Joint UKBTS Professional Advisory Committee ([1])

Position Statement

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

March 2017

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 UK Blood Services' 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 identified 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 could/should be taken to protect the safety of the blood supply and other donated products. Such action might involve changes to donor selection guidelines, consideration of special measures for certain recipient groups, conduct of pilot studies, introduction of blood screening tests, etc. 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 formulate an action plan.

Risk assessments have concentrated on the epidemiological and scientific aspects of each new/ emerging infection assessed. They 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. More detailed risk assessments, including some aspects of modelling, might in future be available though joint working with relevant areas of PHE.

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; might the outcome differ for certain recipient groups?
- are there risk reduction-measures which could be indicated e.g. deferral of donors after travel to a specified area
- is there evidence of sexual transmission of the infection; does this require changes in donor selection?
- are there screening tests available and is testing warranted?

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.

([1]) **Joint U**nited **K**ingdom **B**lood **T**ransfusion **S**ervices **Professional Advisory Committee**