

# Joint UKBTS Professional Advisory Committee (1)

Position Statement

Emerging Infections

August 2015

**Prepared by:** Standing Advisory Committee on Transfusion Transmitted Infections

***This document will be reviewed whenever further information becomes available.  
Please continue to refer to the website for in-date versions.***

## **What arrangements are in place for monitoring threats to the UK blood supply from new/ emerging viruses?**

Robust arrangements are in place within the UK blood services, including formal joint monthly reports in relation to emerging infections from experts in NHS Blood and Transplant (NHSBT) and Public Health England (PHE) together with reports from the European Centre for Disease Control (ECDC) and the European Infectious Diseases (EID) Monitor group of the European Blood Alliance (EBA).

### **Background**

The UK Blood Services' Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI) is alerted to any new infectious threats to the UK blood supply through a wide range of reporting mechanisms, and will commission risk assessments where necessary to produce recommendations on whether action should be taken to protect the safety of the blood supply and other donated products. Risk assessments are provided to the Joint Professional Advisory Committee (JPAC) of the UK Blood Services and the National Institute for Biological Standards and Controls (NIBSC). Members of JPAC review and discuss risk assessments and any recommendations made by SACTTI, together with aspects such as possible implications for other areas, such as Tissue Services, organ transplantation etc., and agree on an appropriate course of action. The agreed action is then circulated to the four UK Blood Services which then consider the operational and financial implications of the recommendation and implement an action plan.

### **Risk Assessments**

Risk assessments have concentrated on the epidemiological and scientific aspects of each new/ emerging infection assessed. More detailed risk assessments, including some aspects of modelling, might in future be available though joint working with relevant areas of PHE. Risk assessments are prepared by experts in the field, and take account of peer-reviewed publications, scientific presentations at meetings, additional information or data which might be available although not yet published, from as wide a field as possible. Particular attention is paid to the UK situation and any information or data relevant to the UK population and blood supply.

Information which would normally be considered in any risk assessment relating to a new/emerging infection includes the following:

- is there evidence that the infection is caused by a blood-borne agent?
- what is the prevalence of the agent in the donor population?

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- could the infection exist in an asymptomatic stage?
- does the agent survive processing/ storage?
- is the agent known to be transmitted by blood/ tissues/ organs?
- what is the outcome of infection: does it cause a recognisable illness/disease and what is the likely outcome?
- are there screening tests available and is testing warranted?
- are there other risk reduction-measures which could be indicated e.g. deferral of donors after travel to a specified area

In addition, when considering the risk assessment, JPAC will wish to be aware of other relevant information such as:

- what action is being taken in other blood services and on what evidence?
- what advice is available from other bodies e.g. SaBTO, Council of Europe, European Blood Alliance?
- is this a matter purely for a blood services decision, or does it need to be referred to SaBTO or other bodies?

Once JPAC has agreed on a recommendation, this is taken forward by the individual blood services. Risk assessments are reviewed as and when necessary, but in any case every two years.

<sup>(1)</sup> **Joint United Kingdom Blood Transfusion Services Professional Advisory Committee**