exposed to 300 or more donors since 1990 ^(2,3) .'

3. The key difference refers to the exposure threshold for increased risk of contracting vCJD. This is now considered to be exposure to **300** or more donors, rather than the previous level of 80 or more donors.

Amendment to Better Blood Transfusion 3 Northern Ireland (BBT3 NI)

4. BBT3 aims to promote safe and appropriate provision and transfusion of blood components and blood products. In light of the updated guidance, Action Plan point 5.5 in **HSS (MD) 17/2011 BETTER BLOOD TRANSFUSION 3 NORTHERN IRELAND (BBT 3 NI)** ⁽⁴⁾ has been amended in accordance with the updated guidance produced by the TSE Risk Management Sub Group.

Para 5.5 should now be replaced with the following amendment:

- ***An individual should be considered to have an increased risk of contracting vCJD from donated blood components or blood products, if the total number of transfusions has resulted in exposure to approximately 300 donors since January 1990 ^(2,3). This recommendation excludes plasma and plasma products manufactured since 1998, which are sourced outside the UK.***
- ***An increased risk⁽²⁾ for contracting vCJD also applies to individuals who:***
 - ***Have received blood or blood components from another individual who has subsequently developed vCJD***
 - ***Have donated blood to an individual who subsequently developed vCJD***
 - ***Have received blood or blood components from an individual who has also donated blood to a patient who subsequently developed vCJD”***
- ***It is often difficult to ascertain when an individual has been exposed to 300 or more donors, since blood derived plasma products are pooled from multiple donors and the patient may have been administered transfusions in more than one hospital. However when it is possible to confirm that an individual has been transfused with blood components and products derived from 300 or more donors a Medical Practitioner should inform the individual of the increased risk of contracting vCJD and offer counseling in this respect.”***

Key points to note

5. All staff who have responsibility for the provision or transfusion of blood or blood products should be aware of this change in guidance.
6. For further information, an update of the range of measures currently in place in the UK to reduce the potential risk of transmitting vCJD by transfusion of donated blood can be found on the Department of Health Website; published by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) in

February 2015. <https://www.gov.uk/.../advisory-committee-on-the-safety-of-blood-tissue>.

Yours sincerely



Dr Michael McBride
CHIEF MEDICAL OFFICER

This letter is available on the DHSSPS website at
www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm

References:

1. HSS (MD) 2/2014: Updated Guidance from the ACDP TSE Risk Management Sub Group (formerly the TSE Working Group). www.dhsspsni.gov.uk/hss-md-2-2014.pdf
2. Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection: Part 4 - Infection Prevention and Control of CJD, vCJD and other Human Prion Diseases in Healthcare and Community Settings. January 2014.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/270732/Part_4_Infection_control_of_CJD_vCJD_and_other_human_prion_diseases_in_healthcare_and_community_settings.pdf
3. P Bennett, M Daraktchiev. vCJD and Transfusion of Blood Components: an updated risk assessment. www.gov.uk/government/publications/vcjd-and-transfusion-of-blood-components-updated-risk-assessment
4. Better Blood Transfusion 3 Northern Ireland (BBT3NI) HSS (MD) 17/2011. www.dhsspsni.gov.uk/hss-md-17-2011.pdf

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