APPROVED 26/06/2008

Joint UKBTS/NIBSC Professional Advisory Committee

Minutes of the 39th Meeting held at the Novartis Foundation, 41 Portland Place, London, on Thursday 6th March 2008

Meeting commenced at 10:50

PRESENT

Dr Rebecca Cardigan	**(RC)**	-	Advisory Committee on the Safety of Blood, Tissues and Organs SaBTO **(Observer)**
Dr Morag Ferguson	**(MF)**	-	National Institute for Biological Standards and Control
Mr Nigel Goulding	**(NG)**	-	Medicines & Healthcare products Regulatory Agency
Dr Patricia Hewitt	**(PEH)**	-	Standing Advisory Committee on Transfusion Transmitted Infections
Dr David Hutton	**(DH)**	-	Standing Advisory Committee on Care and Selection of Donors
Dr Stephen Inglis	**(SI)**	-	Director, National Institute for Biological Standards and Control
Dr Richard Jones	**(RJ)**	-	Medical Director, Welsh Blood Service
Dr Sheila MacLennan	**(SM)**	-	Standing Advisory Committee on Blood Components
Dr Brian McClelland	**(BMc)**	-	Professional Director of JPAC **(Chair)**
Dr Morris McClelland	**(MM)**	-	Medical Director, Northern Ireland Blood Transfusion Service
Dr Willie Murphy	**(WM)**	-	National Medical Director, Irish Blood Transfusion Service **(Observer)**
Miss Caroline Smith	**(CJS)**	-	JPAC Manager (Minute taker)
Prof. Stan Urbaniak	**(SU)**	-	Standing Advisory Committee on Immunohaematology

WELCOME

Dr Rebecca Cardigan was attending her first meeting of JPAC in the capacity as observer on behalf of SaBTO. The Chair, on behalf of JPAC, offered her a warm welcome and emphasised the desire of JPAC to work effectively with SaBTO.

Action

1. APOLOGIES

Dr Bruce Cuthbertson	**(BC)**	-	Representing the Quality Managers of the 4 UK Blood Services
Prof. Ian Franklin	**(IMF)**	-	Medical Director, Scottish National Blood Transfusion Service
Dr George Galea	**(GG)**	-	Standing Advisory Committee on Tissues
Dr Derek Norfolk	**(DN)**	-	Standing Advisory Committee on Clinical Transfusion Medicine
Dr Derwood Pamphilon	**(DP)**	-	Standing Advisory Committee on Stem Cells
Prof. David Pegg	**(DPg)**	-	Incoming Chair of the SAC on Tissues
Mr Stuart Penny	**(SP)**	-	Standing Advisory Committee on Information Technology
Mr Chris Rudge	**(CR)**	-	Medical Director, UK Transplant
Dr Lorna Williamson	**(LW)**	-	Medical Director, NHS Blood and Transplant

2. MINUTES OF THE MEETING 21ST JUNE 2007 – JPAC 08-02

The minutes were approved with one clarification to item 4.3. JPAC 07-31 “Change to DSG entry on donors with a history of jaundice” – the recommendation in this paper is for donors with “Hepatitis of unknown origin”.

Action

3. MATTERS ARISING NOT ON THE AGENDA (Review of actions list) JPAC 07-28

3.1 vCJD risk assessment – JPAC 07-30 – item 4.2.

JPAC emphasised that risk assessments are strictly technical documents and should not be modified in anyway for "public consumption". However, it was noted that there were considerable potential benefits in making the existence of these risk assessments known to the wider scientific community to encourage sharing of important new information.

Post Meeting Note: JPAC Executive Working Group to discuss how this can be achieved. This has been added to the agenda for JPAC EWG on 1st May 2008.

3.2 Surveillance of new and emerging pathogens – item 4.4.

The Chair of SACTTI attends the National Expert Panel on New and Emerging Infections (NEPNEI) meetings which receives and considers surveillance information, including data on zoonoses (generally considered the most likely source of new and emerging infections relevant to human disease). She is satisfied that this provides good coverage of most aspects of new and emerging infections.

In response to a request from the Chair, PEH also reported on the arrangements that NHSBT has developed with the Health Protection Agency (HPA) for infection surveillance in relation to blood safety, including early alerts about infectious outbreaks which might pose a threat to the blood supply. Close links with SACTTI are ensured by joint membership of the two groups

Post Meeting Note: The arrangements are detailed below.

Infection surveillance in relation to blood safety

The NBS and the HPA run a joint Infection Surveillance Programme which is directed by a Steering Group. The Steering Group consists of six members and is accountable to the Director, Centre for Infections (CFI), HPA, and the Medical Director, NHSBT.

The members of the Steering Group are as follows:

Dr Mary Ramsay (Chair): Consultant Epidemiologist, CFI HPA
Katy Davison (Secretary): NBS/HPA Senior Infection Surveillance Officer
Dr Roger Eglin: Head, National Transfusion Microbiology Reference Laboratory, NBS
Dr Pat Hewitt: Consultant Specialist in Transfusion Microbiology, NBS
Dr Kate Soldan: Consultant Epidemiologist, HPA/ NBS
Prof Richard Tedder: Consultant Virologist, HPA/NBS.

The NBS/ HPA Infection Surveillance team consists of the Senior Infection Surveillance Officer (Katy Davison), who is currently on a two year career break, two Infection Surveillance Officers, and a Surveillance Officer (Information). The Senior Infection Surveillance Officer is a member of SACTTI and SAC CSD. Amongst other things, the Infection Surveillance team is responsible for:

Monthly, six-monthly, and annual reports on infections detected among blood donors during routine blood donation screening. These reports include data from the Welsh Blood Service, SNBTS, NIBTS, and Channel Islands + Isle of Man. The six-monthly and annual reports provide breakdowns of donor age and sex for new and repeat donors and the exposure history. These reports are used as the basis for-

- *Calculation of the prevalence of infections in the UK donor population.*

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- *Estimated frequency (risk) of infectious donations entering the UK blood supply.*

Similarly, reports are produced on the prevalence of infection, and estimated risk of infectious donations, for tissue donations in the UK through the tissue donor surveillance programme. There are also monthly reports on the results of the NBS antenatal testing programme.

All the above reports can be accessed through the HPA website:
www.hpa.org.uk/infections/topics_az/BIBD/menu.htm

The Infection Surveillance Team is also responsible for surveillance of transfusion-transmitted infections. One of the Surveillance Officers has responsibility for collection of reports of investigations from blood centres and analyses these reports prior to the production of an annual summary which is incorporated in the SHOT report.

Amongst other activities, the Team manages the UK HTLV Register, providing annual reports and newsletters. It also provides to the NBS early alerts about infectious outbreaks which might pose a threat to the blood supply, and to various SACs epidemiological information required when looking at donor selection policies, risk estimates, etc.

At the October 2007 meeting of the EU Competent Authorities for blood safety and quality, Member States agreed with the European Commission's proposal to establish a system for rapid exchange of information. The Commission has now established an e-mail listing for circulating "quick alert" messages between the Commission and Member States.

The Chair undertook to report these arrangements for monitoring infections to the UKBTS Forum.

Post Meeting Note: These were discussed at the UKBTS Forum meeting on 18th April 2008

3.3 Quality of red cells for exchange transfusion and their re-manufacture to red cells in SAG-M – JPAC 07-35 – item 7.2.

SACBC will discuss this data at its next meeting in May. **SM**

4. STANDING ADVISORY COMMITTEE ON BLOOD COMPONENTS

4.1 Pilot study to evaluate the utility of the alternative methods of SPC – JPAC 08-36

Chair of SACBC reported that the planned evaluation had been put back due to work pressures in NHSBT and would now be conducted in a single Centre in the South West. The Chair noted that this topic will be discussed at the forthcoming meeting of TS-GPUQA (Council of Europe).

4.2 Portfolio of Blood Components for use by the 4 UK Blood Services – JPAC 08-04

The portfolio has been prepared by members of SACBC and SACIT. It has been approved by the UKBTS Forum (UKF) which had commissioned the work and is currently being validated against Red Book, CoE guidelines. UKF intends to plan for early implementation. The Chair of JPAC requested that a brief summary of the key issues for implementation be prepared to assist the UKF for their meeting on 18th April 2008.

Action

Post Meeting Note: Paper "Implementation of the portfolio of blood components for use by the 4 UK Blood Services" was submitted to the UKF meeting on 18th April.

5. STANDING ADVISORY COMMITTEE ON CARE AND SELECTION OF DONORS

5.1 SAC-CSD Report – David Hutton – JPAC 08-05

DH provided a brief summary of last year's SACCSD work. He reported that the Whole Blood and Components DSG require some updating, as does the GDRI. The GDRI is currently available only in a PDF form, but the web version will be published following the full implementation of current upgrading of the infrastructure of the website.

The Chair reported that Dr Susan Barnes, recently appointed as NHSBT Clinical Director for Donors, had decided to give a high priority to the development and implementation of improved tools to support donor selection. The goal was to ensure that a single and consistent source of information would be accessed regardless of the route by which donors made contact with the Service (e.g. during a session interview with a member of donor selection staff, during a telephone interaction with the Call Centre, by direct contact via the website or, in future, through a self selection interactive process at a donor session). This will require substantial development of the current donor selection guidelines, firstly to provide much improved internal cross-referencing (or indexing) and later to provide additional information to support donor selection decisions, with the aim of reducing "if in doubt defer" decisions and improving consistency of compliance with the medical intentions underlying the donor selection guidelines.

Dr Barnes wishes DH to play a major part in this project, making available his particular expertise in both the medical and editorial aspects of preparing texts for the DSG. This project will be an important part of the work required to address the main concern of the UKF about high and apparently rising rates of donor deferral. This will be a major time commitment for DH.

The UKF has requested that the SACCSD, in future, concentrate primarily on the medical policy aspects of donor deferral and that the Committee be temporarily stood down and reformed to reflect these developments. UKF has asked BMc to take over as temporary Chair of SACCSD to initiate these changes.

Post Meeting Note: The first meeting of the SACCSD, with BMc as Chair, took place on 30th April. The next meeting has been organised for 6th August 2008.

6. STANDING ADVISORY COMMITTEE ON TRANSFUSION TRANSMITTED INFECTIONS

6.1 Human herpesvirus-8 risk assessment version 2 08 – JPAC 08-06

This was considered at JPAC Executive Working Group last October and now incorporates their comments. Introducing the document the Chair of SACTTI stated the recommendation "that no action was currently advised" was based on a number of considerations including:

- There is no evidence for disease related to transfusion transmitted HHV-8.
- In the UK, potential donors infected with HHV-8 should generally be excluded from donation because HHV-8 infection is associated with risk factors similar to those for HIV infection.
- Universal leucodepletion should minimise transmission of a cell associated

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herpes virus.
- There is currently no suitable donor screening test for HHV-8 infection.

The Chair requested that members confirm that they had had sufficient time to fully consider the content of the risk assessment document before giving an opinion on the recommendation. Members indicated that they had had sufficient time.

Discussion of the risk assessment and its recommendation followed. Several members, while indicating their general agreement with the recommendation and the fact that there was no obvious course of action, expressed some unease at the information about the properties of this agent.

It was pointed out that NBS had expended substantial efforts in the investigation of one possible case of transmission, and had ultimately concluded that none of the blood components implicated had been infected with HHV-8. Since there is no routine diagnostic testing for HHV-8 in the UK this case was investigated using research assays, not subject to the same stringent requirements as tests used for routine diagnostic purposes, and undertaken by 3 different laboratories.

It was pointed out that should leucodepletion be declared as a possible risk reduction factor for blood borne HHV-8 transmission, it may be necessary to reconsider the implications of the reported levels of marginal failure to meet stated minimum residual white cell counts in leucodepleted components (see item 8.1. below).

WM reported that a paper published in Transfusion in 2006 “Managing threats rather than risks in blood transfusion: robust design for a complex system” (Transfusion 2006; 46: 2011-13) described the basis of an approach to threat management in complex environments in use at the IBTS, similar to that used in other industries and organisations dealing with critical uncertainties and threats.

Post Meeting Note: Paper circulated to JPAC 15-04-08.

A member of JPAC asked for clarification about the responsibilities of the committee and to whom it should pass its recommendations. The Chair responded that the accountability of JPAC is explicitly to the UKF comprising the Medical Directors and Chief Executives who carry the responsibilities for the 4 UK Blood Services. JPAC does, of course, also provide information to other bodies (e.g. MHRA, NIBSC, and SaBTO).

The Chair invited NG to comment on the Regulator's view of the issues involved in evaluating the SACTTI recommendation on HHV-8. NG made a distinction between risks or threats that are codified in current regulations and those such as HHV-8 which are not. In the case of the former, the judgement would be determined by compliance with the specified legal requirement. In the latter case, the decision would be judged on the extent to which it reflected an appropriate interpretation of the relevant evidence that was available at the time and on the quality of the decision making process.

The Chair emphasised the vital importance of maintaining clear, explicit and readily accessible records to demonstrate that these requirements had been fulfilled and the important of the SACTTI Risk Assessment documents in this context.

It was also pointed out that these decisions depended on qualitative judgements and in the absence of some explicit framework of values; the same information could be interpreted in different ways leading to very differing conclusions. Furthermore even where risks could be quantitated, there was currently no clarity as to the factors to be used in deciding what level of risk could be tolerated, or what level of expenditure could be justified to reduce a given risk. Several members emphasised their view

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that it was a critical task of SaBTO – which is remitted to consider both the assessment and the management of risk - to provide some such framework.

Following this extensive discussion JPAC again considered and endorsed the recommendation made by SACTTI on the basis of the risk assessment. This will be recommended to the UKBTS Forum on 18th April.

6.2 Lymphocytic Choriomeningitis Virus (LCMV) risk assessment version 1– JPAC 08-07

JPAC endorsed the risk assessment and the recommendation to keep the matter under review. No specific action is warranted or feasible taking into account current information.

The following points were made in discussion:

- It was noted that steps were being taken to obtain information about the extent of ownership of pet rodents among blood donors, since this is seen to be the only factor known to be associated with increased prevalence of LCMV infection that might be amenable to a practicable donor selection measure.
- Attention was drawn to a recent report of fatal infections in several recipients of organs transplanted from an individual who was eventually found to be infected with a previously unknown virus with some similarities with LCMV that was identified by extensive genomic screening.
- It was suggested that the risk assessments for agents such as LCMV or HHV-8 could or should be used to help identify important research questions e.g. to establish whether existing pathogen reduction techniques are effective on these organisms.

6.3 SARS (severe acute respiratory syndrome) corona virus risk assessment v1 – JPAC 08-08

JPAC endorsed this risk assessment including the recommendation (reproduced in full below) that specific risk-reduction measures may need to be considered in any future outbreak.

"The great lack is of data on the duration and depth of viraemia based on SARS infections observed in 2002/03. In the event of recurrence of SARS this and other information on the natural history e.g. on incubation period, infectivity, possible carrier state, should be urgently obtained. SARS is typical of the sort of threat to UK Blood Services that can suddenly emerge and demand a rapid and vigilant response based on best epidemiological advice from national and international agencies. This means maintaining open lines of communication with these sources of information and a disposition to assume the possibility that travellers might quickly bring a new infectious agent to the UK. An ad hoc expert group may then make an evaluation of risk and if necessary advise temporary precautions. These may be relaxed as soon as further information may allow. The key points are timely and accurate information, appropriate action based on its expert interpretation and relaxation of restrictions only if fuller data justifies it.

As emergent infections, which may be local as well as international, may in future invoke such precautions, Blood Services need a rapid response framework so as to react in a measured way without either panic or the appearance of dilatoriness."

The Chair requested that the recommendation be passed to the Flu Pandemic Planning group for information. **PEH**

Action

6.4 Blue Tongue Disease – JPAC 08-09

JPAC endorsed the recommendation (reproduced below) that no further action is required by the UK Blood Services.

BLUE TONGUE DISEASE (SACTTI 07/60)

Blue tongue disease is a disease of sheep and cattle, which is transmitted by midges. It does not affect humans.

SACTTI therefore believes that it is not appropriate to perform a risk assessment for blood donors for Blue Tongue Disease.

6.5 Foot and Mouth Disease – JPAC 08-10

JPAC endorsed the recommendation (reproduced below) that no further action is required by the UK Blood Services.

FOOT AND MOUTH DISEASE (FMD) (SACTTI 07/59)

Foot and Mouth Disease (FMD) is a highly infectious viral disease of cattle, sheep, pigs, goats and other farmed mammals and wild ruminants, and is one of the most important diseases of livestock. Very few human infections have ever been described, despite regular exposure of humans to infections in livestock throughout the world. Cases that have been reported have been mild and self-limiting, no human to human transmission has ever been reported, and FMD is not transmitted to humans through the food chain. FMD infection of humans is therefore not a public health threat. The last human case of FMD in Great Britain was in 1966. There were no human cases of FMD during the large 2001 animal epidemic in the UK.

SACTTI therefore believes that it is not appropriate to perform a risk assessment for blood donors for Foot and Mouth Disease.

6.6 Change Notification No 7 Malaria – Great Exuma – JPAC 08-11

Although there have been no further reports since August 2007 JPAC approved the recommendation that, for operational reasons, we should leave the restriction in place at least until the end of summer 2008 simply to avoid the possible need for reissue.

6.7 West Nile Virus

The chair of SACTTI pointed out that Directive 2004/33/EC contains an entry for travel to "an area where there is ongoing transmission of WNV to humans" and noted that this entry is not logical or consistent. SACTTI would produce a recommendation for an amendment to be considered at the next JPAC meeting on 26th June and if approved passed on to the Competent Authority for consideration at a future Commission/Competent Authorities meeting. **PEH**

7. UKBTS FORUM – Brian McClelland

7.1 Bacterial testing of platelets

The chair confirmed that he had reported, as requested, to UKF the issues about differing approaches to bacterial testing of platelets among the UK Blood Services. It was noted that a paper summarising these approaches had been prepared by Dr Chris Prowse, and that this would be communicated to UKF.

Action

Post Meeting Note: This paper was sent to the UKF meeting on 18th April 2008

7.2 Leucocyte Depletion: Implications of observed levels of residual leucocytes

Advice had been received from ESOR on the implications of the reported low grade fails in leucodepletion for the effectiveness of vCJD risk reduction. ESOR's conclusion was that since it is believed that most vCJD infectivity resides in the plasma, the observed residual leucocyte counts would have no effect on vCJD risk reduction.

7.3 Funding

The Chair reported that funding had been agreed by UKF and the Medical Director NHSBT to contract 20 hours per week of an experienced information scientist already working part time for the UKBTS Systematic Reviews group in Oxford. The duties for these additional hours would be to provide expert support to the JPAC Chairs and SACs in searching and reviewing the evidence required for the development of recommendations to JPAC. The person appointed had been invited to attend a JPAC Executive Working Group meeting, at which we would reach an agreement over ways of working to ensure the most productive use of this valuable resource.

8. RECOMMENDATIONS FOR CHANGES TO ACCEPTANCE CRITERIA FOR UK WHOLE BLOOD DONORS – JPAC 08-12

8.1 Dr Dorothy Stainsby had submitted the report of the project group that she had lead, tasked with identifying practicable, medically evidenced measures that widen the number of individuals who could be considered for blood donation. Two recommendations were made. Neither affects compliance with the Blood Safety and Quality Regulations.

Hypertension

Persons with stable treated hypertension who have no history of other cardiovascular, cerebrovascular or peripheral vascular disease are eligible to donate, regardless of the medication being taken to control hypertension.

Type 2 diabetes

Persons with type 2 diabetes that is well controlled by diet or oral hypoglycaemic drugs, are eligible to donate provided that treatment is stable (i.e. not altered within the past month) and the donor is well, and not having any problems with feeling faint, fainting or giddiness.' Persons with diabetes who if require insulin are NOT eligible to donate.

It was noted in discussion that both these issues had already been considered over some time by the SACCSD, and that the above recommendations were in line with the conclusions that had been reached by SACCSD.

JPAC welcomed the report and endorsed both of the above recommendations

8.2 Adverse events that affect donors

This topic had also been extensively discussed by SACCSD and as a result the UK Blood Services were now reporting adverse events at donor sessions all using a European standard set of reporting definitions. It is understood that currently there

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are no arrangements to prospectively identify reactions that occur once a donor has left the donor session.

9. JPAC CHAIR'S REPORT

9.1 Component quality: reliability of leucocyte removal – JPAC 08-11

See item 7.2. above.

9.2 Council of Europe activities in the field of blood transfusion and organ transplantation – JPAC 08-14

Report of September meeting of TS_GPUQA has been circulated to JPAC.

Rights and duties of Blood Establishments and donors: Rights of patients to safe blood. A Council of Europe resolution is due for approval by the Committee of Ministers. It will include the following text

4. ensure that blood establishments are ultimately responsible for the quality and safety of the blood and blood components collected; in particular, blood establishments should:

4.1. be responsible for the final acceptance or deferral of donors on grounds of a risk assessment based on regularly updated epidemiological data, and bearing in mind the right of blood recipients to the protection of their health, and the resulting obligation to minimise the risk of transmission of infectious diseases. These rights and obligations override any other considerations, including individuals' willingness to donation blood;

Related issues

- Chair of SACTTI reported on her recent meeting with the Minister.
- Chair of SACTTI and the Medical Director of NHSBT had had a positive meeting with the Terrence Higgins Trust, who confirmed their continued support for UKBTS donor selection policy.

9.3 Granulocyte donation: Use of GCSF – UKBTS Position – JPAC 08-15

JPAC approved recommending the following text as UK Blood Service policy to the UKBTS Forum on 18th April 2008.

"The UK Blood Transfusion Services do not use GCSF boosting for the collection of granulocytes from volunteer donors. However some of the Blood Services do collect granulocytes from relatives who have been selected as donors by a Clinical Unit and who have had GCSF priming administered by the Clinical Unit".

Post Meeting Note: The above text was submitted to the UKF meeting on 18th April for approval.

9.4 Potential donors that have partners that may have had sex in Sub-Saharan Africa – JPAC 08-16

This paper had been considered by the Chair of SACTTI and it was agreed that, while the problems it recounts are well recognised and difficult, it did not provide grounds for considering a change in policy: this would require new epidemiological evidence.

Action

9.5 "Red Book" Chapters 12 to 18 & Annex 1 (Immunohaematology) – JPAC 08-17

The JPAC Executive Working Group had considered the possibility that if a UK manual of immunohaematology were developed, the requirement for these sections of the Red Book may be greatly simplified: it was felt that this would be a task for the BCSH and the BBTS rather than for JPAC. The Chair of SACBC had received a positive response from BCSH and will keep JPAC informed of progress.

SACIH had itself further considered the essential requirements for immunohaematology in the Red Book to meet the requirements of the Blood Establishments in the future. The SAC considered that most of the current content is still needed, although there should be more emphasis on principles and less technical detail.

Actions: (1) The Chair of SAC IH to provide a summary of the SAC's conclusions **SU**
(2) The Chair of JPAC to solicit recommendations for a Chair to replace SU whose second term concludes in October 2008.

Post Meeting Note: Dr Nay Win has been contacted with regard to taking over as Chair of the SAC IH.

9.6 Risk framework – JPAC 08-18

Chair noted that JPAC had discussed on several previous occasions the importance of quantitative data on risks and, since JPAC is called on to offer recommendations to the UK Blood Services, the need for a transparent framework against which identified risks could be considered. An extract of the minute of a relevant discussion under item 6.1 above is repeated for ease of reference:

"in the absence of some explicit framework of values, the same information could be interpreted in different ways leading to very differing conclusions. Furthermore even where risks could be quantitated, there was currently no clarity as to the factors to be used in deciding what level of risk could be tolerated, or what level of expenditure could be justified to reduce a given risk. Several members emphasised their view that it was a critical task of the SaBTO – which is remitted to consider both the assessment and the management of risk - explicit to provide some such framework"

The Chair was requested to communicate this view to the Chair of SaBTO **BMc**

9.7 Chairs

JPAC: BMc confirmed that June 2008 his last JPAC meeting as Chair and that the UK Forum had initiated the search for a replacement

SACIT: Stuart Penny had agreed to hold the fort until a replacement is found following his decision to resign due to new commitments with NHSBT
It is hoped to make a recommendation to the UK Forum in the near future.

SACBC: SM's second term ends in Autumn 2008

SACIH: SU's second term ends in Autumn 2008

SACSC: DP had recently notified his wish to stand down as chair due to new commitments with NHSBT.

Actions: BMc to write to:

- Keith Thompson regarding the Chair of SACIT
- Sheila MacLennan regarding the Chair of SACBC **BMc**

Action

- Lorna Williamson and Sue Barnes about the Chair of SACCSD

9.8 Website update

Post Meeting Note: The Website report submitted by CJS to the UKBTS Forum meeting on 28th February was circulated to JPAC on 11th March for information.

10. ANY OTHER BUSINESS

10.1 Anti-A/B

SU reported that Alba will continue to manufacture anti-A/B. Prof. Ian Franklin has written to Stephen Inglis to regularise this, but it would make sense if the material was provided through an IBSE.

10.2 Report from SaBTO

Dr Rebecca Cardigan (RC) gave a brief report on points arising from the first meeting.

- SaBTO had commissioned a paper on developing a framework to enable SaBTO to adopt a consistent approach in assessing options and making risk management recommendations. This is being led by a working group including Prof John Cairns and Mr Stephen Dobra.

The Committee had also requested a paper giving a broad view of the range of risk reduction options for vCJD transmission by transfusion, the magnitude of the risks, and the effectiveness and costs of the various approaches. This and the framework paper were due to be presented at the April meeting of SaBTO.

A work plan for the next 18 months was due to be discussed at SaBTO's April meeting.

RC had been requested to prepare a brief for SaBTO on other committees, work groups etc. whose remits are relevant to that of SaBTO. **RC**

Action: RC to send copy of SaBTO work list to CJS when approved.

The meeting concluded at 14:56

11. DATES AND VENUES OF FUTURE JPAC MEETINGS

- Thursday 26th June 2008 – the Novartis Foundation, London
- Thursday 13th November 2008 – the Novartis Foundation, London

Proposed dates for 2009

- Thursday 12th March
- Thursday 9th July
- Thursday 12th November