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Protecting the United Kingdom blood supply from variant CJD: donors who have received a blood transfusion can no longer donate blood

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On 16 March 2004, the Department of Health in England announced that people who have received a blood transfusion in the United Kingdom (UK) since 1 January 1980 will no longer be able to donate blood (1,2). This additional donor selection criterion will be implemented by all four of the UK Blood Services (UKBS), including the National Blood Service (<http://www.blood.co.uk/>), on 5 April 2004.

This additional precautionary measure to safeguard the blood supply is being taken in the light of the first possible transmission of variant Creutzfeldt-Jakob disease (vCJD) by blood transfusion which was reported in December 2003 (3). The transfusion occurred in 1996; the blood donor was well at the time but developed symptoms of vCJD in 1999 and died the following year. The recipient was diagnosed with vCJD in 2003.

Since 1997, in view of the uncertainty as to whether vCJD could be transmitted by blood or blood products, the UKBS have put in place a number of other measures to reduce the risk of a potential onward cycle of transmission:

- Withdrawal and recall of any blood components, plasma derivatives or tissues obtained from any individual who later develops vCJD (December 1997)
- Importation of plasma from the US for fractionation to manufacture plasma derivatives (announced May 1998, implemented October 1999)
- Leucodepletion (removal of white blood cells) of all blood components (announced July 1998, implemented Autumn 1999)
- Importation of fresh frozen plasma from the United States for patients born on or after 1 January 1996 (announced August 2002, to be implemented spring 2004)
- Promotion of appropriate use of blood and tissues and alternatives throughout the National Health Service (NHS)

This is a highly precautionary approach and the benefit of receiving a blood transfusion when needed far outweighs any possible risk of contracting vCJD. To date there has been only one possible case of vCJD being transmitted by blood, yet the UKBS issue over 2.5 million units of blood every year.

As of 1 March 2004 there have been 146 definite and probable cases of vCJD in the UK, 1 case each in the Republic of Ireland, Italy, United States, Canada and Hong Kong, and six cases in France. The eventual number of individuals within the UK population likely to develop vCJD remains uncertain; estimates range from the current numbers up to 540. It is not known how many current or past blood or tissue donors may develop vCJD in the future. Further information and advice to blood donors and members of the public who are concerned about the risk of contracting vCJD from a blood transfusion are being offered via a UKBS telephone hotline (+44 845 7711 711) and the NHS Direct service (<http://www.nhsdirect.nhs.uk/>).

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