

# Joint UKBTS Professional Advisory Committee (1)

## Position Statement

**Arrangements in place for monitoring threats to the UK blood supply from new/emerging infectious agents**

**June 2019**

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

***The contents of this document are believed to be current. Please continue to refer to the website for in-date versions.***

## **Background**

Horizon scanning is performed by UK Blood Services to identify new and emerging pathogens which may threaten the safety of donated products, and to ensure that appropriate actions are taken to mitigate any risk identified. Emerging infections are a continuing challenge to the safety of blood, tissues and organs. The routes for gathering information and decision making are complex with many interdependencies, involving both UK and international sources. The horizon scanning process performed in UK Blood Services is managed by the Joint UKBTS Professional Advisory Committees' Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI) and involves the robust analysis of a monthly Emerging Infections Report (EIR) compiled by the NHSBT/PHE Epidemiology Unit. The EIR includes information provided by a range of national and international evidence sources such as the European Centre for Disease Control (ECDC) and the European Infectious Diseases (EID) Monitor group of the European Blood Alliance (EBA). Information on new potential risks may also come from other sources, e.g. EU Rapid Alert System. Such information feeds into the same process and, if urgent, will be analysed at the time of receipt. Any possible risks to the safety of donated products are graded to determine if action is required, and the urgency of any action.

## **Risk Assessments**

Risk assessments are commissioned where necessary so that recommendations can be made 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 transplantation of organs and tissues, 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 formulate an action plan.

Risk assessments are prepared by experts in the field, and concentrate on the epidemiological and scientific aspects of each new/emerging infection assessed. Particular attention is paid to the UK situation and any information or data relevant to the UK population and blood supply, taking account of peer-reviewed publications, scientific presentations at meetings, and additional information or data which might be available although not yet published, from as wide a field as possible. Other published risk assessments, such as those produced by the European Communicable Diseases Centre

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(ECDC) and the UK Human and Animal Infections Risk assessment group (HAIRS) are used where available.

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?
- is the prevalence of the agent in the donor population known?
- 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 necessary, the majority subject to review every 2-3 years depending on the outcome of the risk assessment and any significant changes in the incidence of the infectious agent in the population.

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